

**ROYAL
PHARMACEUTICAL
SOCIETY**

Hospital Expert Advisory Group Agenda

Thursday 19 September 2024 14:00-16:00 to be held virtually via MS TEAMS

Present:

Richard Bateman (RB), Melinda Cuthbert (MC), Oweikumo Eradiri (OE), Roger Fernandes (RF) (Chair), Susan Gibert (SG), Laura Humphrey (LH), Rhian Lloyd-Evans (RL-E) (WPB rep), Raliat Onatade (RO), Eilis Rahill (ER), Graeme Richardson (GR), Ravijyot Saggi (RSa), Rahul Singal (RSi), Holly Stokes (HS) and See Mun Wong (SMW).

In attendance:

Osman Ali (OA), CPhO Clinical Fellow – England, James Davies (JD), RPS Director for England, John Lunny (JL), Public Affairs Manager, Fiona McIntyre (FM), Practice & Policy Lead – Scotland, Carolyn Rattray (CR), Business Manager – Scotland, Wing Tang (WT), Head of Professional Standards and Heidi Wright (HW), Practice & Policy Lead - England

Guest: Sue Ladds (SL), Hospital Pharmacy Modernisation Lead, NHSE

Observer: Jane Rosan (A pharmacist and hospital compliance officer)

Apologies: Claire Anderson (CA), Melanie Bryan (MB), Ewan Maule (EM), Ahmed Alnagar and Tracy Rogers

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

Previous meeting	
Description	1) a. Welcome, review of note and actions All were welcomed to the meeting and thanked for attendance. b. Apologies Apologies were received from Claire Anderson, Melanie Bryan, Ewan Maule. Tracy Rogers and Ahmed Alnagar had both indicated their intent to leave HEAG and would not, therefore, attend any further meetings. c. Matters arising - Recommendations agreed at last meeting <u>Hospital Standards review recommendation:</u> To be considered as part of ongoing work plans. EAG members were asked if they use the Standards in everyday practice? <ul style="list-style-type: none">• Several group members indicated that they are used as a benchmark.• RPS has been commissioned by a group of NHS hospitals in Wales, to undertake a piece of work mapping against the Hospital Pharmacy standards.• A suggestion that Hospital Chief Pharmacists should be polled to ascertain usage.

	<p><u>Election of Vice-Chair:</u> RF congratulated the previous Vice-Chair, Matthew Prior, on becoming an EPB member. It was noted that as an EPB member he was no longer able to sit on the EAG and so a new Vice-Chair is required. Looking for expressions of interest.</p> <p><u>EAG member feedback report:</u> Most EAG members have agreed to stay on. MC has completed 6 years and so has shared the opportunity with the National Acute Pharmacy Leads Group (NAPs); waiting for the recruitment process to be shared from RPS so that it can be shared with the NAPS. MC was thanked for her contribution to the group.</p> <p>Action: Email expressions of interest to: Carolyn who will share with RF and FM for consideration.</p> <p>Action: As soon as the recruitment process has been finalised, CR to share with HEAG.</p>
--	--

2: Standards and Guidance Update led by Wing Tang (20 mins)

Purpose	<ul style="list-style-type: none"> • <u>An opportunity to meet Kate Ryan (KR), RPS Patient Safety Manager.</u> WT introduced KR, who joined the RPS in July '24. KR provided a brief summary of her career to date, very much working across the sectors and with the regulator focussing on guidance and standards, patient safety and compliance. Splits her week between this role at RPS (2 days pw) and working in a medicines' optimisation team. So far, KR has been meeting with key stakeholders, building new networks and working on the RPS' support of the WHO World Patient Safety Day campaign. • <u>To provide members with an update from the Standards and Guidance team.</u> Greener Pharmacy programme of work: WT provided a progress report. It is intended that there will be an electronic set of standards as part of the Greener Pharmacy Toolkit. The plan is to showcase the Toolkit, after which there will be an 'ask' of HEAG members to take part in the next stage, beta testing. WT provided a presentation on the descriptors and different levels of achievement and descriptors. SG noted that happy to support with the beta testing. It would be from a home care perspective. They have taken the hospital greener pharmacy toolkit and used it as a guide to gauge the level where her team would be. WT confirmed that it will be a standalone piece of software. Request for an FAQ for Chief Pharmacists and teams – would be useful. Where will the responsibility for best practice lie as it's not mandatory? WT – will need to consider incentives. The Darzi Report mentions that its crucial for the NHS to reach 'net zero'.
----------------	--

	<p>Volunteers to help with beta testing: SG, RSa</p> <p>Action: WT/CR to email HEAG to ask for more volunteers for beta testing.</p> <p>Action: WT to consider developing an FAQ for Chief Pharmacists and their teams.</p>
--	---

