ROYAL PHARMACEUTICAL SOCIETY

OPEN BUSINESS

NATIONAL PHARMACY BOARD and ENGLISH PHARMACY BOARD MEEETING – Open Business

Minutes of the Open Business meeting held on Wednesday 19 June 2024 at Doubletree by Hilton Cadbury House, Frost Hill, Congresbury, Bristol, BS49 5AD.

Please note: Only item 24.06.NPB.13 on the agenda was a joint session with all three National Boards, England, Scotland and Wales. All other items were discussed in separate country meetings.

English Pharmacy Board:
Adebayo Adegbite (AA), Claire Anderson (CA), Sibby Buckle (SB), Steve Churton (SC), Ciara Duffy (CD), Brendon Jiang (BJ) EPB Vice Chai, Sue Ladds (SL) Michael Maguire (MM), Erutase (Tase) Oputu (TO) EPB Chair,

Scottish Pharmacy Board: Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD), Laura Fulton (LF), Josh Miller (JM), Richard Shearer (RSh), Amina Slimani-Fersia (ASF), Richard Strang (RSt), Jill Swan (JS), Audrey Thompson (AT).

Welsh Pharmacy Board:
Geraldine Mccaffrey (GM) (WPB Chair), Eleri Schiavone (ES), Helen Davies (HD), Liz Hallet (LH), Richard Evans (RE), Dylan Jone s (DJ), Rhian Lloyd Evans (RLE), Aled Roberts (AR), Rafia Jamil (RJ), Lowi Puw (LP), Gareth Hughes (GH)

Apologies: Martin Astbury (MA) (EPB), Danny Bartlett (DB) (EPB), Ewan Maule (EM) (EPB), Matt Prior (MP) (EPB), Catriona Sinclair (CS) (SPB),

In attendance:

Ross Barrow (RB), Head of External Affairs – Scotland, Karen Baxter (KB), MD, Pharmaceutical Press, RPS President, Paul Bennett (PB), Chief Executive, James Davies (JD), Director for England, Yvonne Dennington (YD), Business Manager – England, Amandeep Doll (AD), Head of Professional Engagement, Elen Jones (EJ), Director for Wales, John Lunny (JL), Public Affairs Manager – England, Mackenzie (CM), Scottish Clinical Leadership Fellow, Pharmacy Professional

Engagement Lead – Scotland and the North, Fiona McIntyre (FM), Scottish Practice & Policy Lead, Liz North (LN), Head of Strategic Communications, Neal Patel (NP), Associate Director, Membership, Carolyn Rattray (CR), Business Manager - Scotland, Rick Russell (RR), Chief Operating Officer, Wing Tang (WT), Head of Professional Standards, Cath Ward, (CW) Business Manager – Wales, Laura Wilson (LW), Director for Scotland and Heidi Wright (HW) – Practice & Policy Lead – England.

RPS member observers – One observer attended in person

Invited Guests:- Roz Gittins, GPhC and Claire Nevinson, Boots (for agenda item **24.06.NPB.13 only)**

ENGLISH PHARMACY BOARD OPEN MEETING SESSION		
24.02.EPB.08	**Welcome and Apologies** *Led by: Chair* The Chair welcomed board members, staff and the members observer to the open session of the meeting with a special welcome to the new Board members present, Steve Churton, Sue Ladds and Ankish Patel. New board members Martin Astbury and Matt Prior gave apologies for today's meeting. Other apologies were also received from Danny Bartlett and Ewan Maule.	
24.06.EPB.09(i)	**Approval of minutes and actions from 2nd February 2024 and record of new board members** *Led by: Chair* The minutes of the EPB meeting held on 2nd February 2024 were accepted as a true and accurate record, with the following amendment in relation to an additional action relating to 24.02.EPB.06 as follows	

