ROYAL PHARMACEUTICAL SOCIETY

OPEN BUSINESS

SCOTTISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday held on Wednesday 7 February 2024, at 09:30 at the offices of Community Pharmacy Scotland, 42 Queen Street, Edinburgh, EH2 3NH and by Teams.

Present:

Iain Bishop (IB)
Tamara Cairney (TC)
Andrew Carruthers (AC)
Omolola (Lola) Dabiri (OD)
Lucy Dixon (LD) (TEAMS)
Kelsey Drummond (KD)
Jill Swan (JS)
Richard Shearer (RS)
Audrey Thompson (AT)

Apologies:

Josh Miller (JM), Catriona Sinclair (CS) and Jacqueline Sneddon (JS).

In attendance:

Professor Claire Anderson (CA), RPS President, Amandeep Doll (AD), Head of Engagement & Professional Belonging, Zainab Hayat (ZH), Pharmacy Professional Engagement Lead – Scotland and the North, Cara Mackenzie (CM), Clinical Leadership Fellow, Fiona McIntyre (FM), Scottish Practice & Policy Lead, Liz North (LN), Head of Strategic Communications Carolyn Rattray (CR), Business Manager and Laura Wilson (LW), Director for Scotland,

Observers:

There were 3 RPS Member observers.

24.02.SPB.01	**Welcome and Apologies** *Led by Andrew Carruthers (AC), SPB Chair*	

	The Chair welcomed board members, staff, invited guests and observers to the meeting. Apologies were received from: Josh Miller (JM), Catriona Sinclair (CS) and Jacqueline Sneddon (JS).	
24.02.SPB.02	**Declarations of Interest** *Led by Andrew Carruthers* The SPB noted paper 24.02/SPB/03(a) Board Members (BMs) were asked to send any updates to CR. The SPB noted paper 24.02/SPB/03(b) **Action:** BMs to feedback any changes to declarations of interests to CR. **Action:** CR to add Pharmacist, NHS Forth Valley, to AT's declaration of interests.	**BMs/CR** **CR**
24.02.SPB.03	**Minutes and matters arising** The minutes of the meetings held on 9 November 2024 were accepted as a true and accurate record. 24.02/NPB/04 – Approved by Iain Bishop; seconded by Jill Swan Actions: **Action No 23/06/07 from NPB minutes – November 2023** Set up a NPB working group to further help and guide policy work and direction of travel in independent prescribing – action through Policy and Stakeholder group. To be actioned once work plan has been confirmed. **LW confirmed that this can be actioned now as work plan has been approved.**	**LW/BMs**
24.02.SPB.04	**UK Pharmacy Professional Leadership Advisory Board (UKPPLAB)** *Led by Prof Claire Anderson (CA), RPS President*	

	CA provided a brief update on progress of the UK. Board members have now been appointed and it is expected that an announcement about this will be made w/c 11 February. The first formal meeting will take place on 19 March. Independent Chair of UKPPLAB, Sir Hugh Taylor, has written a blog on progress of the Board as it approaches its first anniversary: https://jointheconversation.scwcsu.nhs.uk/pharmacy-professional-leadership/news_feed/independent-chair-sir-hugh-taylor-reflects-on-progress-as-we-mark-the-anniversary-of-publication-of-the-uk-commission-on-pharmacy-professional-leadership-s-report-2	
24.02.SPB.05	**Emergency Hormonal Contraception (EHC) (paper: 24.02/SPB/05)** *Led by Fiona McIntyre (FM)* A policy discussion about the benefits of switching EHC from P to GSL. FM provided background and context around the public health challenges of unplanned pregnancies, abortions, etc, availability in Europe and the current RPS position which is that it advises against reclassification of EHC from P to GSL on the grounds of patient safety. The paper was presented to the RPS Community Pharmacy EAG; the CPEAG was unanimous in not wanting to change the classification of EHC. The EAG had concerns around safeguarding and clinical impact re: BMI and dosage. Although the CPEAG opposed the proposed change, other professional organisations were supportive. SPB was concerned that there had been a lack of consultation with RPS; RPS could have provided evidence that might have changed the outcome. Appraisal of options: 1. Maintain status quo 2. Advocate for a nationally commissioned service in England 3. Advocate for reclassification of oral EHC	

