

ROYAL PHARMACEUTICAL SOCIETY

Thursday 23 May 2024 14:00-16:00 to be held virtually via MS TEAMS

In attendance

Claire Anderson (CA), Melinda Cuthbert (MC), Oweikumo Eradiri(OE), Matthew Prior (MP) (Deputy Chair), Roger Fernandes (RF) (Chair), Susan Gibert (SG), Nicola Greenhalgh (NG), Laura Humphrey (LH), Rhian Lloyd-Evans (RL-E) (WPB rep), Raliat Onatade (RO), Eilis Rahill (ER), Graeme Richardson (GR), Tracy Rogers (TR), Ravijyot Saggi (RSa), Rahul Singal (RSi), Holly Stokes (HS) and See Mun Wong (SMW).

Staff

Alwyn Fortune (AF), Fiona McIntyre (FMB) and Carolyn Rattray (CR)

Guest

Joshua Igbineweka (JI)

1: Welcome, introductions, apologies and matters arising Led by Chair (25 mins)

Previous meeting	
Description	1) Recommendations agreed at last meeting
	<p>a) Sue Ladds has accepted invitation to speak at the September HEAG meeting.</p> <p>b) Follow-up: Priority metrics for national use Rahul Singal This has been a long-standing agenda item on HEAG; RS noted that the conversation has moved on and there is no value in pursuing a conversation re: benchmarking as he is not aware of any metrics for national use being developed. Closed.</p> <p>Member query re RPS Error Reporting Benchmarking metrics (National Safety Score card metrics). They are out of date and should either be removed from the website or a piece of work should be commissioned to update all the metrics.</p> <ul style="list-style-type: none">• The landscape is changing and new standards are being introduced to ensure accountability• RF noted that there are NHS National Benchmarking Standards where errors are reported into NHSE. RF to share link with FMB. FMB to contact TR for details of the Chair of the MSO network• If work to be commissioned, a business case would be required. HEAG to feed into the NPBs.• There are homecare metrics that might need to be updated once NHSE have published the new KPI dataset for homecare. <p>HEAG recommends that the Standards are reviewed and updated.</p> <p>Action: RF to share link to the NHS National Benchmarking Standards with FMB.</p> <p>Action: FMB to contact TR for details of the Chair of the MSO network.</p> <p>2) RPS EAG Membership and survey HEAG members were thanked for completing the survey; results are currently being analysed. The report and plan are expected in the coming weeks. HEAG members, who have remained on the group, were thanked for their patience and continuing support.</p>

2: Standards and Guidance Update led by Fiona McIntyre on behalf of Wing Tang (10 mins)

Purpose	<p>FBM updated HEAG on three areas:</p> <ol style="list-style-type: none"> Patient Safety Standards: HEAG thanked for support of the evolution of the Patient Safety Professional Standards: Responding to Patient Safety Incidents. The driver for the refresh of these standards was that some of the elements were out of date, e.g. duty of candour was not included in the 2016 standards. It is hoped that the standards will be adopted across UK. Although there isn't a follow-on plan as yet, a Patient Safety Manager, Kate Ryan, will be joining the team in July to take forward further patient safety standards, etc. Greener Pharmacy Toolkit: Work is continuing in the background; thanks again to HEAG for its support with responses to the public consultation. The consultation has now closed and work is continuing to agree a set of sustainability descriptors across different areas, i.e. community and an adapted set for hospital services. In parallel with this, work is starting on the electronic toolkit which will host the descriptors to support the reduction of the carbon footprint across pharmacy. It is hoped that a version will be ready for testing in August. HEAG was asked for support with testing; please let Carolyn know if you are able to support testing of the electronic toolkit. Volunteers: SMW, SG, HS, CA and LHFH; MP volunteered to take to his Trust. Professional Standards for Professional Values and Behaviours: This workstream is being developed as a result of a recommendation in the UKPLAB Final report. Work will start once there is clarity around purpose and outcomes. HEAG members were invited to volunteer to sit on the steering group when it is established. If willing to support this workstream, please contact Carolyn. <p>Action: HEAG members, who can support testing of the electronic toolkit, to contact Carolyn if not noted above.</p> <p>Action: HEAG members who would like to be part of the steering group for the Professional Standards for Professional Values and Behaviours, contact Carolyn.</p>
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3: Policy Feedback led by Alwyn Fortune and Fiona McIntyre (40 mins)

