

Hospital Expert Advisory Group (HEAG)

Summary Notes and actions from meeting on 7 June 2018

MEMBERS PRESENT: Jatinder Harchowal (JH), (Chair), Mark Borthwick, David Campbell, David Cook, Thomas Cox, Melinda Cuthbert, Andrew Davies, Matthew Elswood, David Erskine, Raliat Onatade, Oweikumo Eradiri, Steve Gage, Karen Harrowing, Liz Kay, Sumara Parvez, Graeme Richardson, Paula Russell, Rahul Singal, Janice Watt.

RPS: Cathy Picton (CP) (Professional Secretary to the RPS HEAG), Sandra Gidley afternoon only (English Pharmacy Board), Chris John (Head of Workforce Development), Wing Tang (Interim head of Professional Standards)

APOLOGIES: Yousaf Ahmed, Iben Altman/ Melanie Dowden, Amanda Bevan, Rob Duncombe, Roger Fernandes, Caroline Parker, Tracy Rogers, Steve Tomlin,

BY INVITATION: Paul Bennett, Chief Executive, RPS; Luigi Martini, Chief Scientist, RPS; Viola Lewis, Corporate Communications and Social media Lead, RPS; Richard Cattell, Deputy Chief Pharmaceutical Officer, NHS Improvement; Ann Jacklin, Medicines and Pharmacy Professional Advisor, NHS Improvement; Khola Khan, Chief Pharmaceutical Officer's Clinical Fellow; Sally Dobson, Access Project (for the joint session with the RPS Superintendents).

1. Chair's welcome

In his first meeting as Chair, Jatinder Harchowal (JH) opened the meeting and welcomed new members to the group. JH's aspiration's are for the group to become much more proactive about communicating the work done via the RPS HEAG. He encouraged all members to share the minutes of the groups meetings and the outcomes of discussions with their networks. The group has an extensive membership of senior leaders from across a wide range of sectors and he would like to see it rise in prominence and become the go-to group for organisations seeking a wider view and influence.

JH ran through ways of working and referred members to the terms of reference on the HEAG web pages (www.rpharms.com/HEAG). The group will meet twice a year and correspond via email throughout the year. There is an expectation that members of the group will show leadership and actively participate including responding to consultations over their three year tenure on the group.

JH introduced Luigi (Gino) Martini (LM) the new RPS Chief Scientist. LM is keen to work closely with the HEAG as he sees hospital practice as being on the front line of medicines innovation and often where the translation of science into practice starts. The RPS Science and Research Board have agreed to hold a Winter Summit on the 8 February 2019 at County Hall, London. The theme of the summit is 'Putting Pharmacy and Science at the forefront of Healthcare'. LG would like a member of the HEAG to be on the Steering Committee. LM will liaise with JH/CP to identify an appropriate member.

ACTION: JH/CP/LM

2. Notes of the previous meeting and matters arising

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

3. Correspondence since last meeting

A list of HEAG correspondence was circulated prior to the meeting. There were no actions arising.

4. Communication and promoting the work of HEAG

Viola Lewis (VL) from the RPS communications team joined the HEAG meeting. VL introduced her role which focuses on social media and member engagement. The team's focus is shifting much more toward member engagement and promotion of the work of members and the HEAG is seen as a central way to identify innovative practice and provide intelligence around the conversations

that RPS need to be having to build the case for RPS membership. VL is keen to hear from HEAG members. The group decided that VL will link with a couple of HEAG members on a regular basis. CP will coordinate.

Mark Borthwick (MB) suggested that the comms team visit HEAG members and get a view of a day in the life of a hospital team.

The group discussed social media and VL encouraged members to use their own profiles to talk about RPS HEAG work. The #tag for the group is #RPSHEAG. It is important to use this #tag on twitter so that we can collate discussions.

Liz Kay (LK) suggested that we need to be clear about whether we are promoting the work of RPS HEAG or the work of the profession. VL will draft a short paper to come back to the group that gives more detail about member engagement and communication strategy in relation to the RPS HEAG.

ACTION: CP/ML/HEAG members

5. Update on RPS professional standards and guidance work

Wing Tang (WT) updated the group on plans for RPS standards and guidance. WT is new to role (but not to RPS) and the RPS standards team consist of himself and two other members of staff. The work programme for 2018 was circulated ahead of the meeting.

