

Hospital Expert Advisory Group (HEAG) Summary notes and actions from meeting on 25 January 2018

MEMBERS PRESENT: Rob Duncombe (Chair), Amanda Bevan, Mark Borthwick, David Campbell, David Cook, Cathy Cooke, Oweikumo Eradiri, Jatinder Harchowal (JH), Karen Harrowing (KH), Sandra Melville, Richard Needle, Caroline Parker, Tim Root, Paula Russell, Dave Thornton, Steve Tomlin, Kate Walker (via teleconference).

RPS: Cathy Picton (CP) (Professional Secretary to the RPS HEAG), Sandra Gidley and Aamer Safdar (English Pharmacy Board, RPS), Ruth Wakeman (RW) (RPS) Chris John (RPS).

APOLOGIES: Anthony Sinclair, Steve Williamson, Justine Scanlan, Mark Jackson, Simon Wills, Lynn Haygarth, Iben Altman/ Melanie Dowden, Ben Rehman, Keith Thompson, Iram Husain, Nikki Holmes, Liz Kay, Norman Lannigan (retired), Richard Seal.

BY INVITATION: Sarah Cavanagh, Acting Director, East Anglia Medicines Information Service. Wendy Preston, Head of Nursing Practice, Royal College of Nursing. Graeme Richardson, Chief Pharmacist, South Tyneside NHS Foundation Trust. Victoria Rutter, Executive Director, Commonwealth Pharmacists Association. Claire Thompson, Deputy Chief Scientist, RPS.

1. Declarations of Interest

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

ACTION: HEAG members.

2. Notes of the previous meeting and matters arising

There were no actions arising from the notes of the previous meeting.

3. Membership and Chair

The first three year HEAG membership term finishes at the end of March 18. For continuity the group is looking to retain around a half to two thirds of its current membership. All members have now indicated whether they want to be considered for a second term. A call for expressions of interest from potential new members went out through RPS networks with a deadline of 26 February. Requests for second terms and new applications will be reviewed by Cathy Picton (CP), the RPS team and the group's Chair in the round at the end of February.

Jatinder Harchowal (JH) was confirmed as Chair of the group for the next three year term of membership. CP will also be remaining as professional secretary.

Sandra Gidley of the RPS English Pharmacy Board formally thanked all members stepping down for their contribution to the Hospital Expert Advisory Group over the previous three years.

A second call for expressions of interest will be circulated in February with a focus on areas of expertise or geography where applications are lacking. Feedback from HEAG members has indicated that a requirement to be working towards Faculty was a deterrent so this needs to be clarified in the next call for members.

The group discussed the need to include an early years' pharmacist in the group's membership and pharmacists aspiring to be chiefs for example the cohorts working through the CPPE chief pharmacists development programme. It was also proposed that observers are invited to attend meetings, with the clinical fellows identified as the first group to invite to attend.

ACTION CP, RPS, JH

4. 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.

Feedback from HEAG members requested that an outcome column is added to the summary and the correspondence record is shared with members on the HEAG page of the RPS website to form a permanent public record.

ACTION: CP

5. Updates on RPS professional standards and guidance work

A paper circulated with the agenda updated the group on the current and planned RPS workstreams (included as appendix A to these notes). RW answered questions about the work for 2018 however stressed that the programme is always subject to change. The group discussed how to raise awareness of RPS outputs potentially by inviting influential observers to meetings (see also item 3), using social media including WePharmacist twitter chats, launching or promoting RPS work at the International Pharmaceutical Federation (FIP) conference in Glasgow 2018, using the PJ and other media to promote the work of the HEAG.

ACTION CP

6. RPS accreditation or review of hospital pharmacy services

Ruth Wakeman (RW) updated the group on progress with developing 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. The HEAG small working group met last year to scope out options for a service and made recommendations to RPS. A paper laying out the options has been sent to the RPS Executive team for a decision by early February 18.