Purpose	<p>To provide an update and seek feedback on policy developments.</p> <p>a. Medicines Shortages (Alwyn Fortune) RPS Boards decided that Medicines Shortages should be a priority area for the RPS. Meds Shortages are increasing and there is increasing concern across UK about the potential (and actual) impact on patients. Science & Research team (S&R) has been conducting a scoping exercise. Cathy Picton (CP) is the lead author for the report.</p> <p>The report will cover:</p> <ul style="list-style-type: none"> • The causes of shortages – supply and demand • Patient and professional impact • Preventing occurrence in the first place • Managing shortages when they occur • Solutions and recommendations for future collaborative action <p>There has been extensive engagement with both patient groups and professional bodies across GB. An advisory group will be established, made up of key stakeholders, its aim to provide thought leadership CR to share slides. The aim is for the final report to be available by the end of 2024. Email for contact: shortages@rpharms.com.</p>
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	<ul style="list-style-type: none"> • Recommendation that, included in the report, are recommendations to resolve issues concerning real shortages vs perceived shortages – preferred supplier does not stock but the medicine is available elsewhere. Recommend that there is a mechanism whereby a pharmacy can acquire the medicine from another supplier. AF confirmed that this concern would be addressed in the report. • Communication – to patients and between professionals. RS suggested that he and his team look at the technical aspects of achieving best possible comms. AF noted that comms, or lack of, is a major concern that has come out of all stakeholder engagement. CP/RS/AF to consider how to take forward technical side of comms. <p>CP noted that there is much more visibility of the availability of medicines in the hospital sector than there is in primary care. HEAG was asked to consider if there are systems used in the hospital sector that could be transferred for use in primary care.</p> <ul style="list-style-type: none"> • RF noted that, during COVID, Kings Trust used algorithms and data to ensure adequate stocks of medicines. This system was stopped post-COVID; keen to revisit. • For a system to work, all information, e.g. stock levels need to be captured; this doesn't always happen and so the outputs aren't accurate. • Importers – using importers when a medicine is licensed in the UK. This needs to be explored. • Wholesaler licenses need to be rationalised. • In Scotland, there is a complete record of medicines stocks in secondary care, which means that medicines can be managed across the country in hospitals and the managed service. Unfortunately, this doesn't include community. <p>RF invited CP to make use of the HEAG. CP noted that stats showing how shortages had increased over the past 4 years would be very useful. CP/RF/AF to consider questions for feedback from HEAG.</p> <p>AF/CP to report back at next HEAG meeting.</p> <p>b. Artificial Intelligence in Pharmacy (Fiona McIntyre)</p> <p>In 2023, DP EAG fed back that RPS should provide information in relation to AI in pharmacy. The RPS National Pharmacy Boards agreed that AI in pharmacy should be one of the top three priorities in the 2024 work plan.</p> <p>The DP EAG has provided source material that can form the basis of an RPS position statement which will be honed and developed as AI evolves.</p> <p>Current status: socialising the principles with the EAGs and the draft materials that have been prepared will form the basis of that.</p> <p>The message that the RPS is keen to share with the profession is to optimise the benefits of AI whilst mitigating the risks.</p> <p>Many aspects to be considered including regulation.</p> <p>HEAG was asked:</p> <ul style="list-style-type: none"> • What needs to be in place to optimise the use of AI in pharmacy practice? • What needs to be in place to manage the risks around AI, both now and in the future? • Who should RPS work with to achieve the above? • What can pharmacists do at the present time? • Consider AI from a homecare perspective. Link in with the National Clinical Homecare Association (SG sits on NCHA Board so could help). AI is already in use in Homecare. • RS – keen to help. FBM to contact to understand level of support. • Strong data governance, using standardisation, is required. • Develop a Bot for meds reconciliation – FBM/MC to consider.
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	<ul style="list-style-type: none"> • Be aware of 'cautious optimism'. AI is an emerging entity and there will be concern about the unknown. • The PJ could be used as an educational tool. • (Chat – Unknown User?) Digital pharmacist is a Topol fellow (although start date on hold) but his project focus is relating to AI so happy to link him in <p>c. Digital Capabilities Paper still in draft; will be shared with the EAGs later in the summer.</p> <p>d. Assisted Dying The Assisted Dying Bill legislation has been introduced in the Scottish Parliament. The RPS stance is neutral but would have to oppose the Bill if a conscientious objection clause is omitted. RPS is working with other professional groups to lobby for a conscientious objection clause to be included in the legislation.</p> <p>e. Palliative Care Originally, this was an RPS Wales piece of work. Undertaking a refresh Q3/Q4 to cover all of GB.</p> <p>f. Gender incongruence Were waiting on the Cass Review, which has now been published. Policy in England and Wales has been adapted and a pause put in place around the prescription of puberty blockers and gender affirming hormones in children and young people in Scotland. In Scotland, the Cass Review hasn't been fully accepted and the CMO has been asked to review. It is expected that there will be a full report before the summer recess. There is recognition that pharmacists are facing challenging situations and so a position statement is being drafted together with guidance for Members, aligning with the GPhC.</p> <p>Action: Meds Shortages - CR to share slides with HEAG Action: Meds Shortages – CP/RS/AF to consider how to take forward technical side of comms. Action: Meds Shortages - CP/RF/AF to consider questions for feedback from HEAG. Action: Meds Shortages – CP/AF to be invited back to next meeting to report on progress. Action: Artificial Intelligence (AI) – FBM to contact MC re: Bot for meds reconciliation. Action: AI – RS noted that keen to help. FBM to contact to understand level of support. Action: AI – FBM to organise and host two drop-in sessions for HEAG members to consider the questions noted above and also the tone, direction of travel, etc. Action: AI - (Chat – Unknown User?) Digital pharmacist is a Topol fellow (although start date on hold) but his project focus is relating to AI so happy to link him in</p>
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4: Prescribing Workstream update led by Fiona McIntyre on behalf of Marcia Reid (15 mins)

