

## RPS Hospital Expert Advisory Group (EHAG) Summary notes and actions from meeting on 14.6.16

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**MEMBERS PRESENT:** Rob Duncombe (Chair), Tim Hanlon, Sandra Melville, Caroline Parker, Steve Tomlin, Karen Harrowing, Dave Thornton, Richard Seal, Paula Russell, Anthony Sinclair, Cathy Cooke, David Campbell, Richard Needle, Kate Walker (VC), Jatinder Harchowal, Steve Williamson.

**RPS:** Catherine Duggan (RPS), Chris John (RPS), Cathy Picton (consultant to the RPS), Ruth Wakeman (RPS)

**APOLOGIES:** Norman Lannigan, Nikki Holmes, Mark Jackson, Lynn Haygarth, Simon Wills, Trevor Jenkins, Iben Altman, Ben Rehman, Keith Thompson, Melanie Dowden, Iram Husain, Justine Scanlan, Mark Borthwick, Tim Root, Liz Kay, Amanda Bevan.

**BY INVITATION:** Gillian Renouf, Chair RPS QP Eligibility Panel of Assessors; Rachel Norton, RPS QP Officer; Rahul Singal Clinical Fellow, Chief Pharmaceutical Office, NHS England; Ann Jacklin, Professional Lead Hospital Pharmacy Transformation Project, Department of Health; Amanda Rawlings, ECIST manager, NHS Emergency Care Improvement Programme.

### 1. Declarations of Interest and Confidentiality

Members were reminded to update their declarations in light of any changes to their interests. A blank declarations form is circulated with the notes.

### 2. Notes of the previous meeting

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

### 3. Matters arising

The group was updated on progress with the activities by identified by the HEAG at the February meeting as priorities for RPS in 2016/17.

- Following correspondence with GPhC the RPS has initiated an update of the Duthie 2 guidance. Discussed in more detail under a later agenda item - see Section x.
- A scoping draft of the quick reference guide for senior managers on working with the pharmaceutical industry will be circulated to HEAG for comment. The intention is to incorporate comments from the group and have the quick reference guide available by the end of July 16.

**ACTION ALL MEMBERS OF THE ADVISORY GROUP:** *The draft quick reference guide has been circulated. Please send comments back to Wing Tang (Wing.Tang@rpharms.com) by 30 June 16.*

- The chief pharmacists/directors of pharmacy handbook. Development of the handbook was scheduled to start in September 2016 however this has been brought forward to support the first cohort on the NHS England Chief Pharmacists Development Programme beginning in July. The HEAG will be asked to comment on the content for five priority chapters identified by RPS and CPPE. These chapters will be sent to the first cohort ahead of their residential programme and feedback from the group will inform the handbook as it develops. The final handbook will be developed as an ultimate guide and be relevant to all GB countries and we expect that to be completed by the end of 2016.

**ACTION:** *Cathy Picton (CP) to circulate the first chapters of the handbook to members of the group for comment before the end of June 16.*

- The guide for directors of provider organisations about the role of a chief pharmacist/director of pharmacy. Work is not due to start on this until Q4. There will be a need to ensure that the outcomes from the rebalancing board are incorporated into this resource.

## 4. Standing items for update

### Correspondence

The group briefly reviewed all correspondence since the previous meeting.

- Biocides. MHRA guidance note 8 is clear on the use of biocides, organisations should be moving toward this by carrying out risk assessments and using professional judgement. It is not for the RPS to develop guidance on individual products however it was acknowledged that regulation often lags behind practice and that the RPS has a role in flagging emerging issues to the MHRA.
- Circulation of the NICE Medicines and Prescribing Centre 'Important New Evidence Summary' appears to be patchy across the group. ACTION: CP to contact NICE and advise the NICE associates to reach out to HEAG members.
- The group agreed an update on IT would be useful in light of the contact from PharmacyView. ACTION: CP to invite Ann Slee to the December meeting to talk about IT systems and tools available to hospitals.

## 5. Updates from regulators

### GPhC consultation on standards for pharmacy professionals

All RPS expert advisory groups and Boards were asked for comments on the GPhC consultation to help ensure that the RPS response takes into account all sectors of the profession. RW thanked HEAG members for their comments, which will inform the final response from RPS country boards.

**ACTION:** Ruth Wakeman (RW) to forward the RPS response to the GPhC consultation to the group once completed.

### Error reporting/learning from mistakes/rebalancing

RW updated the group on RPS work to develop standards on error reporting as part of the work that supports the rebalancing programme. The standards have been through several iterations and the scope has been widened to cover all types of incident reporting. National programmes to increase reporting, sharing and learning from errors are being led by community pharmacy organisations and chief pharmaceutical officers. RPS understands that changes to legislation regarding decriminalisation will be introduced in community pharmacy first and hospital pharmacy will follow.

### Quality management systems

Anthony Sinclair (AS) shared his organisations approach to implementing quality management systems. Anthony's slides are circulated with these notes.

- Key points from discussion following the presentation:
- Benefits of using technicians working alongside nurses
- Challenges of using inter professional skill mix
- Each profession using their different skills and strengths
- Learning from airline SOPs and approach
- Changing systems using Carter as the driver
- Better management of professionals

## 6. Workforce

### Update on RPS workforce work

Chris John (CJ) updated the group on the workforce streams in which the RPS is involved. CJ's slides have been circulated with the notes.

Discussion focused on: the proposed centralised approach to recruiting pre-registration students; the concern about potential cuts to numbers of pre-registration students at a time where demand for pharmacists is increasing; current and future scenarios where pre-registration pharmacists and pharmacists are expected to fund or part fund their ongoing training (pre-registration, diploma, prescribing courses etc); and the impact on the hospital workforce of increasing number of pharmacists in GP practices.