WT updated the group on progress with the Safe and Secure Handling of Medicines. The core guidance is expected before the end of the year. The guidance will focus on healthcare settings rather than health and social care as was originally envisaged. RPS will also be taking work forward with the Royal College of Nursing to develop guidance for the administration of medicines and transcribing. This guidance will be developed to coincide with the withdrawal of the Nursing and Midwifery Council's (NMC) medicines management standards. Similarly, the RPS guide for pharmacist prescribers has had its scope extended to all prescribers and so will pick up relevant aspects of the NMC standards.

The group discussed the development of resources on valproate to support the pregnancy prevention programme. A guide for community pharmacists is underway and the group discussed whether a resource for secondary care was necessary. Views were mixed on the need for a resource. WT was advised to connect with the UK teratology services and Medicines Safety Officers to discuss and several members of HEAG will engage with WT further to advise whether a resource is necessary.

ACTION: WT

6. Workforce update

Chris John (CJ) updated the group on what RPS had been working on with regards to workforce. His slides can be found here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/Workforce%20presentation.pdf?ver=2018-07-16-151932-513>

The key areas of work have been:

RPS responded to the draft health and care workforce strategy for England. A summary of the response (discussed at the previous HEAG meeting) was outlined by CJ for the group's information. The full response can be found here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/RPS%20responded%20to%20the%20draft%20health%20and%20care%20workforce%20strategy%20for%20England.pdf?ver=2018-07-16-151932-437>

RPS Task and Finish Group. Pharmacy Careers & Continuing Professional Development. The T&F group recommended that RPS develop principles for foundation training mapped against health systems and workforce needs. RPS will steward the principles across the four nations. This has the support of the Chief Pharmaceutical Officers and a work programme has been agreed and a project manager employed. Possible funding from the Pharmacy Integration Fund has yet to be agreed. More detail can be found in CJ's slides.

General Pharmaceutical Council's Consultation on the Education and Training Standards for Pharmacist Independent Prescribers. RPS consolidated feedback received from HEAG and other groups and networks to respond to the GPhC consultation. The response can be found on the RPS website and agreed with the removal of the arbitrary 2 years in practice in favour pharmacists demonstrating they were clinically competent to foundation level before entering training. RPS strongly urged the GPhC to adopt the RPS prescribing competency framework as its standards as the NMC and likely other regulators will take this approach. RPS also supported the introduction of designated prescribing practitioners subject to multidisciplinary input.

RPS Consultation on the role of the pharmacist. The consultation has now closed. Responses have been themed and the recommendations generated are being incorporated. The final document will be reviewed by the RPS national boards before publication.

7. RPS Chief Executive's welcome

Paul Bennett (PB) joined the group to introduce himself as the new RPS Chief Executive. PB reflected on the challenges he faced in his first ten months and outlined his priorities for the organisation: connecting with members (and potential new members) and promoting RPS's relevance; the people in the organisation; science and research; and education. Initially his focus has been internal and has included a restructure which is currently underway however the focus going forward will be external.

PB stressed the relevance of the RPS HEAG to all of these priorities and specifically the importance he placed on the expertise and experience of HEAG members in helping RPS to connect with members and their priorities. PB wants to be more engaged with the work of the group through regular meetings with the Chair (JH). LK stressed the importance of RPS celebrating success in a regular and consistent way.

ACTION: JH/CP/PB

8. RPS HEAG and community pharmacy superintendants joint session

The RPS HEAG members and the RPS Superintendent pharmacists' group joined together for a joint session introduced by JH and Robbie Turner, Director for England. The joint session was an opportunity to explore areas of mutual interest. Small mixed groups were asked to reflect on

1. Challenges faced
2. Good practice to share
3. Key drivers over next 2 years

The output from the group session will be considered by team RPS and the groups for possible actions.

At the end of the meeting Sally Dobson from the Access Project joined the group to introduce their programme to support bright children from disadvantaged communities to access university education. Many of the children on the scheme are taking STEM subjects and there is a need for one week work placements for 'A' level students. Please contact Sally (sally@theaccessproject.org.uk) for more details and/or review their website <https://www.theaccessproject.org.uk/>.

