Hospital Expert Advisory Group (HEAG) Summary Notes and actions from meeting on 13 December 2018

MEMBERS PRESENT: Jatinder Harchowal (JH), (Chair), Yousaf Ahmad, Amanda Bevan, Mark Borthwick, David Campbell, Melinda Cuthbert, Matthew Elswood, David Erskine, Roger Fernandes, Steve Gage, Karen Harrowing, Raliat Onatade, Caroline Parker, Sumara Parvez, Graeme Richardson, Tracy Rogers, Rahul Singal, Catherine Picton (CP) (Professional Secretary to the RPS HEAG)

RPS: Wing Tang (Head of Professional Standards), Gail Fleming (Director for Education and Professional Development), Ivana Knyght (Head of Professional Support), Chris John (Head of WorkforceDevelopment), Neal Patel (Head of Corporate Communications), Harvinder Sondh (Director of Innovation & Enterprise), Robbie Turner (Director of Pharmacy and Member Experience)

APOLOGIES: David Cook, Thomas Cox, Andrew Davies, Rob Duncombe, Oweikumo Eradiri, Liz Kay, Paula Russell, Steve Tomlin, Janice Watt.

BY INVITATION: Susan Gibert (Chair, National Homecare Medicines Committee), Sandra Gidley, English Pharmacy Board, RPS. Attending for AOB; Victoria Evans (Science and Research Associate), John Lunny (Public Affairs Manager, England)

CLINICAL FELLOWS: Louisa Conlon (Care Quality Commission), Anuja Bathia (NHS Improvement), Mark Clymer (Centre for Pharmacy Postgraduate Education), Victoria Chaplin (NHS Digital), Adele Mott (RPS).

1. Welcome and introductions

Jat welcomed the Chief Pharmaceutical Officer's Clinical Fellows attending the RPS HEAG meeting.

2. Declarations of Interest and Confidentiality

Members were reminded to update declarations of interest if there had been any changes since the last meeting.

2. Summary notes of the last meeting and matters arising

The summary notes of the last meeting were accepted with no matters arising and no outstanding actions.

3. Correspondence since last meeting and Chair's update

Catherine Picton (CP) drew the group's attention to RPS HEAG correspondence since June 18 and actions resulting. RPS HEAG members wishing to contact RPS teams are asked to go through the Chair/Professional Secretary. The volume of correspondence indicates that RPS HEAG is being contacted more for input from both RPS teams and externally. Jatinder Harchowal (JH) will ask all members to support one project over their tenure to help manage workload.

The group was updated on the revised RPS statement on Avastin developed through members of the RPS HEAG [https://www.rpharms.com/news/details/Avastin-updated-statement-on-its-use-for-the-treatment-of-wet-AMD]. JH and Wing tang (WT) attended a meeting at the Royal College of

Ophthalmologists with a range of stakeholders and views were broadly in line with the revised statement. NHS England will be publishing guidance on Avastin in February 2019.

The RPS HEAG Chair is now attending meetings of the English Pharmacy Board (EPB) as a fully participating observer. A deputy is needed for when JH is unable to attend. Sandra Gidley (SG) highlighted the opportunity that this gives to share a needed hospital perspective as there is a lack of hospital pharmacists on the EPB. At the last meeting, JH fed back the views from RPS HEAG about why hospital pharmacists do not put themselves forward for the EPB. **ACTION: CP will contact the group to identify a deputy for JH.**

CP clarified that all notes of RPS HEAG meetings are sent to RPS board chairs in England, Scotland and Wales and that all three board chairs have a standing invitation to RPS HEAG meetings.

4. Update on RPS professional standards/guidance work. Wing Tang (WT)

WT updated the group on the publication of two guidance documents. The updated guidance on the Safe and Secure Handling of Medicines has been published. The RPS HEAG helped to ensure the work was prioritised by RPS and members of the group have supported the update throughout. RPS HEAG members are thanked for their support. A special mention goes to Tim Root and Richard Needle who continued to support the update after retiring from the HEAG group. The new Polypharmacy guidance will be published early January which makes recommendations on how to tackle problematic polypharmacy. The group will be alerted once this guidance is published. **ACTION: RPS**

In 2019 there are three standards and guidance projects planned, these are:

- Professional standards for community pharmacy services. Expected to be complete by March 2020.
- Competency framework for designated prescribing practitioners. Expected to be completed by the end of 2019.
- Medicines Ethics and Practice. Updated for 2019.

