

# ROYAL PHARMACEUTICAL SOCIETY

## Cross Board Open Business Meeting

*18th June 2024*

Cadbury House, Yatton, Bristol.

Agenda No.	Time	Subject		Lead Person
		OPEN BUSINESS FOR WALES/SCOTLAND/ENGLAND		
24.06.NPB.07	17:35	<p>Elections of Chair, Vice Chair &amp; Assembly Members</p> <p>Country Team specific separation to vote and Elect the Chair and Vice Chair of the Boards and the positions for the Assembly</p> <ul style="list-style-type: none"><li>- Wales (Vice Chair to be informally elected and WPB Assembly rep to be elected)</li><li>- Scotland (new chair and Assembly members needed)</li><li>- England (3 Assembly member appointments)</li></ul>	24.06.EPB.07	(Rotation through the room)
	18:00	END OF OPEN BUSINESS		



# ROYAL PHARMACEUTICAL SOCIETY

*19th June 2024 – England and joint Board Business Meeting held at Cadbury House, Yatton, Bristol.*

## Separate Country Team Discussions

Agenda No	Time	Subject	Papers/Verbal	Lead Person
	8.45	Tea and coffee will be available (Boards to be in separate rooms for individual country board meetings)		
24.06.EPB.08	9.00	Open Business (separate)  Welcome, Introduction to the new board members	Verbal	Chair
24.06.EPB.09	9:05	<ul style="list-style-type: none"> <li>• Approval of Past Minutes</li> <li>• Record of the new board members</li> <li>• Past Action Updates</li> <li>• Declarations of Interest EPB</li> <li>• Powers and Functions of the Board (to note)</li> <li>• Sectoral places decision (taken annually)</li> <li>• Paper for Noting <ul style="list-style-type: none"> <li><i>Prof Issues (v)</i></li> <li><i>Strengthening pharmacy governance (vi)</i></li> <li><i>Workforce (vii)</i></li> <li><i>Implementing Country visions (viii)</i></li> </ul> </li> </ul>	24.06.EPB.09 (i)  24.06.EPB.09(ii) 24.06.NPB.09(iii) ) 24.06.EPB.09 (iv) 24.06.NPB.09 (v), (vi), (vii), (viii)	Chair

# ROYAL PHARMACEUTICAL SOCIETY

24.06.EPB.10	9.15	<b>Public Affairs – (England)</b> <ul style="list-style-type: none"> <li>Public Affairs Approach to England</li> <li>APPG</li> <li>Election Manifesto</li> </ul> Feedback on activities and engagement	Verbal	John Lunny
24.06.EPB.11	9.30	<b>Structured Medication Reviews in (England)</b> <ul style="list-style-type: none"> <li>Discussion of policy position and approach to SMRs</li> <li>Feedback and ratification of the board paper</li> </ul>	24.06.EPB.11	James Davies
24.06.EPB.12	9:45	<b>2025 Planning (separate)</b> <ul style="list-style-type: none"> <li>Overview of current workplan for GB</li> <li>Discussion of workplan timetable for 2025</li> <li>Items for consideration in the 2025 workplan</li> </ul> Discussion and decision of main priority areas	Verbal	James Davies
	10.45	<b>Break Teas and Coffee – Back to all bords together</b>		
24.06.NPB.13	11.00	<b>Open Sale of P Medicines in Community Pharmacy</b> <i>Invited Guests: Clare Nevinson, Boots, Roz Gittins GPhC</i> <ul style="list-style-type: none"> <li>Inclusion of guests from Boots and GPhC</li> </ul>	24.06.NPB.13	CDs

# ROYAL PHARMACEUTICAL SOCIETY

		<ul style="list-style-type: none"> <li>• Discussion on the current policy from the RPS on the open sale of P medicines in Community Pharmacy</li> <li>• Presentation from Boots regarding their P sale model pilot</li> </ul> <p>Discussion and decision about future direction of the policy.</p>		
	12.30	<b>End of Open Business – Observers asked to leave meeting.</b>		

English Pharmacy Board meeting 18 June 2024

<b>Title of item</b>	Appointment of English Pharmacy Board members to the Assembly
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>	Yvonne Dennington
<b>Position in organisation</b>	Business Manager England
<b>Telephone</b>	0207 572 2208
<b>E-mail</b>	Yvonne.dennington@rpharms.com
<b>Item to be led at the meeting by</b>	James Davies
<b>Purpose of item (for decision or noting)</b>	Decision
<b>Headline summary of paper</b>	To appoint 3 EPB members to the Assembly

### Appointment of 3 EPB members to the Assembly

Current EPB Assembly members:-

Claire Anderson, President (Assembly term expires 2025)

Tase Oputu, Chair (Assembly term expires 2025)

Brendon Jiang, Vice Chair (Assembly term expires 2025)

Ciara Duffy (Assembly term expires 2025)

Thorrund Govind, (departs from Board June 2024)

Alisdair Jones (departs from Board June 2024)

Sorbi Khattak (departs from Board June 2024)

Thorrund Govind did not re-stand for election and Alisdair Jones and Sorbi Khattak did not get re-elected, we therefore have **3 places** to appoint to the Assembly for a 2 year term of office in accordance with the process for election set out in Appendix C of the Regulations (attached).