	Action: 24.02.EPB.06 – EHC - for the RPS to work with other stakeholders to develop a position statement on supply of EHC from community pharmacy. Approved by Claire Anderson and seconded by Adebayo Adegbite Paper 24.06.EPB.09(i) reflects that all actions are now closed and gives the relevant updates. Additional action (as per above) 24.02.EPB.06 (Emergency Hormonal Contraception) – This is now closed. The RPS has worked with other bodies to develop a statement calling for a nationally commissioned service for free access to EHC which is currently with FSRH for their endorsement and anticipated publication next week. The FSRH are currently reaching out to Royal Colleges for their support. **New Board Members** The newly elected English Pharmacy Board members are:- Martin Astbury, Steve Churton, Sue Ladds, Ankish Patel and Matt Prior	
24.06.EPB.09(ii)	**Declarations of Interest** *Led by: Chair* The EPB noted paper 24.06.EPB.09(ii) (an updated version was circulated in advance of this meeting along with the nominations for Assembly). Further amendments to declarations of interests were received from:- SC,CD **Action 1:** YD to update EPB paper with the new declarations of interest.	
24.06.EPB.09(iii)	**Powers and Functions of the Board (to note)** *Led by: Chair* The English Pharmacy Board noted paper **24.06.EPB.09(iii).**	

24.06.EPB.09(iv)	**Sectoral Places** *Led by: Chair* The English Pharmacy Board noted paper **24.06.EPB.09(iv) and appendix.** This review takes place on an annual basis to review the composition of the English Pharmacy Board. The board need to consider whether the breadth of the profession is adequately represented. Following discussion, the Board **agreed** that there is fair representation on the Board and that no further action to be taken at this stage.	
24.06.EPB.09 (v, vi, vii and viii)	**Papers for noting** *Led by: Chair* The English Pharmacy Board noted the following papers **24.06.EPB.09 (v, vi, vii and viii)** **(**v) Professional Issues (vi) Strengthening Pharmacy Governance (vii) Workforce (viii) Implementing Country Visions	
24.06.EPB.10	**Public Affairs in England** *Led by: Chair* JL presented this item, giving a short presentation, highlighting the following:- • Health policy is devolved	

	• There are differences in the countries around prescription charges and access to records • There has been a lot of activity this year around Select Committees - Integration of primary and secondary care in the Lords - Homecare medicines in the Lords – which was well researched by the committee - Pharmacy inquiry – report published at the end of May which was supportive of RPS asks • APPG meetings – work with NPA/CCA/IPA (formerly AIMp) – post election a new group will be formed • Working with patient groups and prescription charges coalition • Election manifesto – RPS manifesto and joint pharmacy manifesto (worked with other pharmacy bodies to produce this) • APPG/MPs are very interested in community pharmacy and primary care – hospital pharmacy needs to be pushed up the agenda **Action 2:** Circulate RPS manifesto to Board members (Closed)	
24.06.EPB.11	**Structured Medication Reviews in England** *Led by: Chair* The English Pharmacy Board noted paper 24.06.EPB.11 JD introduced this item saying that Structured Medication Reviews are a core part of the role of pharmacists in general practice. The RPS has had increasing feedback from members and others that the number and nature of SMRs is reducing and more time is being directed towards other administrative tasks. The RPS has drafted a position statement, which forms the basis for the RPS to advocate for change, if the Board agree that this is the way forward. The Board discussed the paper and position statement and some of the points raised were:-	

	• RPS can emphasise the value of an SMR but does not have the authority to ensure they are done – but the position statement may give the mandate for employees to raise the issue with their seniors • Currently there is no assurance on quality – there needs to be evaluation tools and outcome measures and the coding needs to improve. RPS should work collaboratively with other organisations eg. RCGP/PCPA on developing tools. • The number of SMRs carried out has dropped significantly by around 60% for some high risk medications in some areas. • Massive variation in SMRs – very dependent on leadership locally • NHS have data on SMRs that can be interrogated • RPS role is to concentrate on professional aspects • Some suggested that remuneration is key – and that services must be appropriately funded • Isolation of pharmacists is an issue – ensure there is wellbeing and mental health support in place for primacy care workforce • Need to highlight the issue to ICBs The EPB were broadly in support of the statement, with amends, in order to raise the profile of the issue. **Action 3:** Review position statement and amend in light of the EPB discussion and recirculate to the Board and obtain Chair's sign off.	
24.06.EPB.12	**England 2025 planning** JD introduced this item setting out the timeline for agreement of the workplan for 2025. Initially early thinking will take place at this meeting with a full plan being presented at the September meeting for sign off in readiness for Assembly and budget approval in November 24. JD described the "4 buckets" of work under the headings of - Professional Issues	

