

RPS Hospital Expert Advisory Group (HEAG) Meeting Notes

Held on

06 June 2019

Present

MEMBERS: Yousaf Ahmad, Mark Borthwick, David Cook, Thomas Cox, Andrew Davies, Rob Duncombe, Matthew Elswood, Oweikumo Eradiri, David Erskine, Roger Fernandes, Steve Gage, Jatinder Harchowal (Chair), Karen Harrowing (telecon), Raliat Onatade, Tracy Rogers, Paula Russell, Rahul Singal

RPS: Chris John, Aman Doll, Sonia Garner, Wing Tang, Ivana Knyght, Neal Patel, Gail Fleming, Ravi Sharma, Gino Martini, Robbie Turner, Heidi Wright, Rebecca Braybrooks (notes)

APOLOGIES: Amanda Bevan, David Campbell, Melinda Cuthbert, Liz Kay, Caroline Parker, Sumara Parvez, Graeme Richardson, Steve Tomlin, Cathy Picton

BY INVITATION: Michael Dooley (Director of Pharmacy, Alfred Health & Professor of Clinical Pharmacy, Centre for Medicine use and Safety, Monash University), Tim Root (NHS Specialist Pharmacy Service), Mark Jackson (NHS Specialist Pharmacy Service), Anne Black (Regional QA Specialist Pharmacist – North East and North Cumbria)

CLINICAL FELLOWS: Katherine LeBosquet (NHS), Adele Mott (RPS)

1. Welcome and introductions

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

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 matters arising and no outstanding actions.

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 January 2019 and resulting actions. RPS members wishing to contact RPS teams are asked to go through the Education team: education@rpharms.com

Congratulations to Chief Scientist and team for a brilliant Summit. Next year will be June date. RPS CEO to perform visits to pharmacy departments in Birmingham and Oxford with a focus on services delivered to intensive care units.

5. Update from RPS communication and social media team

Members/guests were given an update on the work carried out by the Communications team. Regular monthly meetings are taking place between the RPS comms team and the HEAG Chair and Secretary. The Hospital Pharmacy webpage is live with ongoing developments to keep it relevant. Big issues such as Brexit, apprenticeships etc will always be most popular/more newsworthy with members. Hard to always capture issues relevant to all. RPS is now purchasing Google AD words to help with search rankings. Will be doing regular podcasts that will be hosted on Hospital Pharmacy web page (Chris and Jat to star in first of series). Request to the group to share RPS information if you believe it is good. Discussion from the group included:

- Move away from working in silos, could connect with NHS Digital Forum?
- Resources for newly registered/early careers pharmacists
- Foundation programmes, to push what is really important in each sector
- Will always have issues, really important to get segmentation right
- Cross referencing between organisations eg SPS (Specialist Pharmacy Services) now a 1 stop shop – could create a 2-way link between it and RPS but there needs to be a quid-pro-quo with each organisation demonstrating their value
- Making information current and relevant is a worldwide struggle, not just UK
- Page is great however not intuitive enough yet, needs further improvement/ restructuring

6. RPS HEAG hospital benchmarking metric definitions & open prescribing

(Slides will be made available)

HEAG heard an update on the hospital benchmarking metric definitions and open prescribing. What has been done and why. All the definitions on the website can be viewed. 22 trusts have provided input to the work. Question asked of HEAG: should work continue to update these or design specific metrics to fit areas? Discussion included:

- Happy to have the metrics, don't want to return to having none. Metrics have been useful to demonstrate variance and learning. Case studies would also be useful.
- Metrics need to be current and relevant – how can this be guaranteed? Different metrics are needed in mental health and community health (admission avoidance)
- Need to evolve, cover different areas and consider the impact on patient safety and patient flow.
- Less is more, don't want an explosion of metrics but a critical mass that are impactful.

- How can HEAG feed into this work? Thought leadership ideas, endorsing statement. The RPS role is to provide leadership to support members and the link to the hospital pharmacy standards is important (as well as the model hospital and NHS Benchmarking Networking work).

7. Temperature excursions

(Slides will be made available)

HEAG were given a summary on where the work is at on Temperature excursions and asked for support/volunteers to move the work forward.

