

Speech by RPS President Ash Soni at the RPS Annual Conference 2017 3 September 2017

Thank you Paul and let me say how pleased I am as a member that you identified exactly the right areas where I and the rest of the membership want you and the whole organisation to focus. This is building on the great work that the Society has done. It shows that you are looking at how to move both the organisation and profession forward. I share your aims and look forward to working with you on them. Let me tell you how I believe the RPS connects pharmacy. Across the profession and across health and social care.

Let me start by talking about where the Society's real advocacy work takes place and that's in our three Country Boards in England, Scotland and Wales.

Firstly, England

We are delighted to celebrate the fact that more than 95% of community pharmacists now have access to the summary care record. So important a step was this that already we have seen the use taken into account through the new Quality Payments scheme for community pharmacy in England. Patients all over England now receive better, safer care through pharmacists looking at their summary care record, and we are proud to have played a key role in making this happen.

We are now campaigning for community pharmacy IT systems to be able to 'talk to' other primary care IT systems. This will enable us to make changes to the patient's record after treatment or managing their care. This will deliver better integrated care for the public through shared access to the single record. This will also help in optimising the use of medicines.

The RPS will keep pressing the case and working on your behalf to ensure pharmacists in all settings can fulfil their true abilities as clinicians as the experts in medicines.

Following on from our care home policy and campaign in 2016 we are working with NHS England to support the role of pharmacists and pharmacy technicians in care homes. We hope to hear about this development soon. This will be in a similar way to supporting the role of pharmacists in GP practices and pharmacists in Integrated Urgent Care Centres. One way these policies have already born fruit is access to prescribing training for those involved.

And don't forget the Winter Summit which will take place on 1st December this year

RPS in Scotland has had an influential year providing both written and oral evidence at the Scottish Parliament in a wide range of policy areas.

These included the contribution pharmacy makes and can make to -

- preventative health care,
- out of hours care,
- and the need for more clinical input to the prison pharmacy services

We appeared before the committee as part of a multidisciplinary panel with the other royal colleges. This focussed on pharmacists working in GP practice and meant that all these organisations were speaking for the first time with one voice to challenge the Scottish Government with a set of principles for primary care. It enabled us, with them, to push the urgent need for access to health records and sharing of information across all providers.

Ahead of the changes to dispensing error legislation, RPS in Scotland led on a series of Pharmacy Quality Roadshows across Scotland. This brought all major stakeholders together and highlighted the need for improved reporting and learning from error reporting.

The importance of pharmacy as a science based profession was the focus of a very successful exhibition we held in the Scottish Parliament. This promoted the importance of pharmacy as a science based profession with the theme of medicinal chemistry and pharmacology. It showed politicians the

depth and rigour of the science background which lies behind the clinical skills of pharmacists they are more familiar with.

Many of the issues called for in the 2016 manifesto are already being actioned. This includes pilot testing of an extension to the national minor ailments service making community pharmacies the first point of care for everyone and electronic prescribing pilots.

And now Wales where 2016 was an incredibly challenging and busy year for the Board and the staff.

'Improving Medicines Use for Care Home Residents', was launched with 11 recommendations.

The policy was developed in response to concerns raised by the Older People's Commissioner for Wales regarding the care delivered in care homes in Wales. We led on this work alongside other key stakeholders including other Royal Colleges and patient groups.

Our care home policy has also been instrumental in encouraging more pharmacist led medicines reviews of care home residents.

Our Medicines safety conference was a particular highlight in 2016. Last year's conference was one of the largest held to date It attracted an audience of over 230 people with keynote speeches delivered by an eminent and international line up. I personally found it inspiring and highly informative.

The 7th Medicines Safety Conference – to be held on 29 November this year will focus on the importance of innovation. The event, entitled Medicines Safety – Innovation to Practice, will continue to be aimed at a multi-professional audience and will aim to influence positive change across Wales to enhance medicines safety.

