

Welsh Pharmacy Board meeting 21 February 2025

Minutes of the Welsh Pharmacy Board (WPB) Open Business meeting held on Friday 21 February 2025 at 9.30am

**RPS Wales Office, 2 Ash Tree, Woodsy Close, Cardiff Gate Business Park, Cardiff, CF23 8RW
and via teams meeting**

Present

Welsh Pharmacy Board

Geraldine Mccaffrey Chair (GM), Richard Evans (RE), Eleri Schiavone (ES) Liz Hallett (LH), Aled Roberts (AR), Rafia Jamil (RJ), Lowri Puw (LP) Helen Davies (HD)

In attendance

Elen Jones Director (EJ), Paul Bennett CEO (PB), Professor Claire Anderson President (CA), Alwyn Fortune Policy and Engagement Lead (AF), Iwan Hughes Head of External Affairs (IH), Cath Ward (CW)

Attendance via Teams

Corrine Burns PJ (CB), Tanya Serebryanska (RPS observer), Liz North (LN) Head of Strategic Communications Item 7 only.

Apologies

Dylan Jones (DJ).Rhian Lloyd Evans (RLE),Gareth Hughes (GH).

WELSH PHARMACY BOARD (WPB) OPEN BUSINESS MINUTES 21 February 2025

Item (approx. start time)	Subject	Related papers/slides	
1. 9.30am	Welcome	No paper/Verbal address	The WPB Chair welcomed everyone to the meeting and the Board gave round table introductions.
	Apologies	No paper/Verbal address	Apologies were received from GH, RLE, and DJ.
2.	Declarations of Interests and Board Member' Functions and Duties	21.02.WPB 02	<p>Amendments to Declarations of Interest were noted from GM, AR, RJ and LP</p> <p>The board noted the paper Member' Functions and Duties</p> <p>Action 1 – CW to amend Declarations of Interest</p>
3.	Minutes and matters arising	21.02.NPB.03	<p>To approve the minutes of the meeting held on 7 November 2024 and to discuss matters arising from these minutes.</p> <p>The Welsh Pharmacy Board approved the minutes of the open business meeting held on 7 November 2024 as a true record.</p> <p>Approver - Lowri Puw Seconder - Aled Roberts</p> <p>Matters Arising The board noted that actions relating to items 1, 2 3 and 4 would be covered as</p>

			<p>agenda items.</p> <p>All other actions were recorded as completed.</p>
4. 9.40	Facilitated sale of P medicines	21.02.NPB.4	<p>To discuss the final full report of the analysis of the evidence from S&R and to determine the way forward.</p> <p>Elen Jones Director Wales presented this item. EJ advised that positive meetings was held between RPS and the GPhC. Paul Bennett, EJ, Wing Tang and Diane Ashiru-Oredope, Deputy Chief Scientist for RPS were in attendance to discuss the results of the report produced by the Science and Research Team.</p> <p>As the full report is subject to peer review, it remains confidential to board members.</p> <p>The following items were presented to the board for Discussion and Decision</p> <ul style="list-style-type: none"> • Paper to summarise policy options • 2024 report <i>Evidence review on facilitated self-selection of P medicines</i> • Agenda item at CPEAG for input from practice • Three options presented <p>Following the evidence review and previous board discussions, three options have drafted for board consideration. The board noted that all three National Boards would be discussing these options, and a GB stance will be determined.</p> <p>Option A Maintaining the 1950-2025 policy of the RPS “Pharmacy medicines must not be accessible to the public for self-selection”</p>

