

Hospital Expert Advisory Group (HEAG) Summary Notes and actions from meeting on 3 May 2017

MEMBERS PRESENT: Rob Duncombe (Chair), Steve Tomlin, Karen Harrowing, Dave Thornton, Paula Russell, David Campbell, Richard Needle, Kate Walker, Mark Borthwick, Tim Root, Liz Kay, David Cook, Norman Lannigan, Richard Seal, Oweikumo Eradiri

RPS: Chris John (RPS), Catherine Duggan (RPS), Cathy Picton (Professional Secretary to the RPS HEAG), Amer Safdar (English Pharmacy Board, RPS), Ruth Wakeman (RPS).

APOLOGIES: Tim Hanlon, Anthony Sinclair, Jatinder Harchowal, Caroline Parker, Sandra Melville, Steve Williamson, Cathy Cooke, Justine Scanlan, Mark Jackson, Simon Wills, Amanda Bevan, Lynn Haygarth, Iben Altman/ Melanie Dowden, Ben Rehman, Keith Thompson, Iram Husain, Nikki Holmes.

BY INVITATION: Aidan Rawlinson, NHS Benchmarking.

1. Declarations of Interest and Confidentiality

Members were reminded to update their declarations in light of any changes to their interests.

The group was reminded about the background to HEAG and RPS work to support the pharmacists in declaring conflicts of interest. The RPS guidance has now been published <https://www.rpharms.com/resources/quick-reference-guides/declaring-interests>. RPS has recently been contacted by NHS England to comment on FAQs being developed to support implementation of the rules and principles for managing conflicts of interest that come into force in 2017. Cathy Picton (CP) will circulate the draft FAQs to the group timescales are tight with comment required by 12 May.

ACTIONS: CP and HEAG members.

2. Notes of the previous meeting

The notes of the previous meeting were accepted as a true reflection of the group's discussions.

3. Matters arising

Terms of reference

Following the last HEAG meeting (1.12.16) the group's terms of reference were reviewed and circulated to the group for comment. The final version will be included on the HEAG page on the RPS website. The group agreed to add a further clarification that members are able to serve a second three year term this will avoid the entire membership changing at the same time (this has been added to the terms of reference posted on the HEAG webpage). However, it was re-confirmed that the Chair of the group must change every three years.

The first three year term is up for most members in May 2018 and the role of Chair will also become vacant. CP will be making contact with all members toward the end of 2018 to discuss whether they remain a member or step down.

ACTION: CP

HEAG web page

Following the last meeting it was agreed that the HEAG web page should be updated to focus on the outputs emerging from the group and to engage with people who may want to become members. The web page has been redesigned and was circulated to HEAG members for comment. The web page is now active on the new RPS website: <https://www.rpharms.com/about-us/how-we-are-run/expert-advisory-panels-groups-and-forums/hospital-expert-advisory-group>.

The group agreed that we need to add areas of expertise against each of the member's names as well as an optional photograph. CP to explore whether this can be linked to members profiles on the new website so that HEAG members can add their details that way; if not CP will coordinate with individual members. It was also agreed that the page needs an image as it is currently text heavy.

Increasing the profile of the HEAG

It was agreed to end each meeting by identifying which work streams we need to raise awareness about with the profession. RPS can then facilitate members to tweet, write blogs, journal articles or use conferences to raise awareness and generate interest in the work of the group and RPS.

ACTION: Rob Duncombe (RD), Ruth Wakeman (RW), CP and HEAG members

Extended roles for pharmacy staff on wards

Tim Root (TR) updated the group about the changes made to the Specialist Pharmacy Service (SPS) note on preparation of medicines in clinical areas by pharmacy staff that followed from comments made at the last HEAG meeting. The note was re-circulated to the group at the meeting and makes it much clearer that the final decision about the role that pharmacy teams have here rests with the Chief Pharmacist/ Director of Pharmacy and the organisation's clinical governance committee.

HEAG members agreed they have reviewed and commented on the document and happy with final content. RPS will support dissemination via a link in the Chief Pharmacists handbook and anywhere else appropriate on the RPS website RW and CP. In addition there is wider work needed to define roles and scope of practice within pharmacy which is a role for RPS. TR to remove position statement from title.

The final document has now been posted on the SPS website and is being circulated with these notes.

ACTION: TR, CP, RW

4. Membership

The group welcomed Oweikumo Eradiri, who brings with him an extensive range range of national and international experience and comes from a district general hospital.

