

Hospital Expert Advisory Group (HEAG) Summary notes and actions from meeting on 1 December 2016

MEMBERS PRESENT: Rob Duncombe (Chair), Tim Hanlon, Caroline Parker, Steve Tomlin, Karen Harrowing, Dave Thornton, Paula Russell, Anthony Sinclair, David Campbell, Richard Needle, Kate Walker, Jatinder Harchowal, Amanda Bevan, Mark Borthwick, Justine Scanlan, Tim Root, Liz Kay, David Cook.

RPS: Catherine Duggan (RPS), Cathy Picton (consultant to the RPS), Ruth Wakeman (RPS), Aamer Safdar (English Pharmacy Board, RPS)

APOLOGIES: Norman Lannigan, Sandra Melville, Steve Williamson, Richard Seal, Cathy Cooke, Nikki Holmes, Mark Jackson, Lynn Haygarth, Simon Wills, Iben Altman, Ben Rehman, Keith Thompson, Melanie Dowden, Iram Husain.

BY INVITATION: Chris Evans, Chief Pharmacist, St George's University Hospitals NHS Foundation Trust.

1. Declarations of Interest and Confidentiality

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

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

Ultimate Guide for Chief Pharmacists

Development of the guide for aspiring and new Chief Pharmacists is ongoing. Early drafts have been used to support the first two cohorts of the CPPE/NHS Leadership Academy Chief Pharmacists Development Programme (in England). The cohorts are currently providing feedback on the content of the guide which will be further refined to include the GB perspective with a view to publication in the first half of 2017. A final draft of the guide will be sent to HEAG members for comment before publication.

Clinical Pharmacy Congress

RPS is developing the leadership stream at the Clinical Pharmacy Congress in May 2017 with 6 slots allocated across both days. RPS is looking to HEAG for speakers and ideas for the content of the sessions. The group discussed sessions around the following themes:

- New models of care and the vision for hospital pharmacy/integrated care – cancer vanguards possible example.
- Hospital workforce and how the non-medical workforce will be used (link to outputs of the workforce summit).
- Clinical leadership. Working with wider groups, hospital boards and other professions
- Collective, compassionate leadership – (King's Fund)
- Governance and assurance. Looking at metrics into practice and linking NHS benchmarking, RPS Hospital standards and the Carter metrics

Other ideas included:

- Rebalancing: superintendents and Chief pharmacists and the changes to training
- Supervision and changes: the Scottish model
- Safe handling of medicines guide and standards as care moves out of hospital and into other settings and sectors
- Prescribing (the RPS framework and new roles)

HEAG members who would like to run a session, or who have suggestions for speakers contact Cathy Picton (CP).

ACTIONS: HEAG members and CP

Falsified Medicines Directive

In light of recent correspondence with the HEAG about the implications of the FMD for the hospital sector HEAG recommended that a webinar be offered to RPS members to help raise awareness of the implications for the hospital sector.

ACTION: RPS

Outputs from the Hospital Expert Advisory Group

The group's profile was discussed; the majority of hospital pharmacists are unaware of the HEAG's work. It was decided to refocus the HEAG website page (<http://www.rpharms.com/expert-advisory-groups/hospital-expert-advisory-group.asp>) to concentrate more on the group's outputs. A summary of the group's work/discussions can also be shared with the wider RPS membership via the hospital pharmacy network. Cathy Picton (CP) clarified that the summary notes produced after each meeting are public domain and can be circulated. HEAG members have a role in promoting the group and its work in advising RPS – an article from National Health Executive has been circulated as an example of this.

ACTIONS: HEAG members and CP

HEAG Terms of Reference

As the group has been in existence now for over a year, it was agreed that the terms of reference for the group should be revisited, the purpose of the group needs to be more clearly articulated and the HEAG work plan developed in February 16 reviewed. It was agreed that the review of the Safe and Secure Handling of Medicines which has been initiated at the request of the HEAG will help with visibility of the group.

ACTION: CP

4. Membership

The group welcomed David Cook, a Specialist Procurement Pharmacist (North East and North Cumbria) who will provide procurement expertise to the group.

Members were reminded that membership of the group is based on their own professional experience rather than them being representative of another group or their organisation. The HEAG exists primarily as an advisory group to the RPS Boards on all matters relating to the hospital sector in its broadest sense. The group has been constituted to ensure that individual members have a wide breadth of experience. Ultimately RPS is responsible for the constitution of the group. There was an acknowledgement that individuals working in district generals may be underrepresented on the group. CP will review membership of the group and assess the balance of specialist to general expertise.