The group agreed that it would be helpful to have more time to explore hospital workforce issues with a view to developing a thought leadership discussion piece about the direction of travel. This would articulate opportunities as well as concerns to feedback into the system and would inform the RPS boards and the profession more widely about the future of post graduate education.

**ACTIONS:** CP to circulate the draft thought leadership paper on the future role of the pharmacist from the RPS Education Expert Advisory Group. CJ to pull together a plan for a summit for the HEAG, the RPS Education Expert advisory group and others identified groups and individuals e.g. technicians aiming for autumn 2016.

## Qualified Persons (QPs)

Gillian Renouf (GF) and Rachel Norton (RN) updated the group on the work of the QP Eligibility Panel of Assessors. Background information on the role of RPS with QPs can be found here <http://www.rpharms.com/development/qualified-persons.asp>. Currently relatively small numbers of NHS pharmacists apply to become QPs. RN provided figures from the RPS register to illustrate the relatively small numbers.

The group provided feedback on the current system and identified how it may be possible to raise awareness about the QP career option. It was agreed there is a role for RPS to promote the work of the QP panel, promote existing good practice such as the work in North London and the North West to promote the benefits of QP status to pharmacist careers.

**ACTION:** HEAG members to review existing support available via RPS (see RPS website earlier) and to provide further suggestions on support to RW by 31 July 16.

## 7. Seven Day Working

Rahul Singal, NHS England gave the group an update on the NHS England seven day working programme. The scope of the report is the delivery of seven day **clinical pharmacy services**.

RS shared the recommendations that his report makes for a range of stakeholders and his slides have been circulated with this report. **NOTE: the slides are in confidence and not for circulation at this point.** There may be a four month gap before the report is published because of the high volume of publications within the Medical Directorate of NHS England (although it may be published through NHS Improvement and badges NHS England).

The group broadly agreed with the direction of travel and recommendations outlined by Rahul on the day. However there were concerns including: mental health not being within the scope of the review; organisations not delivering clinical pharmacy services on weekdays; and how to fund the extension of clinical services over seven days. It was agreed that the group would develop a response to the report once published that recognises the opportunities and at the same time acknowledges the challenges hospital chief pharmacists will face. This response will help the RPS boards develop position statements.

**ACTION:** CP to facilitate the development of a response from the group to share with RPS country boards.

## 8. Carter review – update on the model hospital pharmacy metrics

Anne Jacklin (AJ) updated the group on the emerging structure of NHS Improvement and where the Carter work on hospital pharmacy may fit into the structure although this has not been fully determined. It is expected that the model hospital metrics will be published in July. AJ suggested that the metrics may benefit from more detailed definitions that the HEAG could have a role in supporting the development of once the metrics are published.

**ACTIONS:** CP to liaise with AJ to establish when the metrics will be available. HEAG members to review the metrics once published to identify where more detail from the profession is needed.

## 9. Updating Duthie

Following correspondence with GPhC the RPS have started the process to update Duthie. A task and finish group taken from the HEAG has been created to oversee the updating process working with Katie Perkins (KP) editor of MEP. CP outlined the draft project plan (circulated with these notes) agreed with the task and finish group. A project of this size typically takes between 12 and 18 months to complete, a likely publication date is around September 17.

A multidisciplinary advisory group will be set up to provide engagement across professions and expertise. Revisions and engagement may be led by appropriate specialist groups in some areas e.g. the ambulance service.

A scoping day will be held in September to review the current guidance and identify what gaps exist and what is needed from the guidance in the future. Ideas for the scoping meeting included, reviewing where problems had occurred e.g. through coroners reports, providing guidance in a format that could be front paged by organisations, considering the falsified medicines directive, considering a continual update and refresh model similar rather than allowing the guidance to get out of date.

**ACTION:** HEAG members to let CP know which groups and individuals should be invited to join the multidisciplinary advisory group supporting the Duthie update by 30 June 16.

## **10. Emergency Care Improvement Programme (ECIP)**

Amanda Rawlings (AR) update the group about the work of the NHS England funded ECIP team. AR's slides have been circulated with these notes. See <http://www.ecip.nhs.uk> for further background.

ECIP's Focus is on sites that are struggling (list on website) in general the group were not aware of ECIP work but were supportive and will raise awareness. ECIP work and other examples of innovative practice can be found on <http://www.fabnhsstuff.net>.

AR highlighted work on improving pharmacy flow and asked the group to comment on the ECIP quick reference guide to improving pharmacy flow.

**ACTION:** CP to circulate the quick reference guide to improving pharmacy flow to HEAG members for comment back to Amanda Rawlings by Friday 17 June. COMPLETED

## **11. NHS England chief pharmacists development programme**

A slide set which summarised plans for the Chief Pharmacists Development programme in England was circulated ahead of the meeting and has been re-circulated with these minutes. HEAG members are asked to send any comments on the emerging programme to CP or direct to Karen Wragg ([Karen.Wragg@cppe.ac.uk](mailto:Karen.Wragg@cppe.ac.uk)) at CPPE.

**ACTION:** HEAG members to send any comments on the emerging Chief Pharmacists development programme to CP.

## **12 Dates of the next HEAG meeting**

Members are asked to note the dates for the next two HEAG meetings are 1 December 2016 and 6 April 2017.

## **13 Any other business**

Congratulations to David Campbell FRPharmS on his fellowship.

**Catherine Picton, 14 June 16**