**Yvonne Dennington**  
**Business Manager England**  
**June 2024**

**James Davies**  
**Director for England**

## 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),

<b>24.02.EPB.01</b>	<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	
<b>24.02.EPB.02</b>	<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	
<b>24.02.EPB.03</b>	<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> |  |
|--|--|--|

	<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>	
24.02.EPB.07	<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>	<b>Political Update and Manifesto</b>  JL gave a short update.  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.  The Chair thanked the public affairs team for a very clear and concise Manifesto.	
<b>24.02.EPB.09</b>	<b>Health Inequalities – Language Barriers in Pharmacy</b>  The English Pharmacy Board noted paper 24.02.NPB.09  WT gave a short presentation. The presentation highlighted 5 key policy drivers:- <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> WT went on to give the context and gave the Board three options for a basis on taking this work forward.  Board members discussed this issue putting the following points forward:- <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>	
<b>24.02.EPB.10</b>	<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>	
--	--	--

	<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>	
24.02.EPB.11	<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> <ul 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></ul>	



	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>	<table> <tr> <td><b>England</b></td><td><b>Scotland</b></td><td><b>Wales</b></td></tr> <tr> <td>18 and 19</td><td>18 and 19</td><td>18 and 19</td></tr> <tr> <td>June</td><td>June</td><td>June</td></tr> <tr> <td>17</td><td>18</td><td>19</td></tr> <tr> <td>September</td><td>September</td><td>September</td></tr> </table> <b>Joint meeting for England/Scotland/Wales in London day before RPS conference 7 November</b>	<b>England</b>	<b>Scotland</b>	<b>Wales</b>	18 and 19	18 and 19	18 and 19	June	June	June	17	18	19	September	September	September	
<b>England</b>	<b>Scotland</b>	<b>Wales</b>															
18 and 19	18 and 19	18 and 19															
June	June	June															
17	18	19															
September	September	September															
<b>24.02.EPB.14</b>	<b>Close of meeting at 12.30pm</b>																

**Action List**

<b>Item</b>	<b>Action</b>	<b>By Whom</b>	<b>Open/Closed/Comments</b>
<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	<b>YD</b>	<b>Closed</b>
<b>24.02.EPB.07</b>	<b>Action 2:</b> GB workplan presentation to be circulated	<b>YD/JD</b>	<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	<b>JD</b>	<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.

English Pharmacy Board – 19 June 2024

## **Declaration of Interests**

### **Adebayo Adegbite**

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Nigerian Pharmacists UK (NPUK)
- Commonwealth Pharmacists Association (CPA)
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

### **Claire Anderson**

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association
- member of the UKPPLAB

### **Martin Astbury**

- Morrisons Pharmacy

### **Danny Bartlett**

- Lead Pharmacist, Horsham Central PCN (Alliance for better care federation)
- Senior Lecturer Medicines Use, University of Brighton
- Coach for Sussex Training Hub
- Member PCPA
- HEE Interprofessional and Education Fellow
- Contributor Pharmaceutical Journal
- Contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Adhoc guest clinical speaker CPPE, Bayer, HEE (GP training)
- Member PDA

## **OPEN and CONFIDENTIAL BUSINESS**

- Adhoc consultancy and clinical services

### **Sharon “Sibby” Buckle**

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
- 
- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

### **Steve Churton**

- Occasional contributor to pharmacy related publications
- Son – Consultant Anaesthetist
- Daughter in Law – Consultant Psychiatrist

### **Ciara Marie Duffy**

- Quality Manager/Qualified Person at Novartis
- Directorship - Duffy Quality Pharma Consulting
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Uniphar

### **Brendon Jiang**

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Superintendent pharmacist of Wychwood Pharmacy.
- Consultancy on pharmacy development– Oxfordshire Training Hub.
- Member Unite Union
- Consultancy work for Haleon

**Sue Ladds**

- Hospital Pharmacy Modernisation Lead, NHS England
- Member of the Guild of Healthcare Pharmacists
- Associate Member of the Association of Teaching Hospital Pharmacists
- Member of the Automating for Better Care (A4BC) group
- Partner is employed by University Hospitals Sussex NHS Foundation Trust Pharmacy Dept.