5. Correspondence since last meeting

A summary of correspondence since the last meeting was shared with the group prior to the meeting. RPS continues to seek advice and comment from the HEAG extensively to help inform responses to requests for comments on, or endorsement of, resources and guidelines from other organisations. RW confirmed that members only need to respond to requests for comment where they have the relevant expertise because the organisation has processes in place to ensure that it seeks a wide range of views when seeking comments.

6. Updates on RPS professional standards and guidance work

RW updated the group on current RPS work streams.

Published since the last meeting:

- Professional standards for optimising medicines in secure environments (January 17)
<https://www.rpharms.com/resources/professional-standards/optimising-medicines-in-secure-environments>
- Ultimate guide for pharmacists working in urgent and emergency care (April 17)
<https://www.rpharms.com/resources/ultimate-guides-and-hubs/ultimate-guide-for-pharmacists-working-in-u-e-care>
- Benchmarking metric definitions finalised at the previous HEAG meeting (April 17)
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Hospital%20pharmacy/Hospital%20pharmacy%20benchmarking%20metrics.pdf>
- Essential guide to hospital practice: preparing for day one. (May 17). Published after the HEAG meeting.
<https://www.rpharms.com/resources/essential-guides/hospital-pharmacy-practice-preparing-for-day-one>

Work ongoing:

- Ultimate guide for hospital chief pharmacists/directors of pharmacy. The guide is currently being formatted into a web-based resource and specific content from Wales and Scotland is being incorporated.
- QP task and finish group report. In March 17 the QP task and finish group submitted a report of its findings to RPS. The report makes recommendations for how RPS can encourage more pharmacists and pharmaceutical scientists to consider a role as a QP, and how the organisation can better support those members already on the QP pathway.

ACTION: CP to circulate the report to all HEAG members (circulated with these notes)

- Update to the RPS professional standards for hospital pharmacy. The update is underway, it is anticipated that the updated standards will be posted for public consultation over the summer with a view to being published by the end of 2017.
<https://www.rpharms.com/news/details/Update-of-RPS-Professional-Standards-for-Hospital-Pharmacy-Services>
- Medicines, ethics and practice update. Edition 41 will be published in July 2017.

New projects starting later in 2017

- Polypharmacy guidance – new GB guidance from RPS.
- Handling medicines in social care - - review and update of existing RPS guidance
- Other new guidance to support changes to legislation , regulations as these arise

Further feedback

- The Nursing and Midwifery Council (NMC) are considering withdrawing their medicines management standards. They have indicated that they will be consulting on this proposal before taking any action. If the standards are withdrawn there will be a pressing need to fill resulting gaps in guidance and RPS will need the support of HEAG to consider where it may be appropriate to develop guidance.
- NICE have accredited the process by which RPS develops its standards and guidance. The update to the prescribing competency framework was the first guidance to be updated using the accredited process and so has NICE accreditation.

7. Update on the revision of the safe and secure handling of medicines guidance

TR updated the group on progress with the revision of the guidance on the safe and secure handling of medicines. TR's slides are included with these notes. The guidance is expected to be posted on the RPS website for open consultation after the summer.

8. Update on rebalancing

Karen Harrowing (KH) updated the group on the work of the Rebalancing Board. Work is ongoing on the Error Defence (for registered pharmacies), although there can be no outputs due to purdah for the June general election. The last meeting focussed on the extensive work of pharmacy organisations to support and encourage error reporting and learning from errors. The next wave of work will address issues for hospital pharmacies (registered hospital pharmacies will be included in the first wave). More information can be found on the programme board's website: <https://www.gov.uk/government/groups/pharmacy-regulation-programme-board>.

9. Feedback from RPS Workforce summit and next steps

The HEAG-led workforce summit was held on 13 January at the RPS, with themes emerging around integrated workforce, collaboration within and beyond the profession, multidisciplinary working in care centres of excellence, strengthening clinical networks. A summary report of the day can be found here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/Workforce%20and%20Education/Workforce%20Summit%20Report%20Final%202017.pdf>

The group discussed the themes emerging from the report and highlighted key areas where RPS and the group could lead the narrative for the profession:

- With new models of care the terms hospital and community pharmacist are less meaningful and may hinder the development of the profession. We need to emphasise a set of core skills and describe what sits around the patient from foundation practice through to advanced practice. The RPS roadmap describes this journey and the importance of foundation training for all pharmacists. More Advanced Generalists are needed – there is not the capacity to produce specialists for every area.
- The importance of the pharmacy family in delivering care needs to be recognised, we need to consider the whole pharmacy family not just pharmacists. There is a wide gap between technician roles, RPS is planning further work around technicians in 2017 working with APTUK.