			<p>Option B Changing the RPS policy and adopting a new position from 2025 supporting the adoption of the facilitated sale of P medicines including endorsement of the current regulatory guidance</p> <p>Option C Acknowledging the change of regulation and building a policy that enables facilitated sale of P medicines in certain conditions and with additional professional safeguards for patients built into supporting guidance.</p> <p>In discussion the implications of the three options were considered. Issues raised were:</p> <table><tr><td>The board agreed that Option A is at odds with the regulator</td></tr><tr><td>Option C is aligned for both professional and patient vision in Wales and refers to other services</td></tr><tr><td>Board was in support of Option C and would like to see further research demonstrating that it is safe to do this. A discussion was held about the fact that there will be different methods in different pharmacies – deciding what medicines are on display.</td></tr><tr><td>The board asked if RPS are working with others in this space, especially those, who have raised concerns</td></tr><tr><td>WPB were pleased that Research is part of every option regardless of what is determined.</td></tr><tr><td>Option C is the preferred option with additional guidance and clear that special consideration needs to be included around high-risk medications</td></tr></table> <p>In general discussion the board noted that regular meetings are held between superintendents and CCA. The board expressed a view that independent research needs to look at how the public messaging is framed. This will differ in some areas in Wales. Guides to which P Meds would be suitable/not suitable and additional training for staff is required, to include technologies and upskilling, and risk assessment tools</p>	The board agreed that Option A is at odds with the regulator	Option C is aligned for both professional and patient vision in Wales and refers to other services	Board was in support of Option C and would like to see further research demonstrating that it is safe to do this. A discussion was held about the fact that there will be different methods in different pharmacies – deciding what medicines are on display.	The board asked if RPS are working with others in this space, especially those, who have raised concerns	WPB were pleased that Research is part of every option regardless of what is determined.	Option C is the preferred option with additional guidance and clear that special consideration needs to be included around high-risk medications
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			<p>and guides also need to be available for staff. There are gaps in research and the board asked if this could be considered.</p> <p>At the recent Community Pharmacy Expert Group (CPEAG) risk assessment was identified as a high risk as Community Pharmacist may need to change their SOP's. It was agreed that RPS should use CPEAG expertise to inform any policy and public messaging.</p> <p>The Welsh Pharmacy Board were unanimously in favour of progressing Option C with a robust set of professional standards.</p>
5.10.20	Inclusion and Diversity/ Engagement /BPSA relationship	Verbal	<p>Inclusion and Diversity/Engagement/BPSA relationship Led by: Amandeep Doll Head of Engagement</p> <p>AD gave updates on the following: -</p> <ul style="list-style-type: none"> - International Women's Days is 8 March and RPS will be hosting an event on 30 April (to avoid clashes with Easter and Ramadan). It will be a hybrid event, with an evening networking session. Currently the team are planning the agenda. - Inclusion and Diversity Strategy - The current strategy is in its 5th year. The team are planning for the next 5-year strategy but are mindful of aligning with the proposed Royal College strategy and vision. I&D will be a key part of the Royal College vision. A survey was carried out 2 years ago, the results will be tested and the information used to build a new strategy. AD advised that three national pharmacy boards will sign off the strategy. The team will be working collaboratively with other stakeholders to develop the strategy - The ABCD group and the WWB group will be combining into one group.

			<ul style="list-style-type: none"> - Regional conferences -The team are planning for two regional conferences this year – Birmingham in June and Glasgow in August. The order of the events for the days are currently being planned. AD asked if board members could assist seeking out local leaders to speak at the conferences - Engagement - The team have been attending several Career Fairs since November and are trying to capture foundation trainees before the end of their course. Any support from the board in helping with the Career Fairs is greatly appreciated. The board suggested that RPS use students as volunteers – peer to peer more powerful. A Newly registered student will relate to someone who has just qualified. AD said she would look at this option. - BPSA -_The RPS has a good working relationship with the BPSA and are assisting them with their Annual Conference in Swansea this year. <p><u>Health Inequalities</u></p> <p>AD introduced this item saying that she was going to run a short workshop with the board members to help establish what further work needs to be done in this area. Currently the RPS does not have a policy or a position statement on Health Inequalities.</p> <p>Feedback from WPB included: -</p> <ul style="list-style-type: none"> - The board agreed that there needs to be a policy on health inequalities - In Wales there are a significant number of arears experiencing socio-economic disadvantage, in these areas education levels are often not as high, a targeted approach is needed. - There needs to be a National Implementation Plan, in Wales keep the policy at very high level - Encourage further work on basic prevention of frailty
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			<ul style="list-style-type: none"> - Deprivation is an issue in Wales - Welsh language provision for patients and how to reach different communities - Enhancing patient access in different languages needs to be explored further - Digital exclusion in Wales is an issue - Can we collaborate with RCN/RCGP and link in with the third sector with signposting more direct referral - Leadership opportunity as a Royal College - There is an opportunity for RPS to lead in this space - Analysing prescribing data can provide insights into health inequalities, where the populations are needing to access some medicines at a higher rate. Using this can help identify and target where action is needed. <p>Action 2: AD will process this information with the outputs from the Scottish and English Board and create a workplan.</p>
6. 11.35	PDaHW Vision 2028 update.	21.0 2.WPB.07	<p>To provide an overview of the engagement for the vision 2028. Anna Coston – PDaHW project manager led this item</p> <p>AC updated the board on the activity for the engagement events for the vision 2028 goals.</p> <ul style="list-style-type: none"> - Carmarthen – 30th January 2025 at which there were 30 attendees - Cardiff – 5th February 2025 at which there were 50 attendees - St Asaph – 12th February 2025 at which there were 30 attendees - Cwmbran – 13th March 2025 - Enhancing Patient Experience – 13th January 2025 26 members - Developing the Pharmacy Workforce – 16th January 2025 26 members - Seamless Pharmaceutical Care – 8th January 2025 23 members - Harnessing Innovation and Technology – 23rd January 2025 22 members - Face to face hospital visits and virtual meetings with other professional organisations and online events have also been held.