**Michael Maguire**

- North East & North Cumbria ICB
- RPS
- The Practical Leadership Training Company Ltd
- Lifestyle Architecture Ltd
- iTS-Leadership Ltd
- The Practical Leadership Training Company Ltd
- CPCS Support Ltd (no longer trading)

**Ewan Maule**

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board

**Erutase Oputu**

- NHS Kent & Medway ICB Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Brother works at Astra Zeneca PLC

**Ankish Patel**

- Chief Pharmacist & Head of PCN Workforce
- Primary Care Pharmacy Association Leadership Forum
- Nottinghamshire Area Prescribing Committee
- Pharmacy Defence Association Union Member
- Nottinghamshire Medicines Optimisation Pharmacy Board
- Nottinghamshire Primary Care Equality & Diversity Group
- Community Clinical Leadership Pharmacy East Midlands PCN Representative
- Ad hoc consultancy
- Ad hoc speaker events

**Matthew Prior**

- Deputy Director of Pharmacy – University Hospitals Coventry & Warwickshire
- Deputy Chair of RPS Hospital Expert Advisory Group – until taking position with the RPS EPB
- Committee member – Coventry & Warwickshire Area Prescribing Committee
- Wife works for Boots as a category manager within healthcare retail
- Member of the PDA

## National Pharmacy Board meeting – 19 June 2024

<b>Title of item</b>	<b>Powers, Duties and Functions of the National Pharmacy Boards</b>
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	Yvonne Dennington  Business Manager, England  0207 572 2208  <a href="mailto:Yvonne.dennington@rpharms.com">Yvonne.dennington@rpharms.com</a>
<b>Item to be led at the meeting by</b>	Chairs
<b>Purpose of item (for decision or noting)</b>	For noting
<b>Headline summary of paper</b>	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

**Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.**

## **7.2 Powers and functions of the Boards**

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.



The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

## **7.4 National Pharmacy Board Members**

### **7.4.1 Duties**

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

English Pharmacy Board meeting 19 June 2024

<b>Title of item</b>	Review Sectoral places on the English Pharmacy Board
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>	Yvonne Dennington
<b>Position in organisation</b>	Business Manager England
<b>Telephone</b>	0207 572 2208
<b>E-mail</b>	Yvonne.dennington@rpharms.com
<b>Item to be led at the meeting by</b>	Chair
<b>Purpose of item (for decision or noting)</b>	Discussion/decision
<b>Headline summary of paper</b>	As per paper 15.06.EPB.07C it is recommended that a statutory item appear on the EPB meeting in June of each year to review the composition of the board subsequent to the removal of sectoral places.

### Purpose

This is a regular standing item to review the composition of the Board, following the recent elections. The board need to consider whether the breadth of the profession is adequately represented.

See appendix attached re Board member sector representation from 2019 - 2024

### Background

At the English Pharmacy Board (EPB) meeting in June 2015 and subsequent Assembly approval of the EPBs recommendation in July 2015, the provision for the election to sectoral places on the EPB was removed commencing with the elections for 2016 (refer to paper 15.06/EPB.07C and corresponding minutes).

The English Pharmacy Board agreed the following:-

*“The English Pharmacy Board shall have a statutory item as its last agenda item of its June meeting. This item will be a discussion item with decision and actions if required. The English Pharmacy Board will consider if it is able to properly fulfil its duties to represent the full breadth of the profession in the year ahead. Particular attention will be given to suitable representation of different sectors.”*

*Actions under this statutory item from the English Pharmacy Board at their June meetings could include:-*

- a. co-opt (up to 1 place under present arrangements)*
- b. permanently invite someone for the year*
- c. invite as required to specific meetings*
- d. Reserve a place at the next board elections*
- e. Move back to reserve places covering sectors of practice*

*The above statutory item will be included in the English Pharmacy Board June meeting as any decision made under this item will need to be ratified by the Assembly at its meeting in July in order to come into effect at the next election.”*

The English Pharmacy Board should consider if it is able to properly fulfil its duties to represent the full breadth of the profession in the year ahead. Particular attention will be given to suitable representation of different sectors.

### Action

The English Pharmacy Board should consider if it is able to properly fulfil its duties to represent the full breadth of the profession in the year ahead. Particular attention

will be given to suitable representation of different sectors, and if the devices listed in a-e above should be implemented.

The EPB should consider if it wishes to maintain the status quo of the current election scheme, i.e. no sectoral spaces.

**Recommendation:**

There are a wide range of sectors and experiences represented in the current board composition, with board members from community, hospital, primary care, industry and academia.

It is suggested that no further changes are made to the board at this time and that there is not a need for introducing sectoral places and that the current status quo should be maintained.