	4. Advocate for reclassification of oral EHC and a nationally commissioned service (in all 3 countries). SPB members were asked for views and then to reach a consensus around proposed changes to the classification. The main points raised were: • Changes in classification should not replace current pathways which should continue to be expanded. • 'Making every contact count'. not only a transaction but there could be health implications in terms of health inequalities (HI). Would increase availability for those who can afford to buy EHC but could reduce availability for those who can't. • Need to ensure that we 'get the right way forward' not just about medicines but also about care of patient. Reclassification increases issue of HI. Needs to stay as a clinical service; commissioned as a clinical service across the 3 countries. • Cost, judgement and safeguarding implications. • Can it be available, not only as a GSL but also, as a commissioned service? • Option 4 covers all the options. • Option 4: lends strength re: patient safety and STDs, etc. Also need to educate in schools etc. There is a cost (tax) implication on GSL meds. • Option 4: Huge barriers to accessing EHC from pharmacies, including when pharmacies are open. • Ensure there are no barriers to accessing Sexual Health clinics. • Option 4: Ensure there are no interactions with other medications Focus on the patients as the experts in medicines. Also, education required. Be cautious re: misuse. Shifting towards keeping the existing controls. Equity of access re: HI. • Need to caveat with pack size with clear instructions on dose level (this would require consultation with MHRA). • Women should be able to choose their own destiny. • Provision of services is vital and needs to be formalised by FRSH. • Availability of the internet and safeguarding. Very valid point about PILs. Advocates that should opt 4 or 2 be adopted but that it comes into line urgently.	

	At its meeting on 2 February, the EPB was **broadly in agreement with Option 2,** advocating for free access to EHC and retaining a consultation in a pharmacy for education and support. The SPB voted as shown: Option 1 – 0 Option 2 - 3 Option3 – 0 **Option 4 – 6*** Therefore, the SPB was **broadly in agreement with Option 4,** advocating for the reclassification of oral EHC and a nationally commissioned service in all 3 countries. Consensus across GB will be required and so it should be noted that 3 SPB members were in agreement with the EPB decision.	
24.02.SPB.06	**Supervision (pertaining to the consultation) (paper: 24.02/SPB/06)** LW provided an overview of the DHSC consultation which proposes to modernise legislation. Recent RPS engagement events with RPS members and expert advisory groups (Hospital, Community & Primary Care) indicate that, in principle, this enabling legislation is positive but that there are areas that require further consideration. The RPS position is that there should be a pharmacist in attendance in each pharmacy. The SPB was asked to consider, discuss and then vote on the 3 proposals, taking into account the feedback from the Member events and EAG meetings. **Proposal 1 - Introducing delegation via authorisation** SPB considered the following:	

	• If used correctly, and as intended, it would support and enable pharmacists to deliver more patient facing clinical care and services. • There was concern around accountability and whether accountability would stop with the PT or would it remain with the pharmacist? • Concern around meds being dispensed without a clinical check. • Concern about giving verbal authorisation; it was agreed that authorisation should be documented digitally. • In effect, it is already happening but that this change in legislation would protect the pharmacist. • DHSC has indicated that, to implement this change, further work would be required around regulation and guidance. • PTs authorised would need to be confident, competent and willing to take on that role. There was also a discussion around the robustness of the PT workforce. The Scottish Pharmacy Board **Supported, in principle, Proposal 1** Introducing delegation via authorisation, but that there should be a pharmacist in every pharmacy. **Proposal 3 – That a PT can be in charge of an Aseptic Unit** There was broad agreement with this proposal from the RPS Member events and the EAG meetings but with the following considerations: • Accountability – who would overall accountability sit with? It was suggested that the QM systems in place in Aseptic Unit would be well placed to cover this change in legislation. • Section 10 exemption when products prepared by or under supervision of a pharmacist or qualified PT. Overall responsibility would rest with the Chief Pharmacist.	