ACTION: CP

5. Standing items for update

Correspondence

The group briefly reviewed all correspondence since the previous meeting. CP will attach a list of all correspondence as an appendix to these notes. The correspondence provides the group with an overview of the extent to which the HEAG now feeds into the work of the RPS professional development and support team, and other teams at RPS. Specifically the group is now crucial in informing responses to consultations relevant to hospital pharmacy from within the pharmacy sphere and across the health sector more widely.

ACTION: CP

AAGBI/RCoA Joint Stakeholders' Meeting on Sustainable Anaesthetic Practice

RPS was invited to attend this event and Tim Hanlon (TH) represented RPS as a member of HEAG. TH fed back briefly on the content of the meeting. HEAG members interested in receiving full notes of the meeting when they are circulated should contact CP. TH expressed an interest in representing RPS on other work streams related to sustainability should they arise.

RW will continue to circulate requests to HEAG members as they arise to enable other members to volunteer/express an interest in getting involved.

ACTIONS: HEAG members and RW

6. Updates on RPS professional standards and guidance work

RW updated the group on current RPS work streams these included several initiated via the HEAG including the guidance on conflicts of interest, the update to professional guidance on the safe and secure handling of medicines and the review of how pharmacists are encouraged and supported to become QPs. RW's summary of all RPS work streams has been circulated with these notes.

7. Rebalancing/error reporting in hospitals

CD and KH updated the group. CD announced that the RPS error reporting standards have just been launched as part of the work to support decriminalisation of dispensing errors. Keith Ridge spoke at the launch and was clear that the profession needs to be better at reporting, sharing and learning from errors. The error reporting standards have been circulated with these notes. KH subsequently circulated the work published to date from the Partners Forum on the Hospital Error Defence. The consultation is expected shortly and RPS will be seeking the views of HEAG members to help inform the response from the RPS national boards.

RPS to look at showcasing good examples from community pharmacy error reporting – Liz Kay (LK) has a good example to share. Invite superintendent pharmacists to attend one of the HEAG meetings in 2017 to share practice (CP).

ACTIONS: LK, CP.

8. Workforce

The RPS Workforce Summit has been scheduled for 12 January all speakers are now confirmed – the programme is attached as an appendix to these notes. The workshops at the group will be used to help develop position statements from which RPS can draw. If they haven't already done so, HEAG members are asked to confirm whether they will be attending the summit with Caitlin Hart (Caitlin.Hart@pharms.com). CP will be contacting members of the group for support with facilitating the workshop sessions.

ACTION: CP and HEAG members

9. Model hospital metrics

David Campbell (DC) led a session to review the standard definitions that have been identified in order to provide clarity around the measurement of the model hospital metrics. The aim of standard definitions is to provide a consistent basis for the collection of data which will allow meaningful benchmarking.

The metrics were updated following discussions on the day and in subsequent emails with the HEAG group. The next step is for DC to share the definitions with the team at NHS Improvement.

ACTIONS: CP and DC

10. Extended roles for pharmacy staff on wards

Chris Evans (CE), Chief Pharmacist, St George's Hospital joined the group to share how his organisation is extending pharmacists' clinical roles on wards which is part of an overall vision for a multidisciplinary team on the wards. CE's slides are attached which outline the developments and the governance around the changes. The extension of the pharmacy team's clinical roles on wards was generally agreed to be a positive move that should be supported and there are a range of different models emerging across the country. This is an area which needs discussion at the upcoming workforce summit there needs to be a vision for the workforce to deliver this role – may be nursing, pharmacy or a different role such as a medicines optimisation assistant.

The group reviewed an NHS QA advice note about the legality of preparation of medicines in clinical areas by pharmacy staff. The law is essentially silent on this issue so with appropriate justification and governance organisations can develop these roles. The current advice note does not reflect this and can be interpreted as saying that it is not legally possible. Comments on the NHS QA document were taken by Tim Root (TR) and Justine Scanlon (JS) who will re-circulate a revised draft to some HEAG members for a reality check.

ACTION: TR and JS

11. APTUK

KH (APTUK Honorary member 2016) attended the APTUK seminar on Pharmacy Technician roles and updated the group on the featured report from the University of East Anglia, Identifying the Roles of Pharmacy Technicians in the UK (KH subsequently circulated the report to the group for those who had not seen it). She also highlighted the forthcoming GPhC consultation on a review of educational standards for technicians.

