

Hospital Expert Advisory Group Agenda

Thursday 29 May 2025 14:00-16:00 to be held virtually via MS TEAMS

HEAG members:

Richard Bateman (RB), Osman Chohan (OC) (Vice Chair), Melanie Dalby (MD), Roger Fernandes (RF) (Chair), Susan Gibert (SG), Lynsay Lawless (LL), Patricia McCormick (PMcC), Eilis Rahil (ER), Catherine Reynaud (CR), Ravijyot Saggu (RS), Amandeep Setra (AS) and Inderjit Singh (IS).

In attendance:

Fiona McIntyre (FM), Practice & Policy Lead – Scotland, Carolyn Rattray (CR), Business Manager – Scotland, Wing Tang (WT), Head of Professional Standards and Alison Wilson (AW), Project Lead – Chief Pharmacists Guide.

Guest:

Claire Frank (CF), 2024-2025 Fellow of the Centre for Perioperative Care

Observers:

Andrew Cooke (AC) and Mohammed Isah (MI).

Apologies: Gareth Kitson (GK), Rahul Singal (RSi) and Adam Walker (AW).

1: Welcome, introductions, apologies and matters arising Led by Chair (15 mins)

Description	Welcome and apologies
	<ul style="list-style-type: none">RF welcomed all to the meeting; he noted that there were two guests, Claire Frank, the first Fellow of the Centre for Perioperative Care (CPOC); CF would be presenting to the meeting on her work and the work of the CPOC. FMcI also welcomed Alison Wilson, a retired Scottish Director of Pharmacy (DoP), who is working with the Professional Standards Team to update the RPS Chief Pharmacists' Guide.Two observers were noted and welcomed: Andrew Cooke and Mohammed Isah; both were invited to contribute to the meeting.Apologies were noted from Stuart John Evans, Gareth Kitson and Rahul Singal.
	<p>Actions and recommendations agreed at last meeting</p> <ul style="list-style-type: none"><u>Reminder re volunteer agreements, bio, photos.</u> Closed<u>New member recruitment.</u> Will take stock in September with view to annual recruitment process as necessary. OngoingMembers to submit agenda items. ClosedGreener Pharmacy toolkit beta testing. Closed

	<ul style="list-style-type: none"> Corridor Care – recent relevant publications may be accessed on these links: <ul style="list-style-type: none"> Corridor care: public backs RCN demands for swift government action News Royal College of Nursing Doctors confirm ‘corridor care’ crisis as 80% forced to treat patients in unsafe spaces RCP <p>Action 1: Question as to whether meeting 3 times p.a. was sufficient? Other EAGs meet more often. It was agreed that the number of meetings each year could be reviewed at the September 2025 HEAG meeting. The Terms of Reference are standardised across all expert advisory groups but frequency of meetings could be decided within HEAG.</p>
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2: 2: Refresh of the RPS Chief Pharmacists’ Guide. Led by Alison Wilson and Wing Tang