	• Training – Aseptic training has been removed from the Pharmacy Technician Training course and would need to be reinstated. Even if Aseptic training is not reinstated, a PT could receive the appropriate training as and when required. • Competency of person in charge of Aseptic unit – Education, training and competency frameworks would need to be implemented. It was suggested that PTQA and 5 years' experience would be a good requirement for this role. • Variation on how aseptic units operate between sites. **Broad agreement from EAG and other experts but some concerns/considerations.** The Scottish Pharmacy Board **Supported** Proposal 3: That a PT can be in charge of an Aseptic Unit. **Proposal 2 – Checked and bagged prescriptions** • Strong consensus that this was a sensible and beneficial proposal. • SPB agreed that pharmacist input should still be available if required. • SPB was mainly supportive but suggested that there should be categories of drugs that might be exempt, e.g. insulin or CDs. The Scottish Pharmacy Board **Supported** Proposal 2: That a PT can check and bag prescription.	
24.02.SPB.07	**Progress on the 2024 GB workplan and Vision for Pharmacy in Scotland** LW provided an update on progress of workstreams with the 2024 GB workplan.	

	Artificial Intelligence (AI) Fiona McIntyre (FM), Practice & Policy Lead – Scotland, is leading on the AI workstream; the use of AI in healthcare is increasing all the time and so it is challenging to determine the scope of this workstream. In Q1, the focus is on stakeholder engagement and the Digital Pharmacy EAG has been advising on direction. Q2, the Policy team aims to publish a position statement and scope next steps for further policy work exploring what AI can deliver for pharmacy and how it can be implemented in practice. **Digital Prescribing and Access to Records** Heidi Wright (HW), Practice & Policy Lead – England, is leading on the digital Prescribing access to records workstream. With the expansion of Pharmacy 1st in England, the desire to expand the service in Scotland, and the advances in technology overall, it is important that Pharmacy is at the forefront of digital innovations. Pharmacists need to have comprehensive access to digital records in order to be able to prescribe effectively and the knowledge and skills to be able to use the technology for better patient outcomes. RPS is advocating for access to be rationalised so that all health boards have the same access. Next steps are to produce a position statement on digital capabilities and continue to lobby for access to shared patient data in Scotland. The Labour party has stated that this will be a priority for a Labour Government. It was noted that the RPS President had written a letter to the Times which had been published the previous day: https://twitter.com/rpharms/status/1754813092679078198 **Medicines Shortages (MS)** Alwyn Fortune (AF), Practice & Policy Lead – Wales, is the staff lead for the medicines shortages workstream. MS continues to be a massive challenge, and working with stakeholders and focus groups throughout GB, work will continue throughout 2024. A paper will be published by end of 2024. **Gender Incongruence:** This is an area that RPS been asked, by different organisations, to consider. RPS is consulting with Members and Health Improvement Scotland (HIS) is consulting on its Gender Identity Standards. There are a range of issues. There is RPS	

	existing guidance but needs to be pulled together with a theme of supporting pharmacists specifically. **Palliative Care:** Wales has rolled out Daffodil Standards in partnership with Marie Curie. Next step is to ensure that they are relevant for England and Scotland and then roll out across GB, to ensure that appropriate palliative care is in place. It is a good example of why pharmacists should have comprehensive access to the clinical care patient record. **Assisted Dying:** This is being considered at Scottish Government (Scot Govt) level; the RPS position statement was updated recently and will be revisited once the Scot Govt work is finalised. **Action:** CR to share CA letter with SPB.	**CR**
24.02.SPB.08	**Updates on Board priority areas** <u>Medicines shortages</u>: (See above). AI Digital: (See above). <u>Gender Dysphoria – including consultation</u>: FM provided a brief summary of the consultation and feedback received so far. The consultation on the Standards closes on 1 March; it will be signed off by all three board Chairs. The first draft will be shared with the NPBs on Friday 9 February. A focus group meeting was held on 26 January The themes of the consultation demonstrate that a pharmacist has been involved in the editorial group; pharmacists and medicines are mentioned and this is to be welcomed and will be noted. Feedback builds on what is already described:	