Discussion included:

- Members were happy to hear of the work
- Many volunteered to help move forward
- Thanks to Mark and Tim getting this work off the ground
- Timescale 6-8months possibly longer
- Links to SPS and CQC
- This work is relevant to RPS guidance on the Safe and Secure Handling of Medicines, and whilst it cannot be formally part of that guide as not developed under the same process, it may be able to sit along-side pending RPS endorsement.
- Rate limiting factor is Regulators, bring them in after work done for comment

ACTION: volunteers to get in touch with Mark and Tim to move work forward. Bring back to December meeting for progress report.

8. ATMPs (added to agenda late)

(Slides will be made available)

Anne Black provided a brief update on these to the group. It is a large piece of work with lots to do around these therapies. Education of staff will be required and there should be lots of different groups to feed into the work. Current workstream is Pan UK Pharmacy Working Group for ATMPs. 38 pharmacists on the group, 3 subgroups and 18 workstreams have been agreed. Also in discussions with Chief Scientist and RPS Qualified Person (QP) Chair.

ACTION: Wing to speak to Anne about RPS professional standards and ATMP to explore if this is the right solution (WT)

ACTION: Roger and Jat to input

9. Update on RPS professional standards/guidance work

Professional standards update provided for noting before the meeting.

10. Review of the RPS Faculty. Workshop discussion

(Slides will be made available)

HEAG given an update on where the RPS Faculty review is at currently.

Broke into 2 work groups for workshop discussion. *(flip charts)*

Further feedback on the process will be shared.

11. RPS mentoring update

(Slides will be made available)

Members received an update on the new mentoring offer from RPS. HEAG members asked to sign up as mentors once the system goes live. Currently integrating the mentoring platform into the RPS website. New platform will fit desired requirements. There will be functionality to measure member experience. Mentor suitability to be confirmed by declaration of competence (or declaration of suitability, wording TBC), with a number of competencies taken from the APF. Launch date is set for the 30 September, pending technical integration. We will be conducting monthly reviews thereafter. Phase 2 looking at further future programs and what we (RPS) can do for non-members. Will provide a further update in December.

12. RPS workforce and education update and discussion

Workforce update paper sent prior to meeting, this is for noting.

(Slides will be made available)

Education update provided a look at workstreams and development areas. Also discussed were: the Degree apprenticeship question – normal process is being followed by the trailblazer group. Current status has been declined to approve, further information and joined up approach has been requested; Feedback and evaluation on the AMS training pilot commissioned by HEE will be provided closer to completion dates. Looking to start an education scoping piece – will consider demand from members and key stakeholders. We are working on a UK Foundation programme with Pharmacy Deans. Framework nearly complete.

13. Sharing learning. Current issues in hospital pharmacy – Australia

(Slides will be made available)

Presentation from Professor Michael Dooley, sharing learnings from Alfred Health in Australia. Points of note included medicine spend in hospitals has reduced due to increase in generics, consultants see the patients with pharmacist to reduce waiting times, looking into pharmacist prescribers in Australia.

The Chair thanked Michael for his informative and interesting presentation.

14. The NHS Long Term Plan. RPS work plan

(Slides will be made available)

Members were given an update on the RPS Team England work plan, what work has been done, what work is to be completed going forward.

ACTION: Ravi to follow up with HEAG to collect/share good practice; invite to focus group

ACTION: request for community pharmacy examples to Heidi

15. Any other business

15.1 Endorsing staffing levels

RPS endorsement question – to set-up a working group to devise criteria for when endorsing staffing levels would be appropriate and have open discussions around RPS position.

ACTION: Email out to HEAG members requesting small working group on criteria for endorsing staffing levels

15.2 Ward round best practice

Update given on Royal College of Physicians work to date with a request to circulate details to the group.

15.3 Stakeholders request

ACTION: HEAG request to join Medicines Governance Do Once Programme policies work stream as stakeholders. Further details to be provided via email.

15.4 E-rostering

Update given on long term plan – e-rostering systems. Job planning includes the pharmacy workforce. Guidance is due out on this. It may fit in well with RPS Education streams, how can it be used to help RPS members.

ACTION: To circulate briefing pack early July and ask for HEAG support.