**James Davies**  
**Director for England**

**Yvonne Dennington**  
**Business Manager England**

**English Pharmacy Board Sectoral Places Appendix to paper 24.06.EPB.09 (iv)**

**Please note – No elections took place in 2020 due to the Pandemic.**

<b>Name 2019</b>	<b>Sector</b>	<b>Name 2021</b>	<b>Sector</b>	<b>Name 2022</b>	<b>Sector</b>	<b>Name 2023</b>	<b>Sector</b>	<b>Name 2024</b>	<b>Sector</b>
Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community
David Carter	Community	David Carter	Community	Ewan Maule	Commissioning/Primary Care	Ewan Maule	Commissioning/Primary Care	Ewan Maule	Commissioning/Primary Care
Andre Yeung	Community/commissioning	Andre Yeung	Community/commissioning	Adebayo Adegbite	Community	Adebayo Adegbite	Community	Adebayo Adegbite	Community
Martin Astbury	Community	Martin Astbury	Community	Martin Asbury	Community	Danny Bartlett	Primary Care	Danny Bartlett	Primary Care
Sandra Gidley	Community	Mary Evans	Hospital	Mary Evans	Hospital	Sorbi Khattak	Community/hospital/Locum	Martin Astbury	Community
Thorrn Govind	Community	Thorrn Govind	Community	Thorrn Govind	Community	Thorrn Govind	Community	Steve Churton	Retired/community
Duncan Petty	Academia	Duncan Petty	Academia	Brendon Jiang	Primary Care/Pharmacy Consultant	Brendon Jiang	Primary Care/Pharmacy Consultant	Brendon Jiang	Primary Care
Brendon Jiang	Primary Care and community	Paul Summerfield	Community/Academia	Paul Summerfield	Community/Academia	Paul Summerfield	Community/Academia	Matthew Prior	Hospital

Nadia Bukhari	Academic	Ciara Marie Duffy	Hospital	Ciara Marie Duffy	Industry/Hospital	Ciara Marie Duffy	Industry/Hospital	Ciara Marie Duffy	Industry/Hospital
Ash Soni	Community	Michael Maguire	All sectors	Michael Maguire	All Sectors	Michael Maguire	All Sectors	Michael Maguire	ICB clinical lead/community
Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic
Mahendra Patel	Academic	Alisdair Jones	Primary Care	Alisdair Jones	Primary Care	Alisdair Jones	Primary Care	Sue Ladds	Hospital/commissioner
Hemant Patel	Community	Erutase Oputu	Hospital	Erutase Oputu	Hospital	Erutase Oputu	Hospital	Erutase Oputu	Hospital/ICB
Tracey Thornley	Community	Tracey Thornley	Community	Emma Boxer	Hospital	Emma Boxer	Hospital	Ankish Patel	Primary Care

National Pharmacy Board meeting – 19 June 2024

<b>Title of item</b>	<b>Professional Issues</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Fiona McIntyre, Darrell Baker, Elen Jones, Heidi Wright, James Davies, Alwyn Fortune, Ross Barrow, Laura Wilson</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Artificial Intelligence (Fiona) Palliative Care (Darrell/ Elen) Digital Prescribing and Access to Records (Heidi) Medicines Shortages (James/Alwyn) Assisted Dying (Ross/Laura) Consultations List (Policy Leads)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

### Professional Issues (Policy Leads)

#### Artificial Intelligence (Fiona)

##### Highlights

- Base material and principles for policy position agreed with DPEAG
- Principles socialised with Hospital, Digital, Primary Care and Community Pharmacy Expert Advisory Groups (exercise completed May 2024)
- Constructive feedback secured from EAGs

##### Next Steps

- Continue to develop position statement material with feedback from EAGs and co-production with Digital Capabilities policy work
- Focus groups with RPS members to be arranged
- Draft position statement expected to be developed over the Summer
- Present to Boards for feedback in September
- Aim to publish position statement Q4 2024
- As Artificial Intelligence is evolving, policy work in this topic will continue to develop and inform any future standards and/or guidance

#### Palliative Care (Darrell/ Elen)

##### Highlights

- Over 650 sign ups and segmentation complete so that we can communicate in a targeted way with different cohorts
- A number of sign ups have requested the existing training materials to use with their teams
- Poster presentation on Daffodil at IHI/BMJ Quality Forum in London generated keen interest and sharing of our work across wide QI network
- Worked with Pharmacy Forum Northern Ireland and other NI organisations including Marie Curie to prepare NI launch plan (from June 24 to Feb 2025)
- PEOl medicines access in care homes discussions progressed across all four countries
- SLWG on implementation of Daffodil QI standards in Wales completed and report with key recommendations shared

##### Next Steps

- Complete preparation of first wave learning materials and share across UK
- Regular newsletters distributed to signed up pharmacies, palliative care specialists and academic colleagues