	- Strengthening Pharmacy Governance - Workforce - Implementing Country Visions He explained that today was about surfacing any “hot topics” for consideration for the workplan. The three country board directors will then consult and put together a plan which will include some of the topics suggested, based on resource and capacity. The chair emphasised the importance of gaining feedback from our EAGs to build into the workplan. The Board discussed topics for consideration and some put forward were:- - Prescribing and the legacy workforce, including access to DPPs. It was noted that the legislation to allow pharmacy technicians to prescribe under a PGD would be live soon – how will we support pharmacists to work with technicians to give the right service to patients - Pharmacogenomics – the role RPS has to play in supporting the workforce with implementation – PGx leadership - Protected learning time to focus on research and educating oneself - Leadership around the new clinical trials legislation – what this means for members - Pharmacy first – possible expansion of the service in manifestos, and supporting the profession to deliver the change. - Help to support portfolio careers - Support for local leadership, and theme relating to leadership capabilities for the workforce in the NHS - Artificial Intelligence - RPS needs a better member offer for industry members - Collaboration – need to support pharmacists across PCN/ICB – RPS does host a group for ICB leads. - Greater collaboration between pharmacists and pharmaceutical scientists - Strong theme on leadership capabilities for the workforce across the new NHS - Access to records in every area of practice, especially community pharmacy.	

	- Education piece – everyone has the responsibility to be an educator and the profession needs to take this on board - Building research capabilities across the profession The Board were then asked which workstreams could be deprioritised:- - Environmental sustainability – should run through all work – and while this continues to be important may not need to be a separate workstream Inclusion and Diversity – board were keen to emphasise the importance of I&D work and there was discussion about the relative merits of retaining as a separate workstream and/or integrating this across all workstreams All workstreams need to map back to the RPS vision/mission and strategy. Board members were asked to circulate any further ideas to the Country Directors. **Action 4:** Country Directors to take ideas for 2025 and develop a workplan to bring to the next board meeting in September.	
JOINT NATIONAL PHARMACY BOARD OPEN SESSION (ENGLAND/SCOTLAND/WALES)		
24.06.NPB.13	**Open Sale of P Medicines in Community Pharmacy** The National Pharmacy Boards noted paper 24.06.NPB.13 This session was Chaired by Tase Oputu, English Pharmacy Board Chair. SB declared an interest as she works for Boots in a Boots pharmacy. The Chair welcomed Claire Nevinson (CN) from Boots and Roz Gittins (RG) from General Pharmaceutical Council (GPhC) to the meeting. CN thanked the Board for inviting her and gave a short presentation providing an overview of the innovations at Boots about self-selection of P (Pharmacy) Meds.	

	CN said that over the last couple of years Boots had been showcasing pharmacy in a safe way to patients and the public, giving high quality advice and care to more patients and the public, supporting the wider selfcare agenda. In selected stores, the pharmacy environment has been improved with a new modern look, pharmacy medicines are now more accessible, and they have introduced a new active advice model, investing in a new role, a dedicated resource, which has been a key driver to the success of the changes. CN stated that the innovation is principle based, professionally led, better for the public, cognisant of patient safety, engaging for pharmacists and healthcare teams, has robust risk management and mitigation in place and that the innovation is continually reviewed. There are clear professional standards within the organisation which are adhered to. CN described that Boots had thought carefully about the fixtures and fittings that are in place, including active ways to exclude the public when the Responsible Pharmacist is not present. Robust security measures are in place to protect high risk medicines which only healthcare trained can access. Till restrictions are in place to ensure that a sale can only proceed with the appropriate advice and counselling, on a registered pharmacy premises and under the supervision of a pharmacist. Over time, patients have embraced the change in layout and staff are trained to explain why they can't always purchase certain medication selected from the shelf. A new healthcare specialist role has been introduced with incremental training supporting the role. CN shared that pharmacist engagement has been critical. Boots have created a raft of professional and operational guidance as well as supporting documents which have been refined over the past 12-18 months. In this model pharmacists can exercise professional autonomy and restrict medications further if they see fit. The model has been rolled out to over 130 stores and the feedback from patients has been positive. There is no data to suggest that there has been a negative impact on patient safety.	

