

**ROYAL  
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**Hospital Expert Advisory Group Agenda**

**Thursday 6 February 2025 14:00-16:00 to be held virtually via MS TEAMS**

**Present:**

Claire Anderson (CA), RPS President, Richard Bateman (RB), Osman Chohan (OC), Roger Fernandes (RF) (Chair), Susan Gibert (SG), Gareth Kitson (GK), Lynsay Lawless (LL), Patricia McCormick (PMcC), Eilis Rahil (ER), Ravijyot Saggi (RS), Amandeep Setra (AS) and Adam Walker (AW)

**In attendance:**

Osman Ali (OA), CPhO Clinical Fellow – England, 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

**Observer:** Susan Buekes (SB), Aisling Conboy (AC), Keith Ridge (KR), Mary Tompkins (MT) and Catherine Truman (CT), (from India).

**Apologies:** Rhian Lloyd-Evans (RL-E), WPB rep and Rahul Singal (RSi).

**1: Welcome, introductions, apologies and matters arising Led by Chair (40 mins)**

Description	<b>1. Welcome and apologies</b> <ul style="list-style-type: none"><li>RF welcomed all to the meeting, including new EAG members and observers.</li><li>Apologies were noted: Rhian Lloyd-Evans and Rahul Singal</li></ul> <b>2. Group members to introduce themselves and provide a suggested priority for the group</b> <ul style="list-style-type: none"><li>All attendees including new members and observers introduced themselves; new members were reminded to forward their volunteer agreements, bios and photos to <a href="#">CR</a> and also <a href="#">Rachael Black</a> (RB), Pharmacy Engagement Manager.</li><li>RF asked whether the recruitment process for new EAG members had been firmed up in preparation for the next round.</li></ul> <b>: Action:</b> FBM to raise with RB
	<b>3. Actions and recommendations agreed at last meeting.</b> <ul style="list-style-type: none"><li><u>HEAG members were asked to submit any issues, pertaining to hospital pharmacy, to FM/CR to include on the next meeting agenda:</u> FM noted that RPS can do some horizon scanning as, by the next meeting, it will have its work plan for 2025 in place. <b>Action ongoing.</b></li><li><u>WT/CR to email HEAG to ask for more volunteers for beta testing:</u> SG volunteered to support the beta testing for the</li></ul>

	<p>Greener Pharmacy Toolkit. SG to update the group once the work is complete. <b>Action ongoing.</b></p> <ul style="list-style-type: none"> <li>• <u>WT to consider developing an FAQ for Chief Pharmacists and their teams:</u> WT confirmed that supporting resources have been developed for community and hospital.</li> </ul> <p><b>Action:</b> WT to share (via CR) resources and link to the landing and early adopter pages. CR to forward to the group.</p> <p><b>Action:</b> HEAG members to consider being early adopters or cascading to their teams to volunteer.</p> <ul style="list-style-type: none"> <li>• <u>Volunteers to support the Cold Chain Supply research:</u> RPS has met with the Committee along with CPE; they ran through their focus areas. As yet, there isn't a follow-up request of RPS but WT to get in touch and if this changes he will share with HEAG.</li> </ul> <p><b>Action:</b> FMcl to link AW with WT. <b>Action closed.</b></p> <ul style="list-style-type: none"> <li>• <u>QA Clinical Trials – volunteers required to support this:</u> AW volunteered and FMcl to link AW with WT. <b>Action closed.</b></li> <li>• <u>HEAG to feedback on the AI draft policy that was included in the meeting papers:</u> <b>Action closed.</b></li> </ul> <p>4. <u>Nomination of a Vice-Chair of HEAG:</u> Osman Chohan volunteered to be Vice Chair. <b>Action closed.</b></p>
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**2: Introduction from RPS for new members – led by Fiona McIntyre (20 mins)**