- Continue to work with early implementer sites to share stories (with help from RPS Comms team)
- SLWG on RPS Policy refresh to start July 2024 (aiming to complete by end of 2024)
- Funding application completed to resource the development of a survey of care homes use of EOL medicines (subsequently to deliver survey across all four countries, analyse and write report with the aim to lobby Home Office to review CD legislation)
- Launch daffodil QI standards in Northern Ireland and implement SLWG recommendations in Wales (and share widely)

### Digital Prescribing and Access to Records (Heidi)

#### Highlights

- With the support of DPEAG we are developing a draft position statement on Digital Capabilities
- The Schools of Pharmacy Council will be discussing digital capabilities at their meeting in June
- We have engaged with NHS England on this as part of the DPEAG
- We are engaging with the Schools of Pharmacy Digital Community of Practice
- We are meeting with NHSE and CPE to discuss the draft statement on Locum Pharmacy Access to NHS mail and the issues surrounding this

#### Next Steps

- To share the draft Digital Capabilities statement with National Pharmacy Boards and other EAGs for comments

### Medicines Shortages (James/Alwyn)

#### Highlights

- Two successful virtual member engagement events held alongside engagement with expert advisory groups, case studies and feedback being used to inform the project
- Working closely with National Voices we have created a survey for patients and the public to share their stories and experiences with us, this is now live and will be disseminated further through patient groups across GB.
- We are currently holding interviews with key stakeholders to inform the report. In addition, we have a series of virtual roundtables planned to gather views and feedback, one with community pharmacy organisations and a second with specialist pharmacy groups.

## OPEN BUSINESS

- The Science and Research team helped to create a scoping review of the literature which has been shared with the working group.
- Inaugural advisory group meeting held on 25<sup>th</sup> March, producing an engaged and open discussion with the group members. This has helped drive some wider engagement outside of the meeting with requests from other groups to join.

### Next Steps

- Continue with wider stakeholder engagement and patient engagement through the patient stories
- Utilising all the information from the engagement sessions and the wider research begin drafting the early stages of the report together with draft recommendations
- The next meeting of the advisory group is planned for the 25<sup>th</sup> June where we will be discussing some of the early recommendations.

## Assisted Dying (Ross/Laura)

### Highlights

- Liam McArthur has presented his Bill to the Scottish Parliament for consideration
- It is anticipated the Scottish Government Health, Social care and Sport Committee will go out to consultation to gather views
- The Scotland team met with other professional bodies to discuss our respective positions

### Next Steps

- A paper has been written to be discussed as an agenda item at the June meeting
- RCN are keen to progress a joint statement calling for an 'opt-in' model when the time is right
- We will prepare to engage with Scottish Government at all stages

## Consultations List (Policy Leads)

### Highlights

- 13 consultations responded to during the period February to May 2024. All our responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2024-consultation-responses>

### Next Steps

- Continue to respond to relevant consultations, currently reviewing or responding to up to 14 consultations with deadlines over the coming months

**OPEN BUSINESS**

National Pharmacy Board meeting – 19 June 2024

<b>Title of item</b>	<b>Strengthening Pharmacy Governance</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Wing Tang, Laura Wilson, Heidi Wright, Elen Jones</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Supervision (Heidi) Hub and Spoke RP/SPCP Guidance Original Pack Dispensing
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

### Strengthening Pharmacy Governance (Wing/Elen/Laura)

#### Supervision (Heidi)

##### Highlights

- We submitted our response to the DHSC consultation and await further outcomes.
- There continues to be concerns raised about the role of supervision in regard to aseptic units and we continue discussions with interested parties.
- Given the announcement of the election and the purdah period we don't expect any further action in this area.

##### Next Steps

- We await the outcome of the consultation process from DHSC.

#### Hub and Spoke

##### Highlights

- The government provided its response to the hub and spoke consultation in May 2024, with the suggested legislation to allow for an independent to be able to work to a hub and spoke model.
- <https://www.gov.uk/government/consultations/hub-and-spoke-dispensing/outcome/government-response-to-the-consultation-on-hub-and-spoke-dispensing>
- This requires a statutory instrument that must be agreed by parliament, with a view to allowing action in January 2025
- This will likely be delayed ahead of the election and the new government will need to decide on the prioritisation of this action.

##### Next Steps

- Preliminary discussions with key stakeholders following the May 2024 government response to inform next steps.
- Election outcome and processing of the statutory instrument.

#### RP/SPCP Guidance

##### Highlights

- We have responded to the Chief Pharmacist Consultation from the GPhC. We await the publication of the final standards.
- The RP/SP are reliant on further changes to supervision legislation and therefore we aren't expecting any progress until after the general election.