ACTION: RPS

9. Medicines Safety Programme, NHS Improvement. Richard Cattell (RC)

RC introduced his role with NHS Improvement and highlighted four work streams. His slides can be found here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/RCattell%20presentation.pdf?ver=2018-07-16-151932-670>

1. Support Care Quality. Medicines governance can be a good indicator of how well a trust is being run. NHSI are providing support through work with trusts in quality special measures, work with challenged providers (on the edge of special measures) and with trusts requiring improvement.
2. Talent management. NHSI are looking to provide local areas with a cohort of aspirant chief pharmacists and support for newly recruited chief pharmacists. The importance of leadership over management was highlighted which could be supported by a network of senior leaders to provide mentoring.
3. Seven day services. Through a redesign of the 7DS assurance process and significant interest in the availability and impact of acute Trust pharmacy services, there is an opportunity to focus on improving weekend provision of pharmacy services.
4. Medicines Safety Programme. Linked to the World Health Organisation 3rd Global Medicines Safety challenge to reduce the level of severe, avoidable harm related to medications by 50% over 5 years globally. RC described the conclusions of a short life working group that described actions across four domains. One aim is the reduction of harm through technology where £67m has been identified to support the development of Electronic Prescribing and Medicines Administration (EMPA) that supports the PINCER (Pharmacist-led Information Technology Intervention for Medicines Errors) metrics. In addition, new medicines safety metrics will be developed available through the medicines safety dashboard.

RC would like to work with the RPS HEAG across several of these work streams. Ideas discussed included, supporting the development of a Medicines Governance Guide for trusts, providing mentoring for new in role chief pharmacists, contributing to the development of metric definitions. It was agreed that RC/JH/CP will discuss further and work up a short paper on how HEAG can become involved in these work streams. A teleconference with HEAG members interested in taking forward specific ideas will also be set up.

ACTION: JH/CP/RC/HEAG members

10. RPS HEAG acute hospital benchmarking definitions

CP updated the group on the NHS Benchmarking Pharmacy and Medicines Optimisation programme which is now open for data collection [see <https://members.nhsbenchmarking.nhs.uk/> Contact: d.barker4@nhs.net]. The benchmarking will include the updated RPS hospital standards this year and is using all 15 of the current RPS metric definitions. The NHS Improvement Model Hospital uses, where available, the RPS HEAG definition for data it reports that has been collected via the NHS Benchmarking Hospital Pharmacy data collection or NHS procurement metrics. The Model Hospital will continue to add new metrics and will include RPS definitions as they are published.

David Campbell (DC) led a session to identify further benchmarking definitions. The definitions are a consensus of opinion developed by HEAG and through wider consultation. The definitions are to be broadly applicable to all acute trusts (both NHS and private sector) as such there will always be warranted variation since different hospitals have different services (e.g. some have large aseptic units, others host regional services, some have specialist units etc).

Discussions focused around new definitions to measure flow and mental health definitions for acute trusts. DC is working up definitions as a result of discussions. The definitions will be circulated by email and agreement reached virtually. All HEAG members are asked to review and comment.

ACTION: DC/HEAG members

11 The Carter Review into Mental Health and Community Services. Ann Jacklin (AJ)

AJ updated the group on the Carter review into Mental Health and Community Services. Her slides can be found here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/AnnJacklin%20presentation.pdf?ver=2018-07-16-151932-763>

The Carter review is included here:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/Mental%20health%20services%20Community%20health%20services.pdf?ver=2018-07-16-151935-090>

Recommendation 11 of the Carter review focused on Pharmacy and Medicines Optimisation focused on maximising the value obtained from these services. Using pharmacy services and increased clinical pharmacy input to optimise medicines and medicines related products. Pathways with medicines/medicines related products for which variation has a significant impact on patient outcomes or non-pharmacy staff utilisation or service delivery costs have been identified and targeted, for example wound care. The report's recommendations were supported with case studies illustrating good practice.

AJ outline next steps following publication of the report which include: the development of Medicines, Pharmacy and Pathways Model Hospital Metrics to drive and develop recommendations and outcome measures (focusing on medicines variation not yet addressed); integration of those metrics with Mental Health and Community Services service line compartments and Get it Right First Time (GIRFT) speciality compartments; further case studies; and integration of the Carter wound care findings with the National Strategic Wound Care Board and GIRFT programmes.

AJ welcomed feedback from members of the group and input into ongoing work.

ACTION: HEAG members to contact AJ

13 Dates of the next HEAG meetings

The HEAG meetings for 2018/2019 are 13 December 2018, 06 June 2019, 12 December 2019 (11.00 – 16.00) at RPS, London. Coffee will be served from 10.00 to facilitate networking and the meetings will begin at 11.00am.

Catherine Picton, Professional Secretary to the RPS HEAG

June 2018