<b>Purpose</b>	<p><b>Overview of where the EAGs sit within the governance structure of RPS and EAG responsibilities. To include an update on the Royal College of Pharmacy proposals.</b></p> <p>FMcl provided an overview of the governance structure and purpose of RPS and the role of the EAGs to support the work of RPS by providing advice and expertise.</p> <p>The objects of the RPS, as defined in the Royal Charter, are to:</p> <ul style="list-style-type: none"> <li>• Safeguard, maintain the honour, and promote the interests of pharmacists in their exercise of the profession of pharmacy.</li> <li>• Promote and protect the health and well-being of the public through the professional leadership and development of the pharmacy profession.</li> <li>• Advance knowledge of, and education in, pharmacy and its application, thereby fostering good science and practice.</li> <li>• Maintain and develop the science and practice of pharmacy in its contribution to the health and well-being of the public.</li> <li>• Information about the proposed move towards the Royal College of Pharmacy can be found on the rpharms website at: <a href="https://www.rpharms.com/change_proposals">https://www.rpharms.com/change_proposals</a>.</li> <li>• HEAG members were encouraged to join other EAG meetings as observers.</li> <li>• Each of the countries have their own visions which reflect the devolved nature of each country's health services. The Visions are the 'bedrock of our policy making'.</li> </ul>
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	<ul style="list-style-type: none"> <li>FMCI provided a brief overview of the GB workplan for 2025-27, which includes existing work streams to be carried forward, C&amp;G work and also 'Hot Topics'. The 'Hot topics' will be fleshed out at the February National Pharmacy Board (NPB) meetings and so HEAG will be updated at its next meeting. Aseptic manufacturing and Technical Services, Workforce Wellbeing, High-Cost Drugs and Cancer Care are all topics that would be of particular relevance to HEAG.</li> </ul> <p><b>CA encouraged all HEAG members to visit the RPS change proposals pages on the website, to stay up to date with the proposals and the upcoming campaign to become the Royal College of Pharmacy and shared that further communication is expected throughout the next few weeks as we approach the vote.</b></p> <p><b>Questions</b></p> <ul style="list-style-type: none"> <li>With only 3 x 2-hour meetings p.a., how will there be time and opportunity to make a meaningful contribution to the work of the EAG and RPS?</li> </ul> <p>Work that is brought to the EAGs is stratified to ensure best use of EAG members' expertise and time. The NPBs will confirm, in February, the scope of work around the Hot Topics and how best the EAGs can support.</p> <p><b>Action:</b> CR to share slides to EAG.</p>
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**3: Standards and Guidance Update led by Wing Tang (10 mins)**

<b>Purpose</b>	<p><b>To provide members with an update from the Standards and Guidance team.</b></p> <p>WT introduced himself to the new members of the group. WT to provide an update on current areas of 2024 work that is being completed and then some of the new work starting in 2025.</p> <p><b>Current work - 2024</b></p> <ul style="list-style-type: none"> <li><u>Development of a Greener Pharmacy Toolkit for community and hospital pharmacy:</u> The external developers have now handed over the final version of this. There is a landing page, but the toolkit isn't live as yet. The Programme Board has confirmed that early adopters can be invited to use the toolkit leading up to a full launch around April 2025. The toolkit will be open to all. Bronze, Silver and Gold levels of achievement. Hoping that early adopters will provide case studies (approx. 450 words). HEAG members were invited to participate. WT provided a link to the landing page: <a href="https://www.rpharms.com/greenerpharmacy">https://www.rpharms.com/greenerpharmacy</a>.</li> </ul> <p><b>In 2025, It is likely that there will be 3 workstreams</b></p>
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	<ul style="list-style-type: none"> <li>• <u>Possible refresh of the Aseptic Standards</u>: These are now out of date; and so need to be updated to align with the NHS QA standards and possible new legislation on Pharmacy Supervision.</li> <li>• <u>Refresh of the DPP Competency Framework for Prescribers</u>: This was initially earmarked for 2024 but had to be postponed. This work is due to start imminently and support would be welcomed for the Task &amp; Finish (T&amp;F) group and also for a Chair.</li> <li>• <u>Pharmacogenomic (PX) Competency Framework</u>: This will be a new workstream. It is likely that Px Framework will be modelled on the Competency Framework for Prescribers with similar domains. It will be a collaboration with other groups. This needs to be developed because Genomic services are growing at pace. It is intended that this work will be completed within 2025. For this piece of work, will be seeking T&amp;F group members and also a subject matter expert.</li> </ul> <p><b>Questions</b></p> <p>Will there be a refresh of the Hospital Standards? RPS Hospital Pharmacy Standards have reached the date when they should be reviewed, however, they are still more recent than other standards in the backlog and so they haven't been prioritised for 2025-26. There has been representation around the importance of RPS benchmarking indicators being up to date and available due to increase in costs of benchmarking metrics available through the NHS in England. To be considered further between meetings.</p> <p><b>Action:</b> WT to share archived benchmarking webpage use stats with HEAG</p> <p><b>Action:</b> RF/FMcl/OC/WT to consider hospital standards and benchmarking to propose next steps</p>
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**4: RCN Corridor Care – led by Heidi Wright (15 mins)**