### Next Steps

- Await the outcome of the election and engage with the new government on supervision.

### **Original Pack Dispensing**

**No updates**

National Pharmacy Board meeting – 19 June 2024

<b>Title of item</b>	<b>Workforce</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Heidi Wright, Amandeep Doll, Laura Wilson James Davies</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Workforce Wellbeing (Heidi) Access to DPP (Heidi/Laura) Workforce Numbers (James) I&D (Aman) Differential Attainment (Aman)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

### Workforce

#### Workforce Wellbeing (Heidi)

##### Highlights

- A second Workforce Wellbeing Roundtable was held on 29 Feb and a summary of the meeting was published on 10 May.  
<https://www.rpharms.com/about-us/news/details/rps-report-highlights-collaboration-to-enhance-workforce-wellbeing>
- The Workforce Wellbeing Action Group met on 14 March and will be holding a joint meeting with the ABCD group on 12 June. You can register [here](#)
- This years survey will be supported and circulated by GPhC and we will shortly be working on the questions to include

##### Next Steps

- We will be developing the questions for the WWB survey this year, this will also include pharmacy technicians
- We will be working with GPhC and CQC to explore how the current standards and statements can empower pharmacists and support their workforce wellbeing.
- We will hold another WWB roundtable towards the end of 2024 or early 2025

#### Access to DPP (Heidi/Laura)

##### Highlights

- Ongoing conversations with stakeholders organisations about the current challenges around DPP's and the varying situations in each country

##### Next Steps

- Refresh of the RPS DPP Competency Framework scheduled to start in the second half of 2024
- A position statement on DPP's and the support needed to encourage pharmacists to undertake the role is being discussed at this meeting as a seperate agenda item

#### Workforce Numbers (James)

##### Highlights

- Following the publication of the long-term workforce plan in England we have continued to discuss the implications with leaders in the NHS. In Wales and Scotland we continue to work closely with HEIW and NES.



- We are aware of more Schools of Pharmacy beginning the process with the GPhC, to drive up numbers in pharmacy.
- Applications to Pharmacy courses remain strong and seem to be outperforming other medical professions (medicine & nursing) in terms of meeting long term workforce plan ambitions.
- Our primary areas of concern is on the foundation year for 2025/2026 and the challenges associated with identifying DPPs for this group.
- In Scotland we are concerned about funding constraints in relation to FYT places for coming years as numbers entering university courses increases.
- We are continuing to input into Scottish Government work around the challenges facing remote and rural communities with regards the healthcare workforce.

### Next Steps

- Continue to closely monitor the situation with regard to Oriel program in 2025.
- Continue to input into Remote and Rural working group and work with CPhO and CPS to develop key messages from pharmacy.

### **I&D (Aman)**

### Highlights

- The RPS have been working with the NIHR Architecture in Pharmacy group to help promote the project to pharmacy stakeholders. The project team are hosting an exhibition which we are participating in. The museum team have provided material for the exhibition and we will be joining two panel sessions. The museum team are also exploring dates to host a pop exhibition at the RPS building.
- Hosted a successful International Women's Day event in collaboration with APTUK, BPSA, FPLN, GHP, PToC and UKBPA
- Equality Impact Assessments – working towards embedding these as BAU across membership products, shared learnings with the A&C team at the NHSE LGBT conference on how to make an inclusive curriculum.

### Next Steps

- Pride Month – walking with RPS members in Cardiff Pride and publishing an LGBTQIA+ glossary to support members of the profession understand terminology
- Working with stakeholders to plan this years South Asian Heritage Month event
- Invited to participate in this years APTUK conference, running an I&D workshop
- Working on an updated I&D strategy to be published January 2025

### Differential Attainment (Aman)

#### Highlights

- The differential attainment report '[Chasing Equality in Pharmacy](#)' report was published 5<sup>th</sup> February, for the profession in collaboration with a profession wide working group.
- Since publication of the report we have hosted an ABCD meeting dedicated to highlighting the report, hearing from member from the Afro-Caribbean Pharmacy Network (ACPN) on the real life impact of the degree awarding and differential attainment gaps on their mental health and wellbeing, future prospects and aspirations for their careers.
- ACPN are also publishing a series of blogs on different aspects to raise awareness of the impact of the awarding and attainment gaps
- Tase and Aman have presented the report findings at 2 ICS meetings to promote discussions about changes that can be made to local workforce experiences.

#### Next Steps

- A key action from the report was to host an annual EDI forum focusing on the attainment of black trainees and undergraduate students, work is currently underway to hold a forum on the 4<sup>th</sup> July online
- A short life working group has been formed to finalise an agenda for the forum and agree speakers and workshop content.
- Terms of reference are currently being drafted for the wider DA working group, which will be finalised and a date for a future meeting will be agreed.