Over the last year the three national boards worked together to produce policy on the role of pharmacists in supporting people with long term conditions, particularly focusing on the role of community pharmacists. The main asks of the policy were:

- Pharmacists providing direct patient care must all have the opportunity to train to become a prescriber, fully utilising their skills as part of the multidisciplinary approach to managing and supporting people with long term conditions.
- The patient journey to be made easier by enabling pharmacists to directly refer to appropriate health and social care professionals, improving patient access to care and reducing the number of unnecessary appointments. In the same way as having a diagnostic pathway there needs to be a medicines pathway connecting pharmacists across settings.
- Patients to benefit from further integration of pharmacists into their multidisciplinary team, ensuring support at every stage of their journey, from prevention through to treatment and management of their long term conditions.
- All pharmacists directly involved in patient care should have full read and write access to the health record, with patient consent, in the interest of high quality, safe and effective patient care.

In all three countries this has then been used in different ways recognizing the differences in health policy in the three countries but has led to each having strong engagement with key stakeholders.

Just as brief examples. In Scotland it achieved national media interest in the role of pharmacists and had support from many patient groups In Wales has been included in round table discussions to feed into multi professional responses to Government consultations including the dementia strategy for Wales. It has also been cited in a number of reports including the Welsh Audit Office's report on Medicines Management and in responses by other organisations to the Welsh Health, Wellbeing and Sport Committee inquiry into Primary Care Clusters.

Across the three countries we have developed principles around access to medicines and these will provide the foundation for the RPS to form policy on contentious areas such as supervision and hub and spoke. Let me be clear though that access to a pharmacist and their ability to provide clinical assurance for safety is absolute. Wherever there is a medicine there must be a pharmacist

We have also just launched our updated hospital standards and I would like to thank our Hospital Expert Group for their tremendous work in achieving this.

If you want to find out more about the work of our country boards, our three board chairs will be at the RPS stand in the exhibition space this lunchtime and would welcome the chance to speak to you. There are many other Board members here as well and would also welcome hearing from you.

A significant part of the RPS is Pharmaceutical Press and 2017 is proving to be a positive year for that part of the organisation. In line with many other publishers our efforts are increasingly directed at digital developments. This year we have started work with users to plan some exciting future developments but the bulk of our effort has been with the redevelopment of MedicinesComplete. Our newly developed platform is being tested and feedback so far on the look, feel and accessibility of the new platform is promising. In addition we are proud to have launched the new BNF app, which achieved many users in its first two months and currently has a 'five star' rating on the Apple Store.

In addition to these internal developments we have been working with other digital content providers to ensure that our valued content is delivered to clinical users seamlessly within their workflow.

But these digital developments do not mean that print is forgotten. In 2017 we continued to deliver two print editions of the BNF, which we know is important to many health professionals without adequate access to digital services. And we also delivered the 39th edition of Martindale – a product with roots as old as the Society itself.

I must mention our NICE accreditation. It is one that has only been given to organisations that produce guidance and standards using an approved and robust process that has successfully met the rigours of NICE scrutiny. It is an international stamp of recognition and endorsement of the RPS in helping pharmacists engage in evidence based practice with confidence and assurance. In fact NICE are no longer taking new submissions for accreditation and so ensures the RPS is among a very elite group with this accreditation mark.

Something very new for students and recently qualified pharmacists in Scotland is an invitation to become peer champions for SIGN. This MDT Champions pilot project launches this month and is designed to increase uptake of SIGN guidelines. Those who join will have great networking opportunities with other professionals so if you can think about joining this exciting project.

Colleagues, I know many of you will be concerned by one the biggest public health challenges of our time, a challenge that is a global problem but one where we can all have an impact. That challenge is antimicrobial resistance.

Now in the UK we are doing more than most countries to combat this problem with initiatives to improve antimicrobial resistance in every hospital and local health economy.

Today on behalf of the RPS I am announcing that we are launching a new policy document. It is 'The Pharmacy Contribution to Antimicrobial Stewardship'. It makes clear recommendations about how pharmacists and other stakeholders can tackle antimicrobial resistance.