Purpose	<p>To update the HEAG of the refresh of the RPS Chief Pharmacists’ Guide; the archived guide and why an update is on the workplan. HEAG will be asked to discuss a series of questions to assess how an update would help them with the issues that Chief Pharmacists encounter.</p> <p>Wing Tang (WT) introduced Alison Wilson (AW) who has agreed to lead on the refresh of the RPS Chief Pharmacists’ Guide. WT provided background to the decision to prioritise and refresh this guide. There were three main reasons:</p> <ol style="list-style-type: none"> RPS has committed to strengthening pharmacy governance as a theme in its overall workplan; aligning to new legislation and regulation, NHSE and DHSC. A change in legislation which formally references Chief Pharmacists (CP) (or equivalents) within medicines legislation; this ties with legal defences re dispensing errors. The GPhC has aligned to this legislation by issuing Chief Pharmacist Standards. The RPS Guide is now 10 years old; it is archived but available and needs to be updated. <p>AW introduced herself and gave some background and context to the workshop. It was noted that the original CP Guide was not just aimed at CPs but also aspiring CPs; the intention for the refreshed Guide will be the same.</p> <ol style="list-style-type: none"> Problems and gaps <u>Problems with local implementation of RPS’s Chief Pharmacist guide so far?</u> <ul style="list-style-type: none"> (PMcC): The RPS guide is really useful for aspiring CPs; also good for CPs to see where they are. Not so beneficial for CP Line Managers who might not be pharmacists, e.g. Clinical
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	<p>Director. Need to include 'explainer' for managers which describes the GPhC Chief Pharmacist standards.</p> <ul style="list-style-type: none"> (IS): In terms of standards, there is a lot of confusion interpreting and complying with the new dispensing legislation, particularly around reporting lines. Clarity is required. Request for a specific chapter around new hospital pharmacy legislation in the new guide. (OC): Current guide is good but references need to be updated, The guide needs to be dynamic to ensure that remains current and relevant. There needs to be clarity around the GPhC CP Standards with signposting to appropriate resources. Would like the Guide to include ways to gain experience and so alleviate stress in certain circumstances, e.g. controlled drugs, employment tribunals and Coroners' Courts, would help with wellbeing. (LL): LL has scoped out comments from Scottish DoPs; the feedback is that the current Guide is very England focussed. Could the scope of the refreshed Guide take into account the different nations? (WT): To help with the GB/UK gap, we've specifically asked a former DoP in to support the refresh. AW is separately checking-in with DoPs in Wales and Scotland, to ensure that the refreshed guide is relevant to all nations. (OC): Fundamentals are all there and the format is good. Feels that used more by aspiring CPs; needs to be more relevant to established CPs; include experiential learning. Guide is on the website but links need to be updated on an ongoing basis. <p><u>Key problems for Chief Pharmacists outside of GPhC's standards?</u></p> <ul style="list-style-type: none"> (OC): Digital and AI – Emerging and needs to be qualified and validated. Signposting required around emerging digital opportunities. Also needs to be dynamic. (RS): Standards are good for accountability and for those who aren't CPs to understand the breadth of CP responsibilities. An explainer would be good and useful for transparency and open conversations with all pharmacy staff, especially with the move to a Royal College and pharmacy leadership. <p>2. RPS guide as a solution <u>Can revising the RPS Chief Pharmacist guide support some/any of these problems and gaps?</u></p> <ul style="list-style-type: none"> (OC): Very good that the Guide is on the RPS website and easy to access; links need to be updated on an ongoing basis. (RF): Format is good but keeping updated is essential. Also, terminology is very important; feels that the title is outdated and that the title should reflect Senior Leaders (wider pharmacy team) rather than Chief Pharmacists alone. Not everything is essential but the areas that are should be dynamic.
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	<p><u>How do you see RPS guidance being used locally to support pharmacy teams / departments to meet the standards?</u></p> <ul style="list-style-type: none"> • (RF): Guidance should be relevant to senior leaders within the pharmacy team not only pharmacists. • (LL): agreed with RF. PTs now work at a very senior operational level and so the Guide should be relevant to them. <p><u>The RPS guide to help Chief Pharmacists strengthen the role of Chiefs/DOPs within Trusts and Boards?</u></p> <p>AW summarised the discussion:</p> <ul style="list-style-type: none"> • The document, whilst out of date, is useful • A good tool to help with assessments, validation etc. • Ensure that all the nations are included • Maintain the Guide's 'freshness' • Terminology should reflect senior leaders rather than specifically the chief pharmacist. • The GPhC Standards reflect delegation and therefore those who have been delegated to need to understand what is expected of them. <p>FMcl helped to coordinate the RPS response to the GPhC Consultation on the CP Regulatory Standard; the response provides detailed context re: the pharmacy team's role as the experts in medicines. FMcl to share the RPS response with AW.</p> <p>Action 2: FMcl to share the RPS response to the GPhC consultation with Alison Wilson.</p>
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3: Hospital Pharmacy Standards & Benchmarking Metrics