			<p>EJ advised that there is a 2-hour Workshop planned with Welsh Pharmaceutical Committee in March.</p> <p>The current plan for the 2028 vision document is to use case studies to celebrate the successful work being undertaken in Pharmacy. The Delivery subgroups will then be responsible for setting their own measures.</p> <p>The board thanked AC for her work on this project.</p>
7. 11.45	Constitution and Governance review		<p>Liz North Head of Strategic Communications presented this item.</p> <p>LN reiterated the background that Royal Pharmaceutical Society (RPS) have hosted a series of roadshow events across GB and online in October and November to listen to and engage with members and non-members:</p> <p>Attendees were split between community and hospital pharmacists with academia, retired members, primary care, students and foundation trainees. At these events RPS responded to emerging themes and feedback, adapted the presentation to be reactive to different locations. The Roadshow Report was published at the end of December.</p> <p>LN shared the RPS' Proposals for Change Key Dates as follows: -</p>

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8. 12.15	Business Plan	Verba	<p>Alwyn Fortune Policy and Engagement Lead led this item to provide WPB with an update on key projects pertinent to GB and Wales, reflecting on some of the project updates that are included in our papers for noting with opportunity to discuss future expectations.</p> <p>AF gave an overview of the GB plan from 2025 – 2027.</p> <p>The board noted that a workplan covering 2024 update will be sent on the Friday email.</p>

			<p>Action 3- Friday email 2024 workplan update action CW</p> <p>AF highlighted that the Palliative care refresh policy will launch soon. The refreshed advisory group has representatives from each country, and then board noted that the launch will not be during the C&G voting period.</p> <p>Regina Ahmed (RA) Guidance Manager presented the Professional Standards summary workplan 2025/26 and the Patient safety work plan that included activity</p> <ul style="list-style-type: none"> - Prevention of Future Death Reports (PFD)- responding to consultations such as the prevention of future deaths report, responding to Coroners' letters and developing a Patient Safety Strategy in the future which will align with the strategy of the new organisation - Responding to Coroners on behalf of RPS as appropriate where the reports involve pharmacy - Explore how RPS share the learning from PFD reports more widely with members/pharmacy profession - Working collaboratively with other healthcare bodies (e.g., GPHC, SPS) to share information and perspectives on some of the coroners reports work and identify if subsequent work is needed. - Regular stakeholder engagement – continue (SPS, CPPSG). - RPS attendance at national Patient Safety Groups – continue (e.g., RCP /RPS Joint Medicines Safety Group, RCP Patient Safety Committee, Medicines Safety Improvement Programme Board, National Patient Safety Response Advisory Panel). - RPS Patient Safety Strategy, initial patient safety scoping report which will be shared with relevant RPS teams for contribution and feedback to ensure accurate reflection of patient safety activities across the RPS - Develop RPS Patient Safety Strategy for 2025-26 which will be informed by RPS teams. - Develop RPS Patient Safety Strategy – shaped by feedback from RPS teams
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			<ul style="list-style-type: none"> - There are plans to develop a hub on the website to accommodate Patient Safety Hub /resources to support the strategy. - RPS patient Safety related Guidance updates – as needed. <p>Other noteworthy items MEP print and MEP would be available digitally in July 2025, to all foundation trainees and those logged in to receive this. The Welsh language guide has been completed, and this will be sent to the board.</p>
9. 13.15	Papers for noting	21.02.NPB.08	<ul style="list-style-type: none"> (i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance (v) Education (vi) Science & Research update (vii) Assessment and Credentialling (viii) COVID update
10.	Any other business	Verbal	<p>An item was listed under AOB. GPhC Quality & Performance Assurance Committee Calculations Examination Discussion</p> <p>EJ introduced this item explaining that there had been discussion by GPhC on the review of calculations in the pre-reg process and pharmacy under-graduate level. We need to ensure that RPS discuss this issue and have a position as it is an important part of the training. The board noted that EJ would be at the EPB meeting and would also discuss this at that meeting.</p> <p>The WPB agreed that this needs further investigation and discussion and should be brought to the June meeting.</p>

11.	Dates of next meeting		Dates for 2025 meetings		
			England	Scotland	Wales
			25 and 26 February	27 and 28 February	20 and 21 Feb
			18 and 19 June	18 and 19 June	18 and 19 June
			23 and 24 September	17 and 18 September	25 and 26 September
			6 Nov	6 Nov	6 Nov

Action list:

Item	Action	By whom	Open/Closed/Comments
25.02.WPB.02	Action 1. Declarations of Interest – update	CW	Closed
25.02.WPB.07	Action 2: Health Inequalities - AD will process this information with the outputs from the English and Scottish and create a workplan.	AD	Open
25.02.WPB.08	Action 3 - Friday email 2024 workplan update	CW	Closed
25.02.EPB.09	Action 4: GPhC – assessing		Open

	calculations for pre reg – June meeting agenda item		