The group was asked to advise whether RPS needs to develop guidance on the use of cannabis products. There are currently no licensed products available in GB. Members of the group felt that this is not necessarily an area where the RPS needs to issue guidance. Members gave several examples of how their organisations are managing the compassionate use of cannabis products when they have been sourced from overseas. **ACTION: RPS**

A question was asked about how RPS prioritises the development of guidance and standards. WT indicated that priorities are set following an annual planning cycle that identifies where guidance and standards may be necessary, filters and subsequently prioritises competing topics. There is some scope to work reactively when guidance is needed unexpectedly, the discussion paper and meeting arising from the publication of the Independent Panel Report on Gosport War Memorial Hospital are examples of this. A specific question was raised around the polypharmacy guidance. This was prioritised 18 months ago following discussions with the National Institute for Health and Care Excellence (NICE).

5. RPS education directorate update. Gail Fleming (GF)

GF outlined 2019 plans for the RPS education directorate. Her slides can be found here. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/Summary%20notes%2012.18/RPS%20Education%20Directorate-Gail%20Fleming.pdf?ver=2019-01-16-131012-800

The two take away messages for 2019 are first that the RPS and HEE have commissioned role analysis for foundation pharmacists. The second stage of this project is a national survey which will take place in January 2019 and members are asked to share widely with their networks and to respond individually or through their organisations. The second major piece of work is around the RPS Faculty reviewing both uptake and accessibility, and how it links into accreditation/credentialing of advanced clinical practitioners and consultant pharmacists.

Raliat Onatade (RO) asked if RPS would consider certifying individuals for specific specialities. GF highlighted the need to look at how we join advanced clinical practice up with what is already available across the system. For example, an advanced clinical practice (ACP) framework is already published by HEE and work is necessary to see how ACPs can be recognised through this regardless of profession. The example of Pharmacist ACPs in urgent and emergency care was used as an illustration.

David Campbell asked how RPS accredits education providers. GF outlined the RPS process that uses independent reviewers and highlighted that this is being reviewed in 2019. More details at: https://www.rpharms.com/partnerships/accreditation **ACTION: GF to be invited back to 6 June 2019 meeting to update the group.**

6. RPS Mentoring. Ivana Knyght (IK), Head of Professional Support, RPS.

IK outlined plans to change the mentoring support offered by RPS. Her slides can be found here.

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/Summary%20notes%2012.18/RPS%20Mentoring%20service%20-%20Ivana%20Knyght.pdf?ver=2019-01-16-131109-253

RPS HEAG was asked to comment specifically on how mentoring might work for Chief Pharmacists recognising the need to dovetail with other programmes and support available, particularly plans being developed through NHSI. Members of the group were also asked if they would be willing to work with RPS to support the development of the new service.

The group felt that the RPS mentoring service would be a good fit for chief pharmacists new into role, those with no potential mentors nearby or individuals moving into a new sector role (e.g. from a mental health setting into an acute setting). Similarly for the equivalent of 'chief pharmacists' in the increasingly diverse organisations providing services to the NHS or privately this would be a useful service. Mentors with a broad understanding of services outside the traditional, will be important to identify. This links to the statutory requirement to have a 'chief pharmacist' equivalent that the rebalancing work will introduce.

SP and RO volunteered to work with RPS to help develop the service. **ACTION IK, RO, SP**

7. Update on RPS Workforce work. Chris John (CJ)

CJ asked members to refer to the written update and discussed three ongoing areas of work for RPS on workforce.

- RPS is responding to the Migration Advisory Committee requesting input on where there may be shortages of pharmacists, pharmacy technicians and other pharmacy roles. An email was sent to RPS HEAG members on 23.11.18. CJ encouraged members to respond so that we can build up an accurate picture and respond appropriately. **ACTION RPS HEAG members.**
- The GPhC will be consulting on initial education and training standards for pharmacists in January 2019. Members will be asked to provide input to inform the RPS consultation response. **ACTION: RPS to notify RPS HEAG members when consultation is open.**
- RPS routinely receives requests from specialist affiliate groups for endorsement of their guidance – sometimes this includes minimum staffing levels. RPS will always be able to provide a statement of support to that effect. On prescribed minimum staffing levels, it is the RPS view, in line with the GPhC and CQC, that individual organisations are best placed to determine staffing levels. This position is in line with the RPS Professional Standards for Hospital Pharmacy Services. **ACTION: CJ to share RPS endorsement guidelines with affiliate groups and RPS HEAG members.**