Led by Fiona McIntyre & Wing Tang

Purpose	<p>To provide members, through consideration of a summary paper, with an update on the work to date. The HEAG will be asked to discuss the topics and agree on next steps.</p> <p>Two issues were raised at the February 2025 HEAG meeting; the papers describe and sets the scene on the two issues.</p> <p>Issue 1: Hospital Pharmacy Standards Issue 2: RPS Benchmarking Metrics</p> <p><u>RPS Hospital Pharmacy Standards.</u> These have been refreshed three times: 2014, 2017 and 2022; the current version was due to be reviewed in 2024 but because of a reprioritisation exercise, this has been rescheduled for review in 2027. The current Standards and Guidance workplan was agreed with the</p>
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National Pharmacy Boards (NPBs) at their meetings in February; there are 4 main areas which are pertinent to HEAG:

- Chief Pharmacists' Guidance
- Pharmacogenomic Competency Framework
- Designated Prescribing Practitioner (DPP) Competency Framework
- Quality Assurance Aseptic Preparation Services (QAAPS) Standards update

HEAG considered whether the proposed review date of 2027 should be brought forward at the February 2025 HEAG meeting and also at the May 2024 meeting but no decision was made. As an advisory group, HEAG can make recommendations to the NPBs but, to support such a recommendation, it would be helpful to be able to describe how the Standards are used in practice. If the NPBs were to accept a recommendation, then RPS would look to establish a sub-group of HEAG to form part of a Task & Finish (T&F) Group to oversee the work and to secure funding for a lead author. The T&F Group would also help to develop a business case.

Next steps:

HEAG to consider whether the current proposed review date of 2027 is maintained or if HEAG should make a recommendation to bring it forward.

Comments/Questions:

- Is a review date necessary; GPhC has publication date? WT explained that to receive NICE accreditation previously, it had been necessary to include a review date. The NICE accreditation process has now ended and so this is now legacy but a review date is still useful to check that Standards are current and relevant.

RPS Benchmarking Metrics.

The RPS, through HEAG, developed a consensus on definitions for benchmarking metrics relevant to the delivery of pharmacy services and medicines use in acute hospitals. This addressed inconsistency in how acute hospitals measure performance for benchmarking purposes. The definitions were developed by HEAG and maintained by a sub-group of HEAG members; RPS didn't have a role in the collection or analysis of benchmarking data.

At the HEAG meeting in May 2024, it was agreed to close the RPS benchmarking metrics and to archive the RPS Benchmarking web page. It was also agreed that if the benchmarking metrics (BM) were to be taken forward, a business case would be required to put to the NPBs. It is thought that, due to the increased cost of the subscription to the NHS Benchmarking Network, there could be a renewed requirement for the RPS BMs and, also, a proposal for them to be refreshed.

In the past, HEAG provided the leadership, expertise and capacity to develop and maintain the BM definitions through a sub-group; to support any recommendation presented to the NPBs, it would be beneficial to have a commitment from HEAG to support the ongoing

	<p>development and maintenance of the BMs. It would also be useful to be able to describe how the BMs would be used by the pharmacy community, patients and the public.</p> <p><u>Next steps:</u> At the moment, the BMs are archived. HEAG to consider whether they should remain archived or whether HEAG should make a recommendation for them to be refreshed.</p> <p><u>Comments/Questions:</u></p> <ul style="list-style-type: none"> • Do we know if the Metrics are used and, if so, how are they being used? • Between May 2023 and March 2025, there were 2k views, it would be useful to know what the views have been over that period and if they have been reducing? This would help with any decision. WT confirmed that the numbers had remained fairly consistent • It would be useful if BMs could address non-monetary, operational gaps. • Could the refresh of the BMs be linked to the review of the Hospital Standards in 2027? WT provided some historical context and noted that an HEAG sub-group, led by Andrew Davies, had provided expertise in the past. Would look to HEAG to lead on any refresh, together with the support of experts who had helped to develop them in the first place. <p>It was agreed that both the Hospital Standards and the BMs should be brought back to HEAG at the next meeting as more information is required around availability of expertise for a refresh of the Benchmarking Metrics.</p> <p>Action 3: Benchmarking Metrics to be included on the agenda for the September 2025 HEAG meeting.</p>
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**4: Guest - Claire Frank, Fellow of the Centre for Perioperative Care (CPOC)
Led by Fiona McIntyre**

