

RPS Hospital Expert Advisory Group (HEAG) Meeting Report

Held on

12 December 2019

Present

MEMBERS: Yousaf Ahmad, Mark Borthwick, David Campbell, David Cook, Melinda Cuthbert, Matthew Elswood, Roger Fernandes, Steve Gage, Jatinder Harchowal (Chair), Raliat Onatade, Caroline Parker, Sumara Parvez, Tracy Rogers, Rahul Singal, Steve Tomlin

RPS: Elizabeth Ward, Nargis Christopher, Sarah Cahill, Gareth Kitson, Christopher John, Wing Tang, Neal Patel, Gail Fleming, Rebecca Braybrooks (notes)

APOLOGIES: Amanda Bevan, Thomas Cox, Andrew Davies, Rob Duncombe, Oweikumo Eradiri, David Erskine, Karen Harrowing, Liz Kay, Graeme Richardson, Paula Russell, Janice Watt

BY INVITATION: Anne Black, Deinniol Owens, Paul Davis, Natasha Callendar

1. Welcome and introductions

The chair welcomed members and invited guests attending the RPS HEAG meeting. Introductions were made around the table.

2. Declarations of interest

Members were reminded to update declarations of interest if there had been any changes since the last meeting.

3. Summary notes from last meeting and matters arising

The summary notes from the last meeting were accepted with no outstanding actions.

For matters arising the follow updates were heard:

- Benchmarking, RS provided a brief update as work on this has not progressed. The group discussed benchmarking concerns including different interpretations of the metrics. RS requested clarity on future work. HEAG felt that it was important to continue.

ACTION RS to pick up with AD on scope/ purpose and bring back to next HEAG (June).

- Temperature excursions, awaiting an update from Tim Root on this.

ACTION add update on temperature excursions to next HEAG meeting agenda.

4. Correspondence since last meeting and Chair's update on HEAG work

The chair drew the group's attention to the RPS HEAG correspondence since June 2019 and resulting actions.

RPS CEO performed visits to pharmacy departments in Birmingham and Oxford with a focus on services delivered to intensive care units.

ACTION JH request a meeting with RPS CEO and invite for further visits across the nations.

JH drew attention to a particular piece of correspondence from Liz Kay on the 'vision for hospital pharmacy workforce' and asked the group if it would be worth doing a piece of work on this?

Following discussions around the room it was agreed a small working group would be formed to take this forward and clarify benefits of undertaking a piece of work aimed at understanding issues such as best use of pharmacist prescribers, clinical supervision and the direction of clinical pharmacy services including skill mix across the pharmacy professions and pharmacy support workers.

ACTION JH to form small work group with volunteers: MC, ST, CP, DC working with LK and set-up a teleconference.

ACTION CJ to share the literature review completed for the Pharmacy Technicians role analysis.

5. Update from RPS communication and social media team

HEAG members were thanked for time given to RPS Communications team over the past year. An update was given on the work carried out by the Communications team. The Hospital Pharmacy webpage is live with ongoing developments to keep it relevant. Will be doing regular podcasts that will be hosted on Hospital Pharmacy web page (CJ and JH star in first of series). Request for volunteers from HEAG to create further interesting podcasts.

The group asked when RPS are likely to admit pharmacy technicians as members.

CJ responded that there have been ongoing discussions around RPS support for pharmacy technicians at recent RPS Assembly meetings and that there were a number of associated issues. APTUK is the professional body for pharmacy technicians. RPS is currently working with them on a Foundation Pharmacy Technician Role Analysis project.

ACTION JH to raise issue of pharmacy technician membership with RPS National Pharmacy Boards (English Pharmacy Board in the first instance) with strong support from HEAG.

ACTION To invite APTUK chair and chair of Scottish Pharmacy Technician group to attend HEAG meeting.

6. Update on RPS Professional Guidance

WT provided a verbal update around the ongoing work to launch A Competency Framework for Designated Prescribing Practitioners (DPPs). This will be available from the RPS website on the 19th December and will be supported by a series of implementation workshops in January.

This helps to implement a long-standing campaign to expand the role of experienced prescribers to be able to train, supervise and sign-off trainee prescribers.