7. Update on the work of the rebalancing board

Karen Harrowing (KH) is a member of the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board and shared an update on progress since the last HEAG meeting. All information shared is in the public domain see:

<https://www.gov.uk/government/groups/pharmacy-regulation-programme-board>. KH briefly recapped on the rebalancing agenda and then focused on the work relating directly to hospitals. The Draft Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018 has been agreed by both Houses and awaits signature at the Privy Council in February 2018. Alongside this comes the responsibility of the pharmacy profession to improve the reporting of errors and maximise learning to improve patient safety and the quality of services (as laid out in the RPS Professional Standards for the reporting, learning, sharing taking action and review of incidents). For hospital services and other specified settings the defence of acting in the course of his or her profession is likely to be similar to registered pharmacies although within a governance framework led by the 'Chief Pharmacist'.

The development of this defence is underway and points for consideration are summarised in KH's slides which have been circulated with these notes. For note there is a Rebalancing Group Partners Forum taking place at RPS 22 February 2018.

8. Rising to the WHO medication Safety Challenge. How can hospital pharmacy contribute to the global health agenda?

Victoria Rutter (VR) of the Commonwealth Pharmacists Association (CPA) updated the group on the CPA's work and Sarah Cavanagh (SC) from Ipswich Hospital gave an overview of the NHS Health Partnership scheme and the project with which Ipswich Hospital has been involved. Sarah also highlighted the benefits to the NHS and to her hospital of engaging in the partnership. Due to time constraints the question and answer session took place over the networking lunch. CP will continue to liaise with VR about how we might encourage pharmacy teams to get involved with the WHO challenge and the NHS Health partnership scheme with a provisional slot at the next HEAG for further discussion. HEAG members can make contact with VR and SC with any outstanding questions. The slides from both presentations have been circulated with these minutes.

ACTION: CP, HEAG members

9. Potential withdrawal of the Nursing and Midwifery Council (NMC) Standards on Medicines Management

Wendy Preston (WP), Head of Nursing Practice, Royal College of Nursing (RCN) updated the group on the changes the NMC are consulting on, the withdrawal of the Medicines Management Standards is one part of the consultation with big changes being proposed to pre-registration nurse education and to prescribing. The NMC Council is expected to agree any changed by the end of March 18.

In the context of proposed changes to the nursing undergraduate curriculum, the group discussed the importance of nurses to be 'prescribing ready' coming out of their undergraduate training. The group agreed the importance of the pharmacy undergraduate curriculum also ensuring that pharmacists are 'prescribing ready' and able to consolidate, further develop and demonstrate that during pre-registration and foundation years.

With regard to the medicines management standards the RCN believe that there should be standards however it is key that the standards are all in one place not multiple standards in different locations and that where possible multidisciplinary standards are developed. The NMC have indicated that should the standards be withdrawn this will not happen until new standards are in place. Members of the HEAG supported the need to develop standards that fill any gaps and are strongly supportive of RPS taking the lead as the profession with expertise in medicines. RPS is currently updating its guidance on the Safe and Secure Handling of Medicines and the Handling of Medicines in Social Care and will pick up the NMC standards within this guidance where appropriate. If

necessary, RPS will develop with RCN and other relevant professional organisations additional guidance to fill gaps. RCN will work with RPS to ensure that as drafts are ready for consultation they will be circulated out to RCN forums and members.

WP raised a query about whether pharmacy technicians are now routinely undertaking medicines administration rounds in hospitals in place of nurses. The Specialist Pharmacy Service has a position paper that RW will share with WP. This is also relevant as the roles of nurse associates develop.

ACTION: CP, RW, RPS

10. Workforce update

Chris John (CJ) updated the group on what RPS had been working on with regards to workforce. There have been a large number of consultations that RPS have responded to, and are currently responding to on behalf of members. Consultations currently underway include the RPS consultation on the *Role of the pharmacist*; HEAG members are encouraged to respond to the consultation by **06 March**. CJ took some specific feedback from HEAG members at the meeting. The second consultation where CJ would appreciate feedback is the HEE Consultation *Facing the Facts, Shaping the Future. A draft health and care workforce strategy for England to 2027* **deadline 23 March**.