Purpose	<p>Claire is a Preoperative Assessment Pharmacist at the Centre for Perioperative Care (CPOC) and is the first Pharmacist to be awarded Fellowship at the CPOC. Claire will update HEAG on the work of the CPOC and how fellowship has influenced her work.</p> <p>RF introduced Clare Frank (CF) to HEAG. CF gave a brief summary of her career to date and then went on to describe the makeup of CPOC, its purpose, why it is important and what CF has been working on as the first non-anaesthetist CPOC Fellow. CPOC was established in 2019 and is funded by the Royal College of Anaesthetists; it is a multi-professional collaboration between patients, public and professional stakeholders. As a CPOC Fellow, CF's focus has been on promoting all that a pharmacist does as an integral member of a multidisciplinary team.</p>
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	<p>CPOC defines perioperative care as everything from the moment surgery is first contemplated through to discharge and recovery using a multidisciplinary approach.</p> <p>CPOC has 5 strategic aims, to:</p> <ul style="list-style-type: none"> • Improve patient outcomes and experience • Empower patients, carers and the public • Educate and develop the workforce • Influence policy • Promote research, technology and innovation <p>It is understood that the over-65s make up the biggest proportion of patients requiring surgery and that they are most likely to have co-morbidities, making them more vulnerable to complications, longer stays in hospital, etc and impact more negatively on patients, carers and the NHS.</p> <p>It is known that there are seven key interventions which are low cost and effective and can reduce complications by 50% and shorten stays in hospital by 1-2 days:</p> <ul style="list-style-type: none"> • Assessment, Optimisation and shared decision making • Smoking cessation • Exercise • Alcohol moderation • Practical preparation • Mental health • Nutrition <p>A focus for CF during her fellowship has been the development of a resource: <i>Prepared for Surgery, Ready for Recovery</i>; this resource benefits:</p> <ul style="list-style-type: none"> • Patients (better experiences, fewer complications, better outcomes) • NHS (better patient flow, fewer complications, less need for critical care, less associated costs). <p>Perioperative care can also be beneficial to Public Health as the preparation pre-operation is very often continued post-operatively, which impacts on long-term health.</p> <p>A 2023 CQC survey found that 29% patients wished that they had been more prepared for surgery and more involved in shared decision-making and understanding the benefits, risks of surgery and alternatives. As a result, CPOC has created a new page on its website which has two resources: an HCP resource and a patient resource. The HCP resource focusses on the whole perioperative pathway. The resource will be promoted widely including to community pharmacies.</p>
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	<p>CF described other areas of focus including quality improvement projects, including opioid stewardship and medication prior to emergency surgery.</p> <p>CF concluded by noting that pharmacy is ideally placed to support the surgical preparation of patients.</p> <p>OC thanked CF for her presentation and asked how RPS and the HEAG can help the work of CPOC. CF suggested that pharmacists can support the work by being mindful of CPOC, promoting its work and impact. RPS sits on the advisory group which meets twice per year. Holly Stokes (HS) is the RPS representative and all communication and RPS input is channelled through HS.</p> <p>FMCI noted that RPS has an endorsement process; with an RPS representative on the advisory group, this might help expedite any process. CF to feedback to CPOC Advisory Group.</p> <p>Action 4: CR to share CF's CPOC fellowship presentation with HEAG members.</p> <p>Action 5: Ravijot Saggu (RS) to link up with CF offline to discuss related work.</p>
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5: Policy update led by Fiona McIntyre

