

## ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Friday 2 February 2024, in person in the Events Space, 66 East Smithfield, London with a zoom link for RPS member observers

**Present:**

**English Pharmacy Board**

Erutase (Tase) Oputu (TO) (Chair), Brendon Jiang (BJ) (Vice Chair), Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett (DB), Sibby Buckle (SB), Ciara Duffy (CD), Thorrun Govind (TG), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Ewan Maule (EM), Michael Maguire (MM),

**In attendance:**

**RPS Staff**

Paul Bennett (PB) RPS CEO, James Davies (JD), Director for England, Asra Ahmed (AAh), Local Engagement Lead for England, Melissa Dear, Corporate Comms Manager, Yvonne Dennington (YD) Business Manager England, John Lunny (JL), Public Affairs Lead England, Neal Patel (NP), Associate Director Membership, Tammy Lovell (TL), PJ Correspondent, Liz North (LN) Head of Strategic Comms, Wing Tang (WT), Head of Professional Standards, Clare Thomson (CT), CPhO Fellow to the RPS, Heidi Wright (HW), Practice and Policy Lead for England

RPS Members and Fellows Observers 5

**Guests**

Liz Fidler – Senior Professional Advisor Pharmacy Technician Practice, NHSE  
Richard Cattell – Deputy Chief Pharmaceutical Officer, DHSC  
Rebecca Burgoyne – CPhO Clinical Fellow

**Apologies**

Paul Summerfield (PS)  
Emma Boxer (EM),

24.02.EPB.01	<b>Welcome and Apologies</b>  The Chair welcomed board members and staff to the meeting.  The Chair introduced a new member of staff, Asra Ahmed, who is the new Engagement Lead for England.	
	<b>Apologies</b>  Apologies were received from Paul Summerfield and Emma Boxer	
24.02.EPB.02	<b>Declarations of Interest</b>  The EPB noted paper 24.02EPB.02 (a).  CA updated her interests in advance of the meeting. <b>Action 1:</b> Declarations will be updated accordingly by YD  Paper 24.02.EPB.02 (b) – Board members' functions and duties was noted by the English Pharmacy Board	
24.02.EPB.03	<b>Minutes and matters arising</b>  The minutes of the meetings NPB meeting held on 9 <sup>th</sup> November 2023 were accepted as a true and accurate record.  Approved by Claire Anderson and seconded by Michael Maguire	

	<p><b>Actions</b></p> <p>23/02/NPB/06 – Action closed – organogram circulated</p> <p>23.09.EPB.07 – Action 6 ongoing as feedback from the event has only just been received.</p> <p>23.09.EPB.09 – Action 10 closed</p> <p>23.09.EPB.09 – Action 11 – closed on the agenda</p> <p>23.09.EPB.10 – Action 12 – closed on the agenda</p> <p>23.09.EPB.11 – Action 14 – closed on the agenda</p>	
<b>24.02.EPB.04</b>	<p><b>National Pharmacy Board Elections - England</b></p> <p>The English Pharmacy Board noted paper 24.02.EPB.04.</p> <p>The reset of the elections to a more even split across the years, as referred to in the paper, was welcomed.</p>	
<b>24.02.EPB.05</b>	<p><b>UKPPLAB</b></p> <p>CA gave a short update on the progress with the UKPPLAB. CA and PB have recently met with Sir Hugh Taylor. The UKPPLAB is hoping to finalise appointments to the board by mid-February and the first meeting is planned to be held in March.</p>	
<b>24.02.EPB.06</b>	<p><b>Emergency Hormonal Contraception</b></p> <p><b>The English Pharmacy Board noted paper 24.02.NPB.06</b> and were made aware of a correction to the name of FSRH (Faculty of Sexual Health and Reproductive Health). JD apologised for this error in the initial paper.</p> <p>JD gave a short overview of the paper and said that this item will be discussed by the Scottish and Welsh Boards at their respective meetings next week.</p> <p>The EPB had a lengthy discussion and some of the points made were:-</p>	