	• **The role of the pharmacist in medicines leadership:** including unlicensed, off-label and pathways across transition of care. It provides another opportunity to support access to records to ensure best care. • **Standards education – staff:** Should include IET around gender identity healthcare in the undergraduate curriculum, compassionate communications in a wider sense that just IET. BMs agreed that the MPharm degree should include wider, more compassionate education than just clinical activities. • **Standard 6 - Continuity of Medicines:** the challenge of private prescriptions; the EPB reported that some prescriptions are from outside of GB. **Feedback from SPB:** • It was felt that the draft was very positive so far; that it should be general rather than specific. • Recommend appropriate identification; CHI numbers identify gender and can influence how people are directed along certain pathways. SPB recommended that CHI numbers should be changed appropriately. • Recognition that there is concern about transitioning across health boards, services and different care packages. • Rigorous screening required to ensure the correct pathways, to ensure that not impacted negatively. • Concern about fairness re. access to appropriate medicines. • MPharm degree should include 'soft' skills, e.g. initiating and having compassionate communications. • Develop a formulary of medications to standardise care between health boards.	
24.02.SPB.09	**Assisted Dying (Paper: 24.02/SPB/09)** Laura Wilson (LW), Director for Scotland, provided an update on the bill. The RPS advocates for conscientious objection but is keen to provide support to those who do want to be involved.	

	LW explained that, although the bill is devolved to Scotland, Section 30 is reserved to Westminster. Section 30 refers to the right to conscientiously object. The RPS is to maintain its existing policy but is calling for Section 30 to be included. BMs were asked if they would want to support the bill if Section 30 is not included? • Would there be an option for us to message clearly that we support the principles of the bill but cannot support the bill without the section 30. The proposal, as it stands, requires two doctors to sign off the competence of the patient to make a decision. • If they can't have the bill with the Section 30, it would remove the right of other HCPs to conscientiously object. You need to have a Section 30. • Section 30 non-negotiable. If doesn't happen need to stand with the other HCP colleges to get the message across. • Section 30. Also, important to stand with the other HCPs, also reach out to other groups, e.g. cultural, although more aligned to healthcare professions. • Section 30 important. Concerns around equity of access, e.g. conscientious objectors re. EHC. It was confirmed that a pharmacist can object as long as the patient can be sign-posted to appropriate care. The SPB supports the RPS stance to remain neutral. The SPB supports the Bill with caveats, i.e would need to include Section 30. RPS in Scotland will work with the MSP, Liam McArthur, who initiated the Bill in the Scottish Parliament.	
24.02.SPB.10	**Engagement** The Chair welcomed Amandeep Doll (AD), Head of Engagement and Professional Belonging, and Zainab Hayat (ZH), Pharmacy Professional Engagement Lead (North of England & Scotland) to the meeting. AD confirmed that an engagement plan is being developed. The Luther Pendragon report noted that members are keen to engage more on a face-to-face basis. AD took the SPB through the draft plan, the aim of which is to increase the impact of RPS engagement, raise greater awareness regionally and create a sense of professional belonging with RPS Members and also non-members. It is recognised that the regions should be a core	