3: Policies update led by Heidi Wright/Fiona McIntyre/James Davies (30 mins)

Purpose	<p>To provide an update and seek feedback on policy developments.</p>
	<p>a. <u>Medicines Shortages (James Davies)</u> Affects everyone in their day-to-day practice. JD provided a summary of work to date. An advisory group was set up early in 2024 and work has been ongoing throughout the year. The advisory group is nearly at the stage where it can make recommendations. A final meeting will be held at the end of October where the recommendations will be formalised, the report will be launched at a parliamentary reception on 27 November.</p> <ul style="list-style-type: none"> • The report has looked into the consequences of meds shortages and has tangible examples of these consequences. <p>b. <u>Artificial Intelligence (AI) (Fiona McIntyre)</u> The first draft of the AI in pharmacy practice policy was shared in the HEAG papers. AI was one of the priorities identified by the NPBs for 2024. Quite closely linked with digital capabilities. The pace of change in this space is significant. There has been advice from experts in the field from across healthcare and academia, not just pharmacy. Looking for feedback from HEAG members. It was confirmed that there is a separation in the policy between clinical and operational use. FM concluded asking the EAGs for feedback on the draft is a starting point before sharing with the NPBs. Hoping to publish the final policy by the end of the year.</p> <p>Action: HEAG to feedback on the draft policy that was included in the meeting papers.</p> <p>c. <u>Digital Capabilities (Heidi Wright)</u> Policy due to be published in the next couple of weeks. This has now been published and can be found on the website at: Digital Capabilities for the Pharmacy Workforce (rpharms.com)</p> <p>d. <u>Others</u></p> <ul style="list-style-type: none"> i. Assisted Dying: Since the last HEAG meeting, the SPB has responded to the Scottish Parliament consultation on the Bill (as drafted). No further update on this but this topic is gaining pace in the other Parliaments in GB

	<ul style="list-style-type: none"> ii. Palliative Care: Refreshing the Welsh Palliative Care policy to be a GB policy. Work is in progress and meetings are ongoing. iii. Gender Incongruence: RPS has responded to the Cass Review and issued a position statement at the end of July. There is a DoH consultation on the permanent ban on puberty blockers. RPS has been invited to respond to the consultation. Closing date – 1 October. iv. DPP: RPS and NPA had a joint meeting in the Summer and issued a joint statement and recommendations. Published 12 August. JD confirmed that the pharmacy deans are part of this conversation
--	---

4: RCN Corridor Care Report - led by Fiona McIntyre (20 mins)

Purpose	<p>To seek advice from HEAG on any impact of the report on the pharmacy profession and seek views from the devolved nations on Corridor Care and the safe and effective use of medicines.</p> <p>FM presented a summary for discussion. The scope of the report covered different settings including hospital, public health, primary care, criminal justice and social care. Corridor care infers the practice of providing medical care in non-clinical spaces, e.g. corridors, car parks and break rooms. The RCN report states that corridor care compromises patient care, dignity, privacy and negatively impacts on staff morale and wellbeing. RCN held a round table and RPS was able to present feedback from the RPS EAGs. Disappointed that there wasn't more about medicines in the report; this is reason why this agenda item has been brought to the meeting, to see if the medicines perspective should be taken forward and, if so, how? The impact on medicines is one of patient safety, storage of medicines, medicines administration challenges and patient monitoring.</p> <p>HEAG members were asked for their experiences of corridor care. Need to quantify issues before searching for solutions. Consider if a 'omni cart' solution would be viable. A data set for meds admin will be available in England at the beginning of 2025; this would give a clearer picture of issues such as missed doses and near misses, etc, but wouldn't differentiate between ward or corridor care. It will be important to encourage staff to record the data in a way that these issues can be measured accurately.</p> <p>There may be a potential opportunity to liaise with the Royal College of Emergency Medicine and RCN on potential solutions, but only if we have data to work with.</p> <p>FM summarised the discussion and concluded that there is no 'burning desire' from HEAG to emulate the RCN report for pharmacy and medicines, at least, until accurate data and evidence is available.</p>
----------------	--

5: Presentation on NHS England Aseptic Unit Transformation – led by Sue Ladds (20 mins)