Purpose	<p>To provide an update on policy developments.</p> <p>FMCI provided a summary of current policy work. Although moving into the 2025/26 workplan, certain 2024 workstreams are ongoing and will remain live.</p> <p><u>Artificial Intelligence and Digital Capabilities</u> Following publication of AI and Digital Capabilities policies, a round table on digital innovation and education will be held on 5 June at the London office. This will involve discussions with stakeholders about their innovations and how to translate these into education. It is hoped that this will be the first in a series of such events. A report will be published on the round table which will be published on the website.</p> <p><u>Palliative Care</u> The refreshed Palliative Care policy is due to be published imminently.</p> <p><u>Medicines shortages</u> Following on from the significant work that went on in 2024, the writing group has been reconvened for a review meeting that will take place in June.</p> <p><u>2025/26 New Topics</u> Developing policy around:</p> <ol style="list-style-type: none"> Workforce – (refresh) – will seek guidance from the NPBs around direction of travel
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	<p>b. Access to medicines (Scoping) c. Cancer (Scoping) d. Aseptic Services – QAAPS update – a significant piece of work to update these standards</p> <p>An ongoing piece of work is the Facilitated sale of P Meds; less relevant for HEAG.</p> <p>Action 6: FMCI invited those wishing for more information to get in touch off-line.</p>
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6: Royal College Update - led by Fiona McIntyre

Purpose	<p>HEAG to receive an update on the RPS transition to the Royal College of Pharmacy.</p> <p>FMCI provided a brief update and advised that, following a positive vote (71%) in March, the RPS is now progressing toward its transition to the Royal College of Pharmacy.</p> <p>The proposal that was agreed by RPS members is to become a charity called the Royal College of Pharmacy with a Trustee Board (to comply with charity regulations/legislation). A wholly owned subsidiary will be established for its publishing activities.</p> <p><u>Ongoing key milestones:</u></p> <ul style="list-style-type: none"> • Establishing the wholly owned publishing subsidiary • Developing the governance structure of the Royal College – significant interaction with the RPS Assembly, the Privy Council and the Charity regulators <p>Our commitments as a Royal College are to:</p> <ul style="list-style-type: none"> • Create greater recognition for pharmacy • Collaboratively shape the future of pharmacy • Put patients at the forefront of our work • Support workforce transformation • Advance pharmacists to support excellence in patient care • Ensure that member value is demonstrated at every career stage <p>There is a dedicated section of the rpharms.com website re: Change Proposals. FAQs, which are regularly updated, can also be found on the website</p> <p>The RPS AGM takes place on 4 June and the Annual Review 2024 is now available on the RPS website. One of the main features of 2024 was the launching of the RPS indemnity insurance offer.</p> <p>Action 7: CR to share the presentation with HEAG.</p>
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6: Royal College Update - led by Fiona McIntyre

Purpose	<p>To summarise key action points and identify agenda items for next meeting.</p> <p><u>Agenda items identified:</u></p> <ul style="list-style-type: none"> • NHSE ICB transformation - Reduction in headcount, medicines optimisation and how secondary care will be affected – thoughts on who should be invited for this item. • Royal College of Physicians (RCP) Reviews Team - RCP has a team where organisation can access experienced clinicians to provide reviews of services. FMcl to invite RCP to share their learning. • The Spanish Society of Hospital Pharmacy – The Barbate Document – model of pharmaceutical care. They are keen to make connections with pharmacy organisations in the UK. Information sharing. • RPS QAAPS Review – An update on progress. <p>Action 7: HEAG members to share any other proposed agenda items with CR.</p> <p>Action 8: FMcl to reach out to Dafydd Rizzo, Policy & Public Affairs Executive, to present to the HEAG on the QAAPS review</p> <p>Action 9: RF/OC and FMcl to consider agenda items.</p>
	Date of next meeting: Thursday 11 September, from 14:00 to 16:00.

Relevant upcoming events and webinars

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