The recommendations include

- Increasing public awareness of the support, advice and treatment available through pharmacy to ensure better use of NHS resources and investment in medicines.
- Embedding pharmacist leadership in the development of national and local action plans for AMS to ensure a robust evidence based approach to the use of antibiotics.
- Collaboration across the multidisciplinary team to maximise the expertise of pharmacists in medicines to provide a consistent approach to anti-microbial stewardship.
- Access to the patient health record, including diagnostic results as well as up to date local formulary information.
- Education and training for pharmacists to keep up to date with the latest evidence base for antibiotics.

We have also gathered together case studies of best practice from across Great Britain that shows how pharmacists can have a big impact and the published evidence of pharmacist involvement in reducing anti-microbial resistance - showing how pharmacists are already making a difference.

We have produced resources for you as members - our Antimicrobial Stewardship Portal gathers all resources into one place, making it easier for you to find what you need when you need it and will be available soon

There is some specific guidance for pharmacists, our quick reference guide on AMS make clear how pharmacists in generalist roles can play their part to reduce resistance

This package of support is available for you right now

Let me be clear this has only come about through collaboration across the three country boards who have worked together to make sure that pharmacists whether they're based in Caerphilly, Cornwall or Caithness have the resources to fight ever more virulent bacteria that have no respect for country borders.

There will be more.

Coming soon will be local implementation toolkits to help you and your colleagues locally work on this problem and be seen as a key part of the solution.

We will also be doing more to highlight the work of pharmaceutical science in the research and development of new antibiotics that are so desperately needed.

I am immensely grateful for all the support and guidance from the people on our Antimicrobial Expert Advisory Group and Pharmaceutical Science Expert Panel, who have helped inform and shape our work on this vital topic. They are hugely dedicated and I know will be keen to continue to work closely with the RPS and across our profession in leading the fight against anti-microbial resistance.

Another area I will be focusing on is ending automatic criminalisation of dispensing errors.

Pharmacists still face the threat of a criminal conviction and potential imprisonment for an inadvertent dispensing error.

This historical imbalance between professional regulation and criminal law deters error reporting and learning from mistakes. As you know, the Royal Pharmaceutical Society and others have been in a long-running dialogue with the Government to address this imbalance to improve patient safety.

We are not looking for a relaxing of the rules – but an approach through professional regulation which will encourage a culture centred round improving patient safety through more transparent reporting and learning from mistakes.

We are now two years on from the 2015 consultation, issued on behalf of the four UK Health Departments, which showed widespread support for legislative change.

We have been told that the necessary Order has been prepared, and despite repeated questions from MPs, and repeated assurances from Ministers, these changes are yet to be brought before Parliament.

I know everyone says the House of Commons is going to be busy in the coming months, but this doesn't need an Act of Parliament and can be brought about through secondary legislation. So on this issue of patient safety, we want to see more progress. I hope the Minister tomorrow may be able to give us an update.

We are delighted to announce that we are the host nation for the 2018 FIP World Congress. For those of you who have not experienced a global conference FIP represents over 3 million pharmacists and pharmaceutical scientists internationally, and from 2-6 September 2018, a year from now, we will be welcoming the international pharmacy community to Glasgow, Scotland. The last time this conference

was held here was 39 years ago so this is a once in a generation event. As someone here described it, it is the Olympics of the pharmacy world. This is an opportunity for the RPS, and you as our members, to highlight to the international community all of the great work we do here in the UK, as well as a valuable opportunity to learn from counterparts across the globe. An opportunity to connect pharmacy globally. I do hope to see you all there, in lieu of our own Annual Conference.

I find it astonishing as a member how much there is for us as members and how much influence the RPS have. Can I thank all of you who are part of our expert groups, focus groups and affiliates for the contributions you all make to the work of the RPS and creating the incredible resources we, as members, all have access to. I have only been able to describe the tip of the iceberg so please take the opportunity to find out more from staff and Board members. To be the best we need access to the best resources and I am certain that those are what the RPS offers. As Paul has described the RPS will help you to be revalidation ready and support you throughout your career. I look forward to speaking to many of you over the course of this conference and hearing about how you are able to use your skills to provide the highest levels of care. Take the opportunity as the theme of the conference says to connect pharmacy.

Thank you