Purpose	<p>To provide members with an update from the Prescribing Workstream FMB provided an update on the prescribing workstream activities and highlights to date. HEAG members were asked the following:</p> <ul style="list-style-type: none"> • Does the portfolio cover everything prescribers need? • What is the key messaging for hospital pharmacists? • Are the membership benefits sufficiently attractive for hospital pharmacists? • What are your views on the current situation regarding DPPs? • Are we solving problems for prescribers? • How can we improve the web pages? <p>➤ A change in professional culture from someone who checks the Rx to someone who makes the decisions; this can be a challenge particularly in a hospital team. It was suggested that this change in culture would be on a day to day basis rather</p>
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	<p>than in a specialism. Support (psychological) would be helpful for pharmacists hoping to make that transition to a new professional identity.</p> <ul style="list-style-type: none"> ➤ Targeted sector-based support. ➤ Clarity required so that patients can have confidence that their pharmacist is qualified to prescribe. ➤ Mentoring for DPPs. ➤ Support materials for Prescribers if/when things go wrong. ➤ Clear terminology between community and primary care. <p>Action: CR to share slides on Prescribing workstream with HEAG.</p>
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5: New Hospital Programme led by Joshua Igbineweka (20 mins)

Purpose	<p>The New Hospital Programme Team in England is keen to ensure that the strategic healthcare planning work for new hospital facilities of the future incorporates the needs of the profession and associated services. This discussion is to support the development of a clinical design brief for hospital pharmacy and its related spaces.</p> <p>RF welcomed JI to the meeting. JI introduced himself. He is a Clinical Fellow for Patient Safety and Medicines, working on the clinical workstream in the New Hospital Programme (NHP). JI provided a 'helicopter view' of the Programme.</p> <p>The NHP was established in 2020 and is a high priority for government and a commitment to 14 new hospitals was made. There has been, and will continue to be, very good engagement and collaboration with stakeholders to achieve the full potential of the project; ensuring that these hospitals of the future fulfil the needs of everyone. A central aspect of this work is developing a 'Hospital 2.0' concept; a model hospital that brings together all of the building blocks to create a 'best in class' concept hospital. Having a centralised programme offers unique opportunities to build hospitals in a systematic efficient manner without compromising on patient safety and care.</p> <p>Pharmacy and medicines in Hospital 2.0: Very much part of the conversation, thinking of net zero agenda, design of the actual pharmacy, etc. Part of the engagement approach is having sessions with pharmacy teams; digital features very strongly, robotics, centralised storage, experiencing workflows in an efficient manner, including discharge. Common complaints include lack of daylight, constant leaks, narrow spaces, lack of wellbeing and rest spaces, lack of control over the delivery and recovery of medicines. IT (lack of integration and interoperability between systems) is a major source of frustration.</p> <p>Feedback from patients shows that they are keen for pharmacy to feature more prominently and to be closer to the patient. They want pharmacy to move away from 'the hole in the wall'. Conversations are ongoing with areas such as in-patient pharmacy services, outpatient experience and the discharge process.</p> <p>Planning to set up a summer pharmacy workshop to consider pharmacy design and work with the healthcare planners and architects to see what this might look like; also, to tease out the strategic direction, where activities can be standardised and where local flexibility should be applied. This workshop might need to be postponed as the general election has been called – seeking guidance and will keep the group informed.</p> <p>HEAG comments:</p> <ul style="list-style-type: none"> ➤ A medicines informatics strategy will help to inform pharmacy design. ➤ Aseptic units – make sure that structure is future-proofed; strong enough to withstand the weight of robots. ➤ FBM shared a link to the 'Architecture of Pharmacies'
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JI was thanked for his presentation.

Action: JI to share slides in preparation for the summer workshop.

6: Summarising Key Actions led by Chair (5 Mins)

Purpose	To summarise key action points and identify agenda items for next meeting.
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Next meeting 19 September 2024, 14:00 – 16:00

Relevant upcoming events and webinars

<https://www.rpharms.com/events>