The group discussed the need for pharmacy workforce modelling over the next 10 years that takes into account new roles. The group agreed this required input from a wide range of different organisations of which RPS was one. However there is no clear lead organisation at the moment and the expertise necessary to undertake workforce modelling needs to be identified.

The group discussed workforce planning and the wide variation in the ability to recruit to posts across the UK. The impact of shortages in nursing and the impact on the pharmacy workforce was also discussed. CJ asked HEAG members to submit any local evidence they have so that they can be used as case studies to develop a picture of challenges across the UK.

The group also raised again the need for RPS and other advocates to be active in ensuring that the pharmacy workforce is considered in any work force reviews or strategies, the recent mental health workforce consultation is a case in point.

The group discussed setting minimum staffing levels. RPS has never endorsed guidance on minimum staffing levels because of the potential unintended consequences of setting a minimum in one speciality within an organisation and not in others. The group discussed whether in some specific areas it may be useful to have minimum numbers and offered RPS support with their expertise. Sandra Gidley (SG) will take this forward for discussion in RPS. There would need to be a process in place that assesses any methodology used to generate the numbers, also how to minimise risks of unintended consequences. Work is ongoing at Guys and St Thomas's to develop a pharmaceutical acuity model that would allow an assessment of the extent of pharmacy team input necessary.

ACTION: HEAG members and SG, RPS

11. Hospital Benchmarking

The second tranche of hospital benchmarking definitions were presented by David Campbell (DC) for final agreement. The final agreed definitions will be re-circulated to the group for one final review before being posted on the RPS HEAG webpage and sent to NHS Benchmarking and other interested organisations. HEAG members are also encouraged to circulate them through their networks.

Aidan Rawlinson (AR), NHS Benchmarking sent an update on the Pharmacy and Medicines Optimisation project that ran in 2017. All participants have received bespoke reports and have access to the online toolkit. In October 17 the Network ran a findings conference in London with 130 delegates. The summary report highlighting trends will be published in the next two weeks as will the collated good practice document. Further sets of bespoke reports for various peer groups (e.g. ATHP) are being provided on request.

Last year, 173 NHS Provider organisations took part (159 in 2016 and 138 in 2014) and the project will be repeated in 2018. Send content, suggestions and comments for the 2018 project directly to AR (aidan.rawlinson@nhs.net)

ACTION: CP, DC, HEAG members

12. Enabling science and research in hospital pharmacy

Claire Thompson (CT), Deputy Chief Scientist, RPS and RD facilitated a round table discussion about how to enable science and research in hospital pharmacy. A summary of the discussion is as follows:

Session title: Enabling science and research in hospital pharmacy

Opportunities for impact

- Medicines safety – aligns with WHO grand challenge
- Clinical trials, in particular PK research

Barriers

- Capacity issue – there are not enough people already doing research so they get overloaded.

- Not everyone has the skills/understanding to know where to start – how do they kick off research and how do they get funding?
- Not enough time.
- Pharmaceutical Journal and Clinical Pharmacist review and publication process is too long.

To overcome barriers, we need

- Guidance on what research is, how to begin, how/where to get funding, how/when to publish research.
- Examples of projects/research so that people can see what it is.
- Research needs to be prioritised in organisations.
- Research time needs to be ring-fenced. Chief Pharmacists should write this into work plans.
- Tangible output for research and a means to publish/disseminate (not just in Pharmaceutical Journal and Clinical Pharmacist).
- Small, pilot programme which can demonstrate value/impact and can then be further rolled out.

Suggestions for follow up session

- Invite individuals involved in research to talk about their experiences, enablers and issues. Suggested speakers: Cathy Geeson, Mandy Wan, Nisa Khan, Cathy McKenzie, Mark Borthwick.
- Representative of RPS Science & Research team to talk about the research support we have in place on what research is, how to begin, how/where to get funding, how/when to publish research (I have talked to the team and they are more than happy to do this).
- Work up ideas on what a pilot programme could look like for the 2 areas of impact (clinical trials and medicines safety).
- Work up recommendations for Chief Pharmacists.