8. Response to the Gosport Independent Panel Report. Catherine Picton (CP)

Following the publication of the Report of the Gosport Independent Panel, RPS HEAG members have developed a discussion paper to look at lessons learnt and actions for consideration to improve safety. Following a recent meeting at RPS to discuss lessons from Gosport, the discussion paper will be refined. At the same time GPhC, APTUK and RPS are developing a slide set to use as a learning resource for pharmacy teams. Both the slide set and discussion paper will be published in late January as soon as the Gosport family members have been updated on this work. **ACTION: RPS**

9. Update from RPS communications team. Neal Patel (NP)

In 2019 communications from HEAG will be strengthened. CP, JH and NP will hold regular teleconferences to ensure the RPS comms team are briefed on the work of the group; a three monthly newsletter will detail the key issues that RPS HEAG has been discussing; and the HEAG webpage will be redesigned and incorporated into a dedicated hospital pharmacy page. The communications team will be looking to supplement the webpage with blogs, podcasts and videos. **ACTION: RPS and CP/JH**

NP encouraged members of RPS HEAG to get involved in social media with groups of pharmacists self organising into networks. RPS is participating in these discussions but having RPS HEAG members actively engaged and talking about what we are doing is more powerful. NP will share some RPS tips on how to get involved in social media for those wanting to try and engage. **ACTION RPS HEAG and NP**

KH suggested that when the HEAG notes are published, RPS releases via social media, blog etc a few short remarks from the meeting from the Chair. **ACTION: CP, NP and RPS Comms**

10. Workforce pressures. Robbie Turner (RT)

RPS is hearing from pharmacists that workforce pressures are increasing to a level not experienced before across all sectors and for pharmacists and pharmacy teams. In 2019, RPS will be undertaking a piece of work to try and understand the extent of the problem, then look at how to develop solutions and support for teams working with other stakeholders. RPS HEAG is asked to nominate a member for a small working group and to point to any support or resources that may already be available. **ACTION: RPS HEAG members and RPS**

MC mentioned the White Paper of the Healthcare Improvement Scotland leadership network and programme in Edinburgh. KH highlighted the resources that the Health and Safety Executive provide and the standards that organisations are required to work to in terms of managing workforce pressures and that Nuffield Health continues to work with their own teams and in provision of wellbeing services.

11. RPS Hospital Accreditation Service. Harvinder Sondh (HS)

HS facilitated a round table discussion around how a potential hospital accreditation services might look using the RPS standards for hospital pharmacy services as a basis for any review. His slides can be found here.

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/Summary%20notes%2012.18/Hospital%20Accreditation%20Service-Harvinder%20Sondh.pdf?ver=2019-01-16-130939-427

Various existing accreditation services were identified, the Royal College of Psychiatrists accredit a range of mental health services. Pathology, physiotherapy and physiology services are accredited by the Clinical Services Accreditation Alliance.

Scotland have taken a QI approach with Health Improvement Scotland (HIS) and the Directors of Pharmacy working to link the RPS Professional Standards for Hospital Pharmacy Services with the HIS standards. MC will share with HS. **ACTION MC and HS**

Within the private sector it was thought that there would be appetite for an accreditation service however there were questions from NHS Chief Pharmacists about the value it would add to services. There was an acknowledgement that the members of the group would be unlikely to be the target for this service which would be more likely to be used for services falling through the gaps in organisations not in view, or to help identify poor practice in organisations and stimulate quality improvement. **ACTION: HS to consider feedback from the group and identify next steps**

12. Homecare update. Susan Gibert (SG), Chair, National Homecare Medicines Committee

Homecare services are predicted to increase by 30% in the next five years and the chief pharmacist is the responsible officer for all homecare services provided. SG updated the group on the composition and work of the National Homecare Medicines Committee (NHMC) and the resources available to support service delivery included as part of the RPS Professional Standards for Homecare Services. The NHMC has been working with DC to develop metric definitions (see item 13).

SG highlighted the area of hospital at home services which are currently available across the NHS. There are currently no recommendations that look at the governance, standardisation or audit of these services. HEAG members agreed that there were a wide range of different models of virtual wards appearing across a range of organisations including mental health and that governance of the medicines aspects of these services could be a grey area.

Susan's slides can be found here.