Ideas for next steps included:

- RPS has already developed policy and thought leadership around workforce, what is needed now is examples from practice, ideas and support for implementation. HEAG can help identify these examples and where they push the boundaries of practice out into community.
- RPS needs to find ways of being much more proactive in leading the messaging that the pharmacy workforce is changing. Can HEAG work with the RPS Education Panel to support this?
- Systems are changing and apprenticeships are being introduced, there is a piece of work around locating them within the system.
- An agenda item at the next meeting on learning from Wales on integration.

Chris John (CJ) will take these ideas back to the Education Panel and feedback on the outcome of discussions at the next HEAG meeting.

ACTION: CJ

10. Hospital Benchmarking

NHS Benchmarking - discussion led by Aiden Rawlingson (AR)

AR briefed the group on the purpose of NHS Benchmarking, a membership organisation that aims to collect and share data which supports teams in their roles. As a general principle NHS Benchmarking collects data which is of use to members and helps them improve their services.

The third pharmacy and medicines optimisation benchmarking exercise will go live at the end of May and will be similar to previous years with some tweaks to questions. AR sense checked some questions in the latest benchmarking survey with HEAG.

HEAG members who had completed previous benchmarking exercises fed back comments to AR about how the process could be improved and signposted AR to other key individuals to help with benchmarking questions on emerging areas of interest.

Some emerging areas of interest for the group included:

- new roles that support staff may be undertaking e.g. administering medicines in clinical areas (separate for iv and oral)
- banding of prescribing pharmacists
- questions about extent of integration e.g. electronic discharge letters to community pharmacy
- IT (AR referred to Ann Slee)
- services to care homes
- a question about whether pharmacy teams are investing or disinvesting in services
- pharmacy role in emergency departments
- advanced clinical practitioner roles
- day three review for antimicrobials
- automation in A&E
- e-rostering
- seven day services

It was agreed that AR will stay in touch with the group as the work progresses and that the group will support the design of further benchmarking exercises. AR confirmed that NHS Benchmarking will be using the RPS metric definitions in their benchmarking in the future.

Metric definitions Part 2 - discussion led by David Campbell (DC)

DC led a discussion round the next batch of definitions to be developed to support benchmarking using the paper circulated ahead of the meeting and some additional suggestions from Richard Seal and Andrew Davies from NHS Improvement.

It was agreed that there is a need to agree a standard definition of clinical versus non-clinical roles for the purpose of benchmarking and that we need to ensure that pharmacy technician activity is also benchmarked. There has already been an attempt to define this in several areas across the UK, CP will contact the regional Chairs of the Chief Pharmacist networks and ask for what has already been developed. Other metric definitions discussed included measures for IT and clinical services on weekends vs week days, as well as specific definitions for functional areas.

DC will continue to work on the metric definitions based on discussions at the meeting and will circulate via email. In addition he will look at definitions in specific function areas with HEAG colleagues with particular expertise in those areas DC will contact members directly for nominations.

ACTION: CP, DC

11 Transfer of Care

CP updated the group on the work undertaken by RPS to support transfer of care since 2011. The guidance developed by RPS in 2011 will be reviewed later in 2017. The group discussed progress in transfer of care and transfer information about medicines since 2011 and highlighted initiatives across England and in Scotland and Wales that could feed into any update of the guidance.

CP will link with the lead author on the update to feedback initiatives highlighted by HEAG and the group will be closely involved once the update to the guidance begins.

ACTION: CP

12 RPS accreditation or review of hospital pharmacy services

RPS is beginning to scope a review service for hospitals. This aligns with similar services offered by other royal colleges and professional bodies and is in response to a clear need and demand that is increasingly emerging. Accreditation of services would be against defined standards (RPS hospital standards) and would be supportive and developmental linking to RPS mentoring and RPS professional development frameworks and tools including Faculty. It would be important for RPS to offer follow up and support following any review including peer review, mentors and tools for quality improvement.

Ruth Wakeman (RW) is pulling together a small working group to begin to scope out option. HEAG members interested in joining the group should contact RW.

13 Date of the next HEAG meetings

The next HEAG meeting for 2017 will be Thursday 9 November (11.00 – 16.00) at RPS, London. Coffee will be served from 1.00 to facilitate networking.

Catherine Picton, 12 May 17
Professional Secretary to the RPS HEAG