	<ul style="list-style-type: none"><li>• Option 2 – it is important for patients to receive advice from a pharmacist, who can give further advice on STI testing and supply of condoms or other forms of contraception.</li><li>• Can understand why there is a call for reclassification as currently the service is inconsistent across ICSs in England.</li><li>• Currently this is generally seen as a pharmacist only consultation – and the pharmacists may not always be available to give the advice, consideration should be given to the wider use of skill mix and the team to support supply.</li><li>• Research indicates that pharmacy is not always providing a good service – often no support or advice is offered.</li><li>• Advance supply is an issue – there is no good reason why advance supply should not be given – this needs to be looked at and RPS guidance on this shared more widely.</li><li>• Need new guidance reminding pharmacists of their role and responsibilities in this area.</li><li>• Conflicted – as a move to GSL would likely drive down cost, but agreed that there should be the opportunity to provide education and advice – large volumes are dispensed by on-line pharmacies where dispensing is undertaken after a form filling exercise – no interactive consultation – great value in consultation but can also act as a barrier – conflicted between options 2 and 4. Suggest removing the consultation barrier in its current form but retain as a P medicine</li><li>• Suggestion to develop a process on the NHS app for patients to allow for pre-screening and to remove the embarrassment at the pharmacy.</li><li>• In favour of retaining P med status due to the ability to give advice.</li><li>• Important to provide patients with safeguarding support and advice, especially in areas of high need.</li><li>• Greater access re GSL may lead to routinely using EHC whereas it should be used in an emergency situation and other forms of contraception recommended.</li><li>• Suggest making it part of the Pharmacy First service along with the current contraception service.</li><li>• Need to reinforce the issue of England not having parity with Scotland and Wales regarding free prescriptions and free access to EHC.</li></ul>	
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	<p>The English Pharmacy Board considered that barriers to access of EHC should be removed, and these barriers include both cost and access barriers.</p> <p>The English Pharmacy Board are <b>broadly in agreement with Option 2</b>, advocating for free access to EHC and retaining a consultation in a pharmacy for education and support.</p> <p>The issue was raised as to how readily other healthcare professions have advocated for a P to GSL switch for EHC without first consulting the RPS for their opinion. The RPS needs to think how it works with other bodies to raise awareness and understanding of the issues confronting pharmacists, who are probably the largest suppliers of EHC on a daily basis. This could be an opportunity to help other professional bodies rethink their stance.</p>	
<b>24.02.EPB.07</b>	<p><b>Progress on the 2024 GB workplan and Vision for Pharmacy in England</b></p> <p>JD introduced this item with a short presentation.</p> <p><b>Action 2:</b> Presentation will be circulated after the meeting.</p> <p>JD gave a broad update on the plan for the year highlighting the 4 key themes and the areas of work sitting underneath these themes:-</p> <ul style="list-style-type: none"><li>- Implementing country visions - Pharmacist prescribing, pharmacogenomics, environmental sustainability and reducing health inequalities.</li><li>- Strengthening Pharmacy Governance – Supervision, hub and spoke, RP/SP/CP guidance and original pack dispensing.</li><li>- Professional Issues – Artificial Intelligence, Digital Prescribing, Palliative Care, Medicines Shortages, Gender dysphoria and Assisted dying.</li><li>- Supporting the workforce – Workforce wellbeing, DPP, I&amp;D, differential attainment and workforce numbers.</li></ul> <p>The Vision one year on report has now been finalised and will soon be published. This is a celebration of the amount of work that has been done to move the profession forward, there is much to be celebrated.</p> <p><b>Action 3:</b> Circulate final Vision report to Board members ahead of publication.</p>	

<b>24.02.EPB.08</b>	<p><b>Political Update and Manifesto</b></p> <p>JL gave a short update.</p> <p>The Manifesto for Pharmacy has been launched and engagement continues, and it has been shared wider with MPs. Board members are asked to share this with their local MPs and encourage others to do the same. The Manifesto highlights many key issues including prescription charges, which continues to be debated in Parliament. The RPS works closely with the Prescription Charges coalition on this issue.</p> <p>The Chair thanked the public affairs team for a very clear and concise Manifesto.</p>	
<b>24.02.EPB.09</b>	<p><b>Health Inequalities – Language Barriers in Pharmacy</b></p> <p>The English Pharmacy Board noted paper 24.02.NPB.09</p> <p>WT gave a short presentation.</p> <p>The presentation highlighted 5 key policy drivers:-</p> <ul style="list-style-type: none"><li>- Medicines adherence</li><li>- Reduce harm</li><li>- Managing the RPS reputation</li><li>- Board member interest</li><li>- GPhC roundtable on translation services</li></ul> <p>WT went on to give the context and gave the Board three options for a basis on taking this work forward.</p> <p>Board members discussed this issue putting the following points forward:-</p> <ul style="list-style-type: none"><li>- Real time translation – sits in the AI space – highlighted that some languages do not have words to describe a condition e.g. menopause</li><li>- Use current interpreting services which are being used by GPs – there will be a cost to the system - assess whether they are available universally across the countries</li><li>- The use of pictograms can be a valuable asset</li><li>- Label interpretation will have a cost attached</li></ul>	