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/HEAG%20-%20documents/Summary%20notes%2012.18/Homecare%20Update%20-%20Susan%20Gibert.pdf?ver=2019-01-16-130854-723

13. RPS HEAG acute hospital benchmarking metric definitions. David Campbell.

The 17 RPS metric definitions continue to be used by NHS Benchmarking and are available to all acute hospitals. Work continues to identify a metric definition for mental health services in acute trusts. Peter Pratt (NHS England and NHS Improvement head of mental health and learning disability medicine) and Mathew Elswood (ME) are developing metrics for mental health trusts and ME will take the acute definition forward as part of that work. Similarly Yousaf Ahmad (YA) is developing metrics with private sector Chief Pharmacists. It was agreed that MB will look at more clinically oriented metric definitions. DC has lead the development of the definitions to date and will hand over to Rahul Singal (RS) in 2019. **ACTION: ME, RS, MB, YA**

The metric definitions developed with the NMHC were presented and agreed subject to one amendment. The amended definition will be circulated for final review. **ACTION: DC and CP**

Feedback from NHS Benchmarking. Aiden Rawlingson emailed an update on the 2018 NHS Benchmarking Network Pharmacy and Medicines Optimisation Project. The Network thanked the RPS HEAG and RPS for use of the benchmarking indicators and RPS standards. The 2018 project is almost complete, data has been finalised and most of the outputs published. This includes the online toolkit and bespoke reports for all participants. A summary report and good practice compendium will be available here https://www.nhsbenchmarking.nhs.uk/projects/pharmacy-and-medicines-optimisation-provider-project. This year 81 out of 174 organisations completed the RPS Standards, this will be shared with RPS for consideration. **ACTION: RPS**

The project will run again in 2019 but as Brexit will be a big issue there will be flexibility on timescales. The core project will be restructured to be acute trust, Wales, NI and Scotland only. The current structure where different organisation types, with different interests complete the same questionnaire is problematic for both participants and NHS Benchmarking. The Network will liaise with Mental Health Trusts and Community Trusts to look at the appetite and potential mechanisms to continue the work with them separately. RPS HEAG members are encouraged to contact AR with feedback on NHS Benchmarking questions. **ACTION: RPS HEAG members**

14. ANY OTHER BUSINESS

Victoria Evans outlined the final programme for the RPS Science and Research Summit at City Hall, London on 8 February and reminded HEAG member to share details with their networks. https://www.rpharms.com/summit19. **ACTION RPS HEAG members**

The RPS HEAG brainstormed a PESTEL (Political, Economic, Social, Technological, Environmental and Legal Factors) analysis for the hospital/acute sector in its widest sense. The PESTLE is to help inform the development of organisational strategies. DC will develop into a full PESTLE which will be shared with the RPS HEAG. **ACTION: DC and RPS**

DC is a member of the Great North Pharmacy Research collaborative. This group maps out in annually conferences, awards, meetings and poster opportunities for pharmacy teams undertaking research to utilise. DC asked if this is something that the RPS might want to take over on behalf of the profession and circulate on an annual basis. **ACTION: CP**

David Erskine (DE) raised concerns about access to Medicines Complete and changes to the platform that are making access unaffordable to a number of NHS Trusts resulting in Medicines Complete being added to Trust risk registers in England. These concerns were reflected by other members of the group. **ACTION: DE met with the Pharmaceutical Press to discuss**

Mark Clymer (MC), Clinical Fellow, Centre for Pharmacy Postgraduate Education. MC is undertaking a research project on the career pathways for chief pharmacists. He is looking for chief pharmacists to be interviewed. **ACTION: CP will share MC's email address with RPS HEAG members.**

John Lunny (JL) updated the group about discussions RPS are having around Brexit with the DHSC and other stakeholders. The RPS Brexit meeting in September raised contingency planning and DHSC are actively considering ideas such as substitution now which gives time to enact enabling legislation. Much of these discussions are behind the scenes as it is not clear whether there will be a deal or no deal Brexit. DHSC have informally consulted with stakeholders on a Serious Shortage Protocol which does include actions such as substitution. Pharmacy stakeholders have broadly welcomed contingency planning as prudent, but how it works in practice needs careful consideration, including in discussion with other health professions. The DH has sought assurance from manufacturers that the six week buffer will be available and in place for six months. HEAG members shared how they are witnessing procurement behaviours changing as Brexit approaches.

RPS has recently had discussions with the Royal College of Physicians about medicines shortages, which is exploring the issue of long-term medicines shortages more generally. A further call was held jointly with DH. It is likely these discussions with RCP will continue and RPS will look to engage RPS HEAG members further. **ACTION JL**