ACTION: CT, CP

13 Date of the next HEAG meetings

The next HEAG meeting for 2018 will be **7 June 2018** (11.00 – 16.00) at RPS, London. Coffee will be served from 10.00 to facilitate networking.

Catherine Picton, 29 January 18
Professional Secretary to the RPS HEAG



Hospital Expert Advisory Group (HEAG)

Update on RPS Professional Standards and Guidance January 2018

Purpose

To provide an update for the HEAG on RPS work to develop professional standards and guidance.

Background

The RPS develops a range of guidance and resources to support and improve pharmacy practice and ultimately care for patients. Resources include professional standards, guidance, quick reference guides and ultimate guides (online web page resources with information and signposting).

In 2017 RPS was awarded NICE accreditation for the RPS process to develop professional standards. The RPS Competency Framework for all Prescribers was the first RPS resource to meet NICE accreditation standards and further resources that will be developed according to NICE standards include the revised and updated RPS Professional Standards for Hospital Pharmacy Services, the Safe and Secure Handling of Medicines, RPS Polypharmacy guidance.

Action

The HEAG are asked to

- Note the update
- Provide comment and input on 2018 plans for future guidance/resources to support pharmacists working in hospital pharmacy

Author

Ruth Wakeman, Associate Director of Professional Standards and Support

New or revised/updated RPS standards and guidance published in 2017

Those resources where HEAG members led or contributed are indicated with *

Relevant to hospital and acute settings

- Ultimate guide for pharmacists working in urgent & emergency care *
- Quick Reference Guide (QRG) on managing declarations of interest and working with the pharmaceutical industry*
- Ultimate guide for chief pharmacists (and GB equivalents)*
- Antimicrobial stewardship QRG & AMS portal
- Medicines, ethics and practice (MEP 41)*
- Revised CPD/revalidation hub page
- Revision to pre-registration hub page
- Publication of RPS/RCGP/MHRA valproate video resource.
- Essential guides (Day 1 practice guides) for hospital and industry
- Implementation tool for prescribing competency framework "How the framework is being used" resource
- Explaining biosimilar medicines QRG (EMA guidance)
- Updated Professional Standards for Hospital Pharmacy Services*
- Updated version of hospital standards handbook*

Relevant mainly to other sectors of pharmacy practice

- Dispelling myths associated with emergency supply & emergency supply QRG (revision)
- Oral emergency contraception as pharmacy medicines QRG
- Revised Responsible Pharmacist hub page
- Resource to support the supply of adrenalin autoinjectors to schools
- Asthma QRG
- POM to P QRGs - Tranexamic acid, proton pump inhibitors, amorolofine, chloramphenicol
- Professional standards for medicines optimisation in secure environments (NHS England)*

RPS Standards and guidance plans for 2018

Standards and guidance already in progress:

- Medicines, ethics and practice (MEP 42)
- Revision and update of "Duthie" report on safe and secure handling of medicines. Now expanded to include "administration" in anticipation of withdrawal of NMC standards for medicines management
- Polypharmacy guidance/standards
- Services and support for revalidation
- Homecare standards audit tool (developed with RPS Homecare Standards Advisory Group)
- Ultimate guide to support pharmacist prescribers
- Ultimate guide for consultant pharmacists

Plus additional new projects:

- Guidance to cover gaps following withdrawal of Nursing and Midwifery Council (NMC) standards for prescribing and standards for medicines management e.g transcribing etc. Will be developed with input from NMC, RCN, RCM and other multidisciplinary stakeholders.
- The handling of medicines in social care (review and update)
- Further resources to support existing RPS professional standards: Homecare, Public Health, Hospital, Prescribing Competency Framework, Quality Systems, Specials, Quality Assurance of Aseptic preparations, Error reporting
- New guidance to support changes to legislation, regulation or national priorities as arising throughout the year

- Guidance/standards for community pharmacy
- Further POM to P quick reference guides e.g sildenafil will be launched in 2018 as an over the counter product

These plans are subject to change depending on requests from RPS Boards and expert advisory groups, emerging issues in pharmacy practice, changes in regulations and legislation etc.