	CN stated that Boots has taken a considered approach, acknowledging that it needs to move with the times. CN described how a dedicated team is available to have the initial conversations with the patient/public; can be referred to a pharmacist if required. Board members were invited to ask questions or give observations: A board member gave some positive feedback as he had observed this innovation in a Boots pharmacy and thought it worked well. He did question how it might translate to a smaller independent pharmacy. CN responded by saying the principles remain the same; it is essential to receive the right advice from a healthcare specialist and for the pharmacy to be adequately risk assessed before setting up the service. The quality of the conversation with a healthcare specialist is key to the success of the model. A member asked if there were any commercial advantages to making this change. CN replied that a business must consider commercial viability and impact but the main driver for change was the ambition to realise holistic benefits and better patient experience. CN discussed the vital importance of the P category for pharmacy and that it was vital that this category be protected. This model enables the public to understand this category further and have an informed conversation about the best medication for them. There was a question about new risks identified after roll-out and how risks are mitigated. Risks identified have been mostly around the 'people model'. To mitigate these potential issues, careful attention is given to appropriate staff training and ensuring that the pharmacies are run optimally. Risks were also mitigated by ensuring that roll-out was very controlled with standards already established. Shrinkage was anticipated as a risk, but it has not increased. Questions were raised as to the sustainability of the new model. CN said she was confident it was sustainable and that the dedicated roles assigned will support the model. This is about providing care that is safe, using clear guidance and training to ensure this. From a practical perspective, using good quality and durable fixtures and fittings will enhance the 'feel' of the pharmacy and make it fit for purpose. Feedback so far has been positive, the public like	

	the look and feel and this is reflected in 'net promoter score'. Patients have told Boots that the new model can help when sensitive conversations are needed, and Boots staff have fed back very positively. In a crisis, where there is a shortage of staff cover, particularly if there is no pharmacist cover, the pharmacy area can be closed; however, to mitigate against this there is good resilience across the staff to cover most situations. A board member with direct experience of the new model spoke in favour of the change and said that the name of "open sale" is a misnomer it should be called a "facilitated sale". The board member said it has been a culture change for both staff and patients, but a positive change, making them feel empowered. TO then welcomed RG to speak to the board. RG gave a short talk from the perspective of the GPhC. RG stated she was relatively new in post (6 months) and has a focus on patient safety and ensuring practice is in line with Regulations. She stated that self-selection of P Medicines is not specifically excluded in Regulations. It is important to respond to developments and innovations in a timely way and to be aware of the developments within on-line pharmacy. RG recognises that the GPhC needs to be doing more, to assess risks, for example, using secret shoppers. Risk assessments need to be localised and dynamic – and to ensure that if changes or new risks are seen over time they are included and managed. GPhC meets with Boots every couple of months and has been reassured by the pilots, especially in relation to risk management, staffing and security. Monitoring will be ongoing and regular meetings will continue. Where the GPhC does have learnings, they assess what they can do to cascade the information. All is kept under active review. Board members were invited to ask questions or provide observations	

	CN was asked about upscaling the model to all stores. She replied that it was not about the physical environment but about the training and advice given by staff. It is critical that every customer is provided with the right advice. Therefore, staff were essential to making any model work. A board member added that as professionals we need to be empowered to risk assess and be given the autonomy to be in control of our own pharmacy. Risk assessment needs to be robust. He went on to talk about the challenges of addiction and abuse, particularly in relation to codeine based products and how we need to do something about opioid abuse. It was clarified that in the Boots model all codeine containing products are secured in locked Perspex boxes. Another question was about reclassifying the P meds available for self-selection to GSL medicines. Response was that it is not considered to be a driver and switches take a lot of time and research. Enabling self-selection of P Meds is about engaging patients and public to make the right choice with the support of the pharmacy team. RG was asked if she had a sense of scale as to how many pharmacies were using this new model. As with other innovations the GPhC does not hold exact data on the number of pharmacies that now allow facilitated access to P medicines. RG confirmed this is happening in both multiples and independents and is picked up during routine inspection activity. CN stated that now, uptake of the new model is limited to 130 Boots stores, these stores are monitored and assessed on an ongoing basis; numbers may increase in time. There are many different aspects to assess before this model can be rolled out appropriately. They must ensure that every person who accesses medicines has the best healthcare experience. RG noted that inspections are based on the premises standards, irrespective of bricks and mortar or online.	