I2 Dates of the next HEAG meetings

The HEAG meetings for 2017 will be scheduled for April and October. A doodle poll will be circulated to HEAG members. Please delete the 6 April date originally proposed from your diaries.

Catherine Picton, 8 December 16
Professional Secretary to the RPS HEAG

HEAG correspondence July 17 – November 17

Date sent	Subject	Reason
05/07/2016	New Member of the RPS HEAG: welcome David Cook	for information
07/07/2016	Summary Care Record in Secondary Care: health and social care information centre	for information
27/07/2016	Draft on call training resource : request for comment from SW	for comment/feedback
05/08/2016	International Pharmaceutical Federation: Global Vision for the Workforce and Pharmaceutical Workforce Development Goals	for comment/feedback
08/08/2016	HEE (Yorkshire and Humber) School of Medicines Optimisation and Pharmacy	for information
19/08/2016	CQC review of how NHS trusts investigate and learn from deaths	for information
23/08/2016	Request for feedback on RPS support for Qualified Persons scheme	for comment/feedback
02/09/2016	Request for feedback on the Regional Medicines Optimisation Committees (RMOCs) consultation	for comment/feedback
13/09/2016	NHS England/NHS Improvement: Transformation of seven day clinical pharmacy services in acute hospitals (HEAG input)	for information
13/09/2016	Hospital pharmacists and pharmacy technicians: environmental attitudes research (input requested)	for information/input
19/09/2016	Important New Evidence - June 2016 & May 2016 (last circulation)	for information
27/09/2016	On-call training resource now on Medicines Learning Portal (HEAG input)	for information
30/09/2016	Hospital Expert Advisory Group: Update on activities since June 16	for information
30/09/2016	Optimising medicines discharge to improve patient flow published (HEAG input thanks from Amanda Rawlings)	for information
11/10/2016	Quality Assurance of Aseptic Preparation Services: Standards Handbook 5th edition available in print	for information
11/10/2016	Sustainable anaesthetic practice summit: invitation for interested parties (TH representing)	Invitation
21/10/2016	NHS Improvement - HoPMOp Stakeholder Update - October 2016	for information
28/10/2016	Definitions for the model hospital metrics from DC/CP	for comment
31/10/2016	HEAG meeting 1 December; note change of venue and date of workforce summit on 12 January	for information
01/11/2016	RPS response to NHS England consultation on rules and principles for conflicts of interest (HEAG input)	for information
01/11/2016	Best Practice Standards for managing Medicines Shortages in Secondary Care in Scotland: possible endorsement	for comment
01/11/2016	Request from Pharmaceutical Journal for input into article	for comment
03/11/2016	Request for T&F group membership: RPS strategy for QP support	Invitation
03/11/2016	Quality Assurance of Aseptic Preparation Services: Standards Handbook (Yellow guide) available	for information
24/11/2016	NHS Confederation Seven Day Services report (HEAG input)	for information

Pharmacy Workforce Summit: Right place, right time, right number: positioning the workforce for patients

10:00 – 16:30 on Thursday 12 January 2017

Royal Pharmaceutical Society, 66-68 East Smithfield, London, E1W 1AW

Time	Topic	Speaker
10.00	Registration	All
10.30	Chair's opening remarks: progress with the RPS Workforce Vision	TBC RPS Board Chair
10.45	Key challenges and opportunities facing the health workforce	Dr Pat Oakley
11.15	Right place: New Models of care	Ravi Sharma
11.30	Right time: Seven Day Services	Andy Lowey
11.50	Right number: integrated training placements	Margaret Allen
12.15	Lunch/networking	
13.00	Right place: sustainability and transformation plans – where does pharmacy fit in?	Aamar Safdar
13.20	Right time: efficiency and productivity – what is the model hospital pharmacy department?	TBC David Campbell
13.40	Right number: new roles and skill mix	Tess Fenn
14.00	Workshop 1: Right place – new models of care and creating an integrated workforce	TBC Facilitator: Wasim Baqir
14.00	Workshop 2: Right time – doing the right things – what should the workforce be doing?	TBC facilitator
14.00	Workshop 3: Right number – what sort of pharmacists are needed: skills, knowledge and behaviours	TBC facilitator
15.30	Tea break	
15.45	Feedback and challenge from workshops	Chair
16.15	Close	