There were some regulatory breakthroughs in 2019. This framework helps to bring those changes to life.

The Framework was put together through the RPS standards development process – with some sponsorship from HEE, and co-ordinated by RPS previous Clinical Fellow Adele Mott. The process included: literature searches, literature reviews, steering groups, project groups, validation groups, virtual reference groups, a wide spectrum of multi-disciplinary professions, and patients.

Who does it impact on?

1. Non-Medical Prescribers wanting to be DPPs
2. University course providers running NMP courses wanting to expand from DMP to DPP
3. NHS trusts and health boards who look after cohorts of NMPs

ACTION HEAG to share the framework and details of the launch events to the key people within their organisations.

To note: HEAG members commented that the volume of emails from RPS was not too high and that RPS did not need to batch them, they could be sent individually at the time.

7. RPS Mentoring Update

[https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/HEAG - documents/RPS Mentoring Presentation - HEAG 12 Dec 2019 NC.pdf?ver=2020-01-17-093254-633](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20documents/RPS%20Mentoring%20Presentation%20-%20HEAG%2012%20Dec%202019%20NC.pdf?ver=2020-01-17-093254-633)

NC provided HEAG with an update on the new mentoring platform that included current stats.

Questions, comments and discussions from the room included:

- What is the expectation on number of mentees per mentor?
- Not easy to complete profile, too much work (others felt it was easy enough to complete)
- Notifications being missed, not good user experience, caused frustration
- What are the expectations of the mentee?

ACTION NC to send update on mentoring platform via email.

ACTION to add a regular mentoring update to standing agenda for HEAG.

8. Update on Medicines Governance Do Once programme

(Document will be made available to HEAG only, not to be shared wider until signed off)

TR provided an update on this programme of work to members of the HEAG and guests. Clarification was sought on the aim of the document.

ACTION TR to share the statement document for comment from HEAG members only, not to be shared wider.

9. Update on Advanced Therapy Medicinal Products (ATMPs)

[https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/HEAG - documents/HEAG Consideration of ATMPs - Dec 2019.pdf?ver=2020-01-17-100119-260](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20documents/HEAG%20Consideration%20of%20ATMPs%20-%20Dec%202019.pdf?ver=2020-01-17-100119-260)

Anne Black provided a brief update on ATMPs to the group. It is a large piece of work with several workstreams including a Pan UK Pharmacy Working Group for ATMPs with 38 pharmacists on the

group, 3 subgroups and other workstreams on producing supporting documents – one already endorsed by the RPS.

There was a discussion around RPS HEAG role in moving this forward.

ACTION HEAG to feedback on the statement and follow RPS Endorsement process.

10. Update on RPS Inclusion & Diversity programme

[https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/HEAG - documents/RPS HEAG I and D GK.pdf?ver=2020-01-17-104118-877](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20documents/RPS%20HEAG%20I%20and%20D%20GK.pdf?ver=2020-01-17-104118-877)

GK gave an update on the work to date of the RPS Inclusion and Diversity programme.

JH thanked GK /RPS for starting discussions on this within pharmacy.

There was a question of what is required from HEAG members following this presentation? RPS wants to lead the change, start the awareness, open the dialogue, create a culture to be curious, support colleagues.

It was stated that I&D was already happening in Trusts, how can the RPS help with this? RPS is showing commitment by pushing this agenda forward and will be hiring a new role leading on this. RPS will be able to support you /Trusts/ workplaces.

11. RPS Education & Workforce update

(Paper provided in advance of the meeting)

EW gave a brief update on the AMS training RPS are providing to pharmacists, funded by HEE.

Please share with and encourage/support staff to apply.

Really good feedback was reported from this year's cohort, HEAG members were very supportive of the training.

Also shared the Royal College of Physicians – Quality Improvement and Patient Safety – Pfizer: Clinical Fellow Medicines Safety job advert. Members agreed it would be good to have a pharmacist in this position so will share widely.

ACTION to share job advert with group.