	<ul style="list-style-type: none"><li>- The use of google translate was questioned in a clinical setting as it is an unvalidated product</li><li>- Should wait for AHSN economic evaluation as this needs a central NHS approach</li><li>- Suggest google translate or similar be integrated into the NHS app</li><li>- Suggestion to take on a review of the systems currently available</li><li>- Consider unlicensed medicines - paediatrics</li></ul> <p>Board members suggested that the RPS should seek to understand the translation services that are being provided for community pharmacy services at each ICB.</p> <p>PB cautioned against getting involved in anything of a commercial nature as the RPS and its partners needs to protect their intellectual property in relation to the BNF. He also highlighted current workload which would need to be assessed before taking on any more project work, as this would probably entail stopping other projects currently in train.</p> <p>The English Pharmacy Board <b>opted for option 3</b> to hold and review when the 2025 workplan is put together. By this time the AHSN health economic evaluation may have an outcome.</p> <p><b>Action 4:-</b> Contact all ICBs in England to understand the translation services that are available for community pharmacies</p> <p><b>Action 5:</b> Board members to share case studies with WT of where interpreters have been used in practice.</p>	
24.02.EPB.10	<p><b>Supervision</b></p> <p>The English Pharmacy Board noted paper 24.02.NPB.10</p> <p>The Chair welcomed guests Richard Cattell (RC), Deputy Chief Pharmaceutical Officer and Liz Fidler (LF), Senior Professional Advisor Pharmacy Technician Practice.</p> <p>JD introduced the item by saying that the Department of Health is consulting on changes to legislation with three proposals. Recent RPS engagement events with members and expert advisory groups indicate there is broad agreement that the amendment is a</p>	

	<p>positive step, but with notable considerations. JD gave a summary of the considerations put forward and some suggestions for further legislative changes.</p> <p>RC and LF thanked the EPB for the invitation to the meeting and said they would be providing some context to the consultation giving the background and highlighting what the consultation is seeking to achieve.</p> <p>RC highlighted the context for these legislative changes of medicines optimisation, the Long-Term Workforce Plan and pharmacy, the new Pharmacy First service, and the independent prescribing pathfinder programme.</p> <p>LF continued giving the background on the pharmacy technician workforce saying that there were now 25,845 registered pharmacy technicians. The consultation is about setting up a framework to build more capacity into the system allowing for the expansion of more clinical services. This legislation has not been updated since technicians became a regulated profession and it is out of date. Technicians work under the same regulatory framework as pharmacists. If the legislation passes there will be a period of settling in to allow for regulation amendments and to develop professional standards.</p> <p>Board members had a discussion after the presentation and some points were raised:-</p> <ul style="list-style-type: none"><li>- current pathfinder sites are indicating the need for a 2<sup>nd</sup> pharmacist in order to run the prescribing clinical services – is this absolutely necessary or are there ways of prescribing without a second pharmacist? RC said he would confer with Anne Joshua on this point and feedback. LF replied that pathfinder evaluations will look at delivery of triage services by pharmacy technicians.</li><li>- Concerns raised regarding the staffing levels of pharmacy technicians in community pharmacy – realistically less than 0.5 full time equivalent in each community pharmacy – this will present problems when trying to deliver services.</li><li>- Accredited Checking Pharmacy Technicians are invaluable in community pharmacy. Seeing a skill mix change in secondary care with not as many pharmacy technicians working in dispensaries.</li></ul>	
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	<p>Board members were asked to split into groups of 2/3 and consider the 3 proposals. Feedback was taken and the written forms were collected for further analysis to feed into the RPS consultation response.</p> <p>The English Pharmacy Board are broadly in agreement with the 3 proposals with some caveats:-</p> <ul style="list-style-type: none"><li>- Proposal 1 – authorisation, clarity is required on where responsibility lies, wider link to workforce and the overall plans to build in the pharmacy technician workforce</li><li>- Proposal 2 - who is able to do this and escalation paths</li><li>- Proposal 3 – need the right skills and experience for pharmacists and technicians, further understanding on how section 10 exemption rules fit in.</li></ul> <p><b>Action 6:</b> The policy team will be developing the RPS consultation response together and will circulate for comment before submission. It is hoped that the response will be published ahead of the closing date which is 29 February 2023.</p> <p>The Chair thanked RC and LF for their informative session and said it was good to get to this stage of consultation after several years of discussions.</p> <p>RC added his thanks for the discussion and added that continued discussion is critical.</p>	
<b>24.02.EPB.11</b>	<p><b>Papers for noting</b></p> <p>The English Pharmacy Board noted the following papers 24.02.NPB.11.</p> <p>JD added that papers (iii) – (vi) were now in a new format aligning with the GB workplan with a simplification of content.</p> <p><b>Action 7:</b> JD welcomed feedback from the Board on the new format.</p> <ol style="list-style-type: none"><li>i. Science &amp; Research update</li><li>ii. Education update</li><li>iii. Implementing Country Visions</li><li>iv. Strengthening Pharmacy Governance</li></ol>	