<p><b>Purpose</b></p>	<p>To receive an update since the last meeting and next steps.</p> <p>HW introduced herself to HEAG. HW provided an update on where RPS has had input into the work on corridor care, together with RCN and Royal College Physicians (RCP). Started April 2024 with a Royal College of Nursing (RCN) round table; HW attended this and HEAG provided input. Areas covered, included, medicines supply, safe custody, respect &amp; dignity and confidentiality; also, the impact on staff who were unable to provide appropriate care.</p> <p>Following the round table, RCN declared a national emergency (June 2024) and published their report on Corridor Care. In September 2024, NHS England published the principles for providing safe and good quality care.</p> <p>In January 2025, RCN sent a letter to Wes Streeting and Amanda Pritchard, co-signed by RPS, asking for transparency. RPS is part of a</p>
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	<p>Corridor Care Coalition (CCC) which includes a number of royal colleges and patient groups. The CCC met on 15 Jan, mainly to discuss the letter and next steps. RCN published a press release as a result of a survey of front-line nurses and how they perceive corridor care. Corridor Care has also been considered in the Scottish Parliament at First Minister Questions. RCN is setting up a policy group, which RPS is a part of. Also, the RCP has published a report which RPS input into.</p> <p>HEAG expressed interest around this important issue.</p> <p><b>Action:</b> HEAG members were invited to be involved in the Corridor Care work, e.g. issues experienced, data, front-line view. Volunteers – <b>Amandeep Setra, Ravijyot Saggi and Lynsay Lawless.</b></p>
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**5: Policy update led by Fiona McIntyre (15 mins) Policy**

<p><b>Purpose</b></p>	<p>To provide an update and seek feedback on policy developments.</p> <p>FMcl provided a verbal update on the topics noted below. The work plan for 2024 provided 6 new planned topic areas; the topics are shared between the Directors and Policy and Public Affairs Leads of the 3 countries</p> <ol style="list-style-type: none"> <li>1. <u>Artificial Intelligence</u> AI in Pharmacy Practice Policy was published, Jan 2025</li> <li>2. <u>Digital Capabilities</u> This policy was published in Summer 2024. A stakeholder round table is being organised for 2025, Q2, to take the recommendations from the two digital policies to see what the next steps should be.</li> <li>3. <u>Assisted Dying</u> With the proposed legislative changes in both England and Scotland, the policy published in 2021, has been refreshed to ensure that it is fit for purpose. RPS has submitted both oral and written evidence in Scotland to the Health, Social Care &amp; Sport Committee. The English and Scottish Bills are very different and both are going through their respective processes; RPS is engaging at every opportunity to advocate on behalf of pharmacy teams. RPS retains a neutral stance but recognises that, if the legislation is passed, the necessary safeguards must be in place for pharmacists and their teams. Keeping a very close watch and will keep members posted.</li> <li>4. <u>Palliative Care</u> Originally, a Welsh policy, the Palliative 'End of Life Care' policy; an SLWG was established with representatives from all 3 countries, to move the policy from Welsh only to a GB document. It is anticipated that it will be published in Q1/Q2 2025. The policy will align with our work on the Daffodil Standards and community pharmacy.</li> <li>5. <u>Gender Incongruence</u></li> </ol>
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	<p>Responded to the Cass Review in the 1<sup>st</sup> half of 2024 and subsequently responded to the Department of Health consultation on the ban on prescribing puberty blockers.</p> <p>6. <b><u>Medicines (Meds) Shortages</u></b>  This policy was published in Q4 2024; a significant piece of work that was launched across the 3 Parliaments. It landed very well and is still receiving a lot of press interest. Medicines shortages not only affect community pharmacy but impact on secondary care as well.</p> <p><b>Other topics</b></p> <p>7. <b><u>DPP</u></b>  An output from the prescribing workstream. Work is ongoing. RPS is a 'fully-paid up stakeholder' in the conversations around DPPs and support required for Foundation pharmacists going through their prescribing training. Work is ongoing in this area.</p> <p><b>Question</b>  Concern about the removal of technical aspects from undergraduate programmes and the unavailability of suitably trained pharmacists in Aseptic Services. Does the RPS have any influence in this area? This is relevant in all 3 countries and will be taken into the conversation at the February Board meetings.</p> <p>8. <b><u>Facilitated Sale of P medicines.</u></b>  At the June NPB meeting, the NPB received a presentation on the facilitated sale of P-meds. Since then, there has been a Call for Evidence, overseen by the S &amp; R team and a literature review. This is an ongoing piece of work.</p> <p><b>Action:</b> FMcl to provide more detail on the 2025-2027 'Hot Topics' at the next HEAG meeting.</p>

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

<b>Purpose</b>	<p>To summarise key action points and identify agenda items for next meeting.</p> <p><b><u>Agenda items identified:</u></b></p> <ul style="list-style-type: none"> <li>• Administration of medicines</li> <li>• Standards</li> <li>• Safe administration</li> <li>• Drug Delivery</li> <li>• Population health</li> <li>• Pharmacy students</li> <li>• Pharmacists' post-registration</li> <li>• Medicines shortages</li> </ul>
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	<ul style="list-style-type: none"><li>• Benchmarking</li><li>• Hub &amp; Spoke</li><li>• Claire Frank (Fellow with the Centre for Perioperative Care) to present at May meeting</li><li>• Hear from the Invited Reviews team at the RCP</li></ul> <p><b>Action:</b> RF/OC and FMCI to consider agenda items.</p>
	<b>Next meeting 29 May 2025, 14:00 – 16:00</b>

**Relevant upcoming events and  
webinars**

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