Discussions around Faculty review and next steps. GF provided brief update on making what RPS offers to its members and the wider profession relevant to the different career stages. Consultant posts will follow approval process with appropriate guidance provided and credentialing. Foundation next steps include forming a UK Foundation Board with RPS and GPhC in 2020. Further steps may include specialist group credentialing, collaborative working with affiliates in 2020 to shape this.

ACTION Add advanced practice to next HEAG agenda.

12. Sharing Learning: Discussion – Integrated Care Systems

DC provided a brief summary of how ICS is working in the North East and Cumbria. Discussion points included: integrated workforce opportunities, pharmacists moving into primary care network roles, potential for Trust rotations. DC reminded everyone that one of the key aims of ICS is to do the right thing for patients and improve patient care.

13. Sharing Learning: Presentation – High Risk Medicines

[https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/HEAG - documents/HSIB - RPS Presentation - 12 December 2019.pdf?ver=2020-01-17-093557-697](https://www.rpharms.com/Portals/0/RPS_document_library/Open_access/Support/HEAG_documents/HSIB_-_RPS_Presentation_-_12_December_2019.pdf?ver=2020-01-17-093557-697)

Guests from the Healthcare Safety Investigation Branch (HSIB) gave a brief presentation on who they are, what they do plus details of a current investigation involving pharmacists. They asked HEAG to spread the word on HSIB, and amplify awareness throughout networks. All investigation reports are made public, with recommendations and responses also made public. There was much discussion in the room about safety and procedures, workforce gaps, pharmacy being protectors, constantly evolving, creating a resilient healthcare system by identifying, adapting and responding. Key themes all link to previous discussions made during the meeting.

JH thanked guests for attending and giving a thought-provoking discussion.

ACTION RPS to circulate the HSIB report on the prescribing of high-risk medicines (when it is available) for comment on recommendations and to circulate the previous completed reports on electronic prescribing and medicines administration.

14. AOB

The RPS survey on wellbeing was mentioned following some results being released on social media, further discussions will need to happen once the final report comes out from this survey.

ACTION Workforce wellbeing to be added to the next HEAG agenda.

ACTION RPS to circulate the North West Mental Health document to HEAG.

RPS HEAG Action Log updated 16/01/2020

Action	Lead	Update
<i>To pick up with AD on scope/ purpose for benchmarking and bring back to next HEAG</i>	RS	In discussion
<i>Add update on temperature excursions to next HEAG meeting agenda (speak to Tim Root)</i>	RPS	TBC
<i>Request a meeting/telecon with RPS CEO and invite for further visits across the nations.</i>	Chair / RPS	Complete
<i>To form small work group with volunteers: MC, ST, CP, DC working with LK and set-up a teleconference.</i>	Chair	
<i>To share the literature review completed for the Pharmacy Technicians role analysis.</i>	CJ	Complete
<i>To raise issue of pharmacy technician membership with RPS National Pharmacy Boards (English Pharmacy Board in the first instance) with strong support from HEAG.</i>	Chair	TBC
<i>To invite APTUK chair and chair of Scottish Pharmacy Technician group to attend HEAG meeting.</i>	Chair / RPS	Agreed
<i>To share the framework and details of the launch events to the key people within their organisations.</i>	HEAG	
<i>To send update on mentoring platform via email.</i>	NC	Complete
<i>To add a regular mentoring update to standing agenda for HEAG.</i>	RPS / Chair	
<i>To share the statement document for comment from HEAG members only.</i>	TR	Complete
<i>To feedback on the statement and follow RPS Endorsement process.</i>	HEAG / RPS endorsement	
<i>To share job advert with HEAG (Royal College of Physicians – Quality Improvement and Patient Safety – Pfizer: Clinical Fellow Medicines Safety)</i>	RPS	Complete
<i>Add advanced practice to next HEAG agenda.</i>	RPS / Chair	
<i>To circulate the HSIB report on the prescribing of high-risk medicines (when it is available) for comment on recommendations and to circulate the previous completed reports on electronic prescribing and medicines administration.</i>	RPS	Circulated previous reports
<i>Workforce wellbeing to be added to the next HEAG agenda.</i>	RPS / Chair	
<i>To circulate the North West Mental Health document to HEAG.</i>	RPS	Complete