Purpose	<p>To provide an update to HEAG members on the work to date and other relevant topics of interest, e.g. New Hospitals Programme.</p>
	<p><u>NHSE Aseptic Unit Transformation</u></p> <p>SL provided a brief update on each of the areas of transformation. These included:</p> <ul style="list-style-type: none">Hub & Spoke – how hubs are being developed Recommendation from the National Review was to move towards a hub & spoke model for Aseptics so that the vast majority of aseptic products would be standardised and produced in large batches in MHRA licensed 'Hubs'. There are 5 hubs in development, at different stages, Cumbria (largest facility), Leeds, Manchester, Southampton and Devon. First one is scheduled to open in 2026. No money has been allocated to the 'Spokes'. Spokes are the units in the individual hospitals; they will focus on the products which can't be mass produced. These units are also needed for clinical trials and new complex meds, e.g. ATMPsWorkforce One of the recommendations was to create a new workforce, targeting beyond the pharmacy profession, e.g. manufacturing scientists. A very active working group has been set up to determine the activities and competencies required for standardised role descriptors in technical services. The group has conducted a gap analysis of education and training needs. They have also developed career pathways and are looking to develop some national level career promotion materials that can be used in schools, colleges and universities. Expecting to need to commission some specific education and training around but will depend on funding.Product standardisation Expecting standardised product specs in the next month or so. It is taking a long time as the process is very rigorous. The work is being carried out in collaboration with the independent compounders; the first focus will be on chemotherapy products and then antibiotics. A metric has been developed to look at how the standardised products are being used. Important to encourage hospitals to use the standard products so that producing them is viable.Contracting and Finances around Aseptics In-depth workshops conducted with independent Aseptic compounders/suppliers, the purpose of which was, to work through

	<p>issues, e.g., delays obtaining products from the independent suppliers, from both the suppliers and NHS perspectives and to find alignment.</p> <p>Also having to look at how NHSE (ICBs) pay Trusts for their dispensing activities as there is a lot of variation across the Trusts. A group has been established to put together recommendations to Commissioners on how that should work.</p> <ul style="list-style-type: none"> • Digital Automation Looking for hubs to be the best they can be using technologies to reduce the use of paper and manual checks. Automation technology is challenging and not quite there to meet GMP. Guidance is being developed on the different options and what is most applicable. Also developing software that can manage workflow in aseptic units digitally. • Regulation and Quality Assurance New guidance around auditing (Section 10) aseptic units came out in March 2023; now using a digital system to monitor quality metrics each month. Also, a pilot has been started which monitors workforce numbers and product activity; these digital outputs will enable strategic planning in a way that has not been possible previously. The results of the pilot were instrumental in getting Pharmacy Technician supervision in Aseptics considered. <p>Questions:</p> <ul style="list-style-type: none"> • SL confirmed that the workforce workstream included the use of QA staff. • RF asked if ITH is up for sale and, if so, commercial capacity be a risk. SL noted that she didn't know if it was up for sale but that if it was, it could be a risk. Capacity in the independent sector has been challenging, very cautious. • Would it be possible for each individual aseptic unit to specialise in a particular field, e.g. paediatrics? This model has been used in the NHS; the strategy is still evolving • Is a standard SLA going to be developed as suggested by NHSE? Because of the differences, it is unlikely that a standard SLA would be developed; they would need to be nuanced accordingly. <p>SL was thanked for her comprehensive and timely update. SL was invited to come back to future meeting.</p>
--	---

6: Any other business

Purpose	<p>Royal College Announcement To assess how the announcement has been received</p>
----------------	---

**ROYAL
PHARMACEUTICAL
SOCIETY**

<p>Purpose</p>	<p>Comms don't make clear why RPS is doing this. Future comms need to have more clarity on the specific benefits.</p> <p>To ask for volunteers to support research being conducted on the UK Cold Supply Chain.</p> <p><u>UK Climate Change Committee</u> - https://www.theccc.org.uk/. An independent statutory body, established under the Climate Change Act. Research is being conducted on the UK Cold Supply Chain, the impact of extreme temperatures on medicines. They are looking to the RPS for a representative with expertise on the Cold Supply Chain. If there is anyone within HEAG, with a particular interest in the impact of temperature on medicines. If nobody from the HEAG volunteers, then RF to put WT in touch with the Clinical Trials team within his Trust.</p> <p>Action: HEAG members with an interest in the UK Cold Supply Chain to volunteer to support research</p> <p>Action: If no volunteers from HEAG, RF to link WT with the Clinical Trials team, at King's College Hospital NHS Foundation Trust.</p>
-----------------------	---

7: Summarising key actions (led by Chair)

<p>Purpose</p>	<p>To summarise key action points and identify agenda items for next meeting.</p> <ul style="list-style-type: none"> • HEAG members were asked to submit any issues, pertaining to hospital pharmacy, to FM/CR to include on the next meeting agenda. • FM noted that RPS can do some horizon scanning as, by the next meeting, it will have its work plan for 2025 in place.
	<p>Next meeting:TBC Jan 2025, 2 - 4pm</p>

Relevant upcoming events and webinars

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