	benefit of being an RPS member and that the regions will provide vibrant networks of like-minded professionals with whom to engage. The plan will provide clarity and consistency and be able to define what engagement means for us and for our members. Although recruitment of new members is important, the main focus will be on retention and demonstrating the value of being an RPS member. The Engagement Leads will work with RPS Ambassadors to plan, facilitate and host different types of meetings; these will include conferences, engagement events and careers fairs. Board members were encouraged to support regional events; as elected Board Members, their support would be invaluable and would also make them visible to the members who elected them. ZH to advise BMs as how they can support events and also to provide a timetable of proposed events. It was suggested that there should be a digital element to RPS presence at careers' fairs. AD advised that the are a number of Regional Ambassador vacancies, one of which is for the North of Scotland. AD to share the advertisement and BMs to share with their networks are being advertised – need someone for north of Scotland. BMS to share with networks. **Action:** ZH to advise BMs as how they can support events and also to provide a timetable of proposed events. **Action:** Lola to support RGU HI lecture and careers fair (8 March). **Action:** AD to send link to Reg Ambassadors advert: Doll Amandeep (Pharmacy) (External): https://x.com/RPS_Wales/status/17533852142214... **Action:** BMs to share advertisement with their networks.	
24.02.SPB.11	**Political Update and Manifesto** LW provided an update on behalf of Ross Barrow (RB), Head of Public Affairs. The RPS GB Manifesto has now been published, is available online and is already being used to engage with politicians. Although there is no confirmed date for the UK election, it is likely to be Oct/Nov 2024; there will be a period of 'purdah' before the general election when no lobbying can take place.	

	There is a proposal to have a series of regional hustings. BMs to contact RB for more information on the hustings: ross.barrow@rpharms.com. LN noted that there are materials for sharing which have been circulated. From a Scottish perspective, the team will lobby Scottish MPs with targeted comms, the team is attending the Scottish Labour Conference on 17,18 and 19 February. Jill Swan and Audrey Thompson are to support the team at the conference. **Action:** BMs to contact RB if keen to support hustings in their area.	
24.02.SPB.12	**Papers for noting (24.02/SPB/12)** The SPB noted the following papers: 24.02/SPB/12 i. Science & Research update ii. Education update iii. Implementing Country Vision iv. Strengthening Pharmacy Governance v. Professional Issues vi. Workforce vii. NPB elections	
24.02.SPB.13	**Any other Business** Health Inequalities – Language barriers. This matter was raised by an EPB member and, as a result, WT drafted a paper, with various options, for noting. It was agreed that something should be done but, to do anything this year, it would mean that we would need to lose a priority from the existing workplan. It was agreed to keep the current plan as it is and include in the workplan for 2025.	

24.02.SPB.14	**Dates of next meetings** **There may be an evening meeting before the June 2024 meeting.**	
23.09.SPB.15	**Close of meeting at 12:40**	

England	Scotland	Wales
18 and 19 June	18 and 19 June	18 and 19 June
17 September	18 September	19 September
7 November Joint meeting for England/Scotland/Wales in London day before RPS.		

Outstanding action

Item	Action	By whom	Open/Closed/Comments
23.06.07	**From NPB minutes** NPB set up a board working group to further help and guide RPS policy work and direction of travel in independent prescribing – action through Policy and Stakeholder group. To be actioned once work plan has been confirmed. **LW confirmed that this can be actioned now as work plan has been approved.**	**LW/BMs**	**Closed**

Action List

Item	Action	By Whom	Open/Closed/Comments
24.02.SPB.02	Declarations of interest: • BMs to feedback any changes to declarations of interests to CR.	**BMs/CR** **CR**	**Ongoing** **Closed**

	• CR to add Pharmacist, NHS Forth Valley, to AT's declaration of interests.		
24.02.SPB.07	CR to share CA letter with SPB.	**CR**	**Closed**
24.02.SPB.10	• ZH to advise BMs as how they can support events and also to provide a timetable of proposed events. • OD (Lola) to support RGU HI lecture and careers fair (8 March). • AD to send link to Reg Ambassadors advert: Doll Amandeep (Pharmacy) (External): https://x.com/RPS_Wales/status/17533852142214… • BMs to share advertisement with their networks.	**ZH** **OD (Lola)**	**Open** **Open**
14.02.SPB.11	BMs to contact RB if keen to support hustings in their area.	**BMs**	**Open**

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