	v. Professional Issues vi. Workforce	
<b>24.02.EPB.12</b>	<b>Any other Business</b>  There was no other business to discuss.	
<b>24.02.EPB.13</b>	<b>England      Scotland      Wales</b> 18 and 19      18 and 19      18 and 19 June      June      June 17      18      19 September      September      September <b>Joint meeting for England/Scotland/Wales in London day before RPS conference</b> 7 November	
<b>24.02.EPB.14</b>	<b>Close of meeting at 12.30pm</b>	

**Action List**

Item	Action	By Whom	Open/Closed/Comments
<b>23.09.EPB.07</b>	<b>Action 6:</b> DB has roundtable with MPs happy to write a blog for members on his experience	DB/JL	<b>Now Closed.</b> Decision taken not to pursue this further.
<b>24.02.EPB.02</b>	<b>Action 1</b> Declarations will be updated accordingly by YD	YD	<b>Closed</b>
<b>24.02.EPB.06</b>	EHC - for the RPS to work with other stakeholders.	JC	<b>Open</b>
<b>24.02.EPB.07</b>	<b>Action 2:</b> GB workplan presentation to be circulated	YD/JD	<b>Closed</b> – This was circulated to all board members and presented at the induction day for new board members.
<b>24.02.EPB.07</b>	<b>Action 3:</b> Circulate final Vision report to Board members ahead of publication	JD	<b>Closed</b> – This is now published on the site.

<b>24.02.EPB.09</b>	<b>Action 4:</b> Contact all ICBs in England to understand the translation services that are available for community pharmacies	<b>JD/JL</b>	<b>Closed</b> – We have not contacted each ICB, instead we worked with CPE and regional leads to understand the provision of service. All community pharmacies do have access to translation services. Further communications was sent out to LPCs to raise awareness of these issues.
<b>24.02.EPB.09</b>	<b>Action 5:</b> Board members to share case studies of where interpreters have been used with WT	<b>Board members</b>	<b>Closed</b> – No case studies have been received from board members. However examples were shared from regional leads.
<b>24.02.EPB.10</b>	<b>Action 6:</b> The policy team will be developing the RPS consultation response together and will circulate for comment before submission. It is hoped that the response will be published ahead of the closing date which is 29 February 2023.	<b>HW and Policy Team</b>	<b>Closed</b> – Consultation closed and submitted. Still awaiting government response to the consultation.
<b>24.02.EPB.11</b>	<b>Action 7:</b> JD welcomed feedback from the Board on the new format of the papers for noting.	<b>Board members</b>	<b>Closed</b> – Feedback received generally positive and this approach will be used going forward.