National Pharmacy Board meeting – 19 June 2024

<b>Title of item</b>	<b>Implementing Country Visions</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	Laura Wilson, Iwan Hughes, Elen Jones, Heidi Wright, Cara, Alwyn Fortune, James Davies, Wing Tang
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Pharmacist Prescribing (Laura Wilson/Heiding Wright) Environmental Sustainability (Iwan Hughes/Elen Jones) Pharmacogenomics (Cara Mackenzie/Alwyn Fortune) Reducing Health Inequalities (James Davies/Heidi Wright)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

## Implementing Country Vision

### Pharmacist Prescribing (Laura/Heidi)

#### Highlights

- We continue to meet with NHS England to discuss the pathfinder sites and the support RPS can offer
- We are exploring the issues around DPPs and working with other organisations to look at potential solutions
- Between October 2023 and April 2024 we have had:
  - 60,000 unique visitors to the prescribing home page
  - Number of users who log into their membership to view prescribing content has trebled
  - 3,500 viewers of expanding scope of practice
  - 3,000 users have visited the prescribing competency framework
  - 2,700 users of new prescribing checklist
  - 5,000 users of MEP prescribing sections
  - Major prescriber training contract won with Health Education and Improvement Wales
  - 15% increase in RPS prescribing members
- 597 users have visited the policy page on the separation of prescribing and dispensing (563 of these were non-members)
- Creation of a “Funding for aspiring prescribers” section to the RPS prescribing hub <https://www.rpharms.com/resources/pharmacy-guides/pharmacist-prescribers-guide/becoming-a-prescriber>
- Integration of PJ prescribing content across the RPS prescribing hub

#### Next Steps

- We will develop and publish a position statement on DPPs following up with professional guidance to implement
- Inclusion of the RPS Competency Framework for all Prescribers, RPS DPP Competency Framework for all Prescribers and Extending Scope of Practice professional guidance within the next iteration of the Medicines, Ethics and practice Guide.
- Refresh of the RPS DPP Competency Framework is scheduled to start in the second half of 2024

### Environmental Sustainability (Iwan/Elen)

#### Highlights

- Work on developing a Greener Pharmacy Toolkit for Community and Hospital pharmacy in order to implement RPS sustainability policies continues.
  - Post-consultation, descriptors are in the final process of being agreed between the commissioning organisation NHS England and RPS subject-matter experts.
  - Contracts for the technology component have been signed with a developer and the toolkit build has commenced.
  - Away from the work on the toolkits, we have continued to engage with the UK Health Alliance on Climate Change and supported a joint letter to MPs to share health/sustainability priorities for the next general election.
  - We were also pleased to receive our results for the climate scorecard initiative where we finished in the top spot in the Climate and Health Scorecard Initiative category for 'health associations, colleges, societies and centres of education with premises and staff'. This was a particularly useful exercise to identify where we can make more improvements in our work on sustainability and climate action.

#### Next Steps

- User acceptability testing and Beta testing are expected by August 2024. This will provide further opportunity for stakeholder refinement

### Pharmacogenomics (Cara/Alwyn)

#### Highlights

- Actively participating in the task and finish group to refresh the 'Direct to consumer Genomic Testing' position statement in association with BSGM and RCGP
- Responding to the consultation on 'Actions within the Genomics Strategic Workforce Plan - NHS Wales HEIW', with an opportunity to highlight and align some of our policy asks

#### Next Steps

- Continue to participate and inform the refresh of the 'Direct to Consumer Genomic Testing' position statement
- Continue to support members with Pharmacogenomics resources and educational material

### Reducing Health Inequalities (James/Heidi)

#### Highlights

- As part of our campaign about prescription charges, we have continued to advocate for their removal in England.
- In May, when the prescription charge increases, we had wide spread media coverage highlighting the inequities in this area.

#### Next Steps

- We have continued our work with THT in relation to provision of PrEP from community pharmacy. We continue to work with BASH and others to develop the service pathways to support this service, with a particular focus on access in rural areas.
- Our work on medicines shortages has highlighted the way that these can exacerbate inequalities and will be shining a light on this in the report later in the year.

National Pharmacy Board meeting – 19<sup>th</sup> June 2024

<b>Title of item</b>	<b>Structured Medication Reviews in England</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Clare Thomson</b> <b>RPS Clinical Fellow</b>  <b>James Davies</b> <b>Director for England</b> <b>James.davies@rpharms.com</b>
<b>Item to be led at the meeting by</b>	James Davies
<b>Headline summary of paper</b>	To determine the RPS Policy and Position in relation to Structured Medication Reviews.
<b>Purpose of item (decision / discussion)</b>	The purpose is for the board to share their thoughts and view of the position statement and to provide approval and direction on the course of action to be taken.
<b>For consideration</b>	The RPS policy position on Structured Medication Reviews in England.
<b>Risk implications</b>	Reputational Risk
<b>Resource implications</b>	Current Staffing Resource

### **Structured Medication Reviews in Primary Care in England**

#### **Questions for consideration:**

- The board is asked to consider if the draft position statement on Structured medication Reviews is appropriate to be published.

#### **Introduction**

Pharmacists working in General Practice are well placed to carry out Structured Medication Reviews (SMRs) to support appropriate medication use in collaboration with patients and to reduce the potential for harm from polypharmacy.

There has been a significant investment by NHS England into training and recruiting pharmacists to work in Primary Care Networks to support the delivery of Structured Medication Reviews.

We have received feedback from PCN leaders and ICS chief pharmacists that the pharmacy workforce is being directed away from structured medication reviews, and instead being tasked with other activities.

Members have also approached the RPS and asked us to consider this topic. Our members are concerned that the focus of the pharmacy workforce in Primary Care is moving away from the delivery of Structured Medication Reviews in practice.

As a result, we have drafted a position statement [Appendix 1] that captures the views that have been shared with us from members and advisory groups. This position statement forms the basis on which the RPS, could, if the board agree, provide a place from which the organisation could then advocate for change.

The statement calls for greater transparency around SMR uptake and delivery at a PCN and ICS level, to ensure the pharmacy workforce is supported to deliver this important patient safety tool.

The statement includes recommendations:

- Medicines optimisation and SMRs, which remain part of the core PCN contract, are prioritised by pharmacy teams and PCN teams should be accountable for their delivery,



- SMR uptake and delivery should be monitored and reviewed regularly at ICS and PCN level, and this should particularly focus on the patient cohorts highlighted in the guidance published alongside the Network Contract DES (for example, those taking 10 or more medicines, referred to as hyper-polypharmacy, or on specific high-risk medications).
- Efforts should be enhanced to ensure the correct coding and structure of SMRs to support evaluations.
- Further patient outcome research should be funded to actively measure and evaluate the value of SMRs in England.

The board is asked to consider if these recommendations are appropriate.

### **Question to the Board**

The board is asked to consider if the draft RPS position statement on “*Structured Medication Reviews*” [Confidential: Appendix 1] is valid, if the recommendations are appropriate and if it can be published as an RPS position.

The board is asked to provide direction to staff on the approach and level of advocacy that the organisation should take in relation to bringing about change in the delivery of structured medication reviews.

National Pharmacy Board meeting – 19<sup>th</sup> June 2024

<b>Title of item</b>	<b>Open Sale of P Medicines in Community Pharmacy</b>
<b>Author of paper</b> <b>Position in organisation</b> <b>Telephone</b> <b>E-mail</b>	<b>James Davies</b> <b>Director for England</b> <b>James.davies@rpharms.com</b>
<b>Item to be led at the meeting by</b>	James Davies
<b>Headline summary of paper</b>	RPS Policy in relation to the sale and supply of P medicines from registered pharmacy premises.
<b>Purpose of item (decision / discussion)</b>	The purpose is to decide on the future direction of RPS policy in relation to the open sale of pharmacy medicines in community pharmacy.
<b>For consideration</b>	The boards are asked to provide clarity on the future RPS policy position.
<b>Risk implications</b>	Reputational and Member Risks
<b>Resource implications</b>	Current Staffing Resource

### Open Sale of P Medicines in Community Pharmacy

#### Questions for consideration:

- The boards are asked to consider if the current RPS position of "*Pharmacy medicines must not be accessible to the public by self-selection*" is still a valid position to hold and maintain.
- Should the current RPS Policy and position in relation to the open sale and supply of P medicines be changed in line with evolving practice?

#### Introduction

Under the Medicines Act (1968) a pharmacy medicine, (P Medicine) is a medicinal product that can be sold from a registered pharmacy premises by a pharmacist or a person acting under the supervision of a pharmacist. (Part III, Section 52)

- (a) that person is, in respect of that business, a person lawfully conducting a retail pharmacy business;
- (b) the product is sold, offered or exposed for sale, or supplied, on premises which are a registered pharmacy; and
- (c) that person, or, if the transaction is carried out on his behalf by another person, then that other person, is, or acts under the supervision of, a pharmacist.

The Medicines Ethics and Practice guide of the RPS additionally states that pharmacy medicines "*must not be accessible to the public by self-selection*".

Following changes brought about from GPhC outcomes approach to standards, there are pharmacies that are now flexing the approach to the open sale and self-selection of P medicines.

The national pharmacy boards are asked to consider current RPS policy position and decide on how to approach the changing landscape in community pharmacy.