	PB thanked both CN and RG for their presentations. He said that this has always been a contentious issue and there is a strength of feeling within the organisation and its members around this. He asked if they believed that this change could shift the position in the eyes of the public of medicines becoming an ordinary item of commerce? RPS position on this currently is that P Meds should not be available for self-selection, and the RPS would like to understand the reasons for not having a conversation with the profession on this change as it has caused a lot of dissent within the profession. RG responded and said there is a need to reflect on communications and retain regular meetings with the RPS/GPhC to discuss when changes occur. She agreed more needs to be done. CN agreed that communications to both patients and colleagues needs to improve to better inform people; much of the dissent has been based on assumption rather than fact. There is a need to showcase new modern approach to healthcare service provision in the community. The Chair asked if other pharmacies are looking to make this change. RG replied that pharmacies are making proactive enquiries via their inspectors. Inspectors are not just there to inspect but also to raise awareness and support. The President acknowledged that it was good to see that conversations were happening and that it is all about the future and looking forward. The RPS should encourage change if it is safe for patients. RG added that criticism is something to be acknowledged and there is a need to communicate better. The Board members then went on to discuss the next steps following on from the information shared by Boots and the GPhC. Some of the points raised by the Board included: -	

	• Terminology is important and that they could be in favour of “open display” but not in favour of “open sale” but it is important that patient safety is maintained. • This model continues to be under the responsibility of a pharmacist – so nothing legally has changed – what has changed is the regulator’s approach and the pharmacy landscape • The P medicine category is vital for pharmacy and the public and that this category must be protected, but this model continues to allow that to be the case. • Legislation and the regulator permit the self-selection of P Meds; it is happening and will continue to happen. RPS policy needs to be revisited and considered as it no longer reflects the GPhC position and practice for some pharmacists. • Need to consider online pharmacy, remote and rural – consider accessibility and ensure that safety is the same regardless of setting • Volume of sales needs to be considered – concerns around opioids and ensuring antimicrobials use is monitored. • Need to reassure members and take them on the journey of any potential change to RPS position. • Any future change to policy will need to be reflected in the MEP and associated guidance Martin Astbury gave apologies for the meeting and asked for his following statement to be read out for this agenda item: - “Martin Astbury supports option one or otherwise follow our membership engagement strategy with this policy and consult with the membership. Any change to our existing policy is without doubt a watering down of one of our patient safety standards, as such I would oppose and reserve the right to talk against any new RPS position on self-selection" Board members were broadly in agreement to review the RPS position considering the information presented at the meeting. They added that it is important to use evidence to support any changes and to use the RPS Expert Advisory groups when gathering evidence.	

	Action 5: Review RPS position on self-selection of P Medicines in Community Pharmacy using evidence to support any changes and to use the RPS Expert Advisory groups when gathering evidence **Action 6:** Review MEP and professional guidance.	
24.06.EPB.14	**Any other business and close of Open Business** *Led by: Chair* There was no other business to discuss.	
	Next meetings EPB meeting via Zoom – 17 September 2024 Joint National Board meeting at 66 East Smithfield – 7th November (RPS Conference 8th November)	

Action List

Item	Action	By Whom	Open/Closed/Comments
24.06.EPB.09(ii)	**Action 1:** Update EPB paper with the new declarations of interest.	**YD**	**Open**
24.06.EPB.10	**Action 2:** Circulate RPS manifesto to Board members	**JL**	**Closed – circulated 19/06/24**
24.06.EPB.11	**Action 3:** Review position statement and amend in light of the EPB discussion and recirculate to the Board and obtain Chair's sign off.	**JD**	**Open**
24.06.EPB.12	**Action 4:** Country Directors to take ideas for 2025 and develop a workplan to bring to the next board meeting in September.	**Country Directors**	**Open – by Sept 24**
24.06.EPB.13	**Action 5:** Review RPS position on self-selection of P Medicines in Community Pharmacy using evidence to support any changes and to use the RPS Expert Advisory groups when gathering evidence	**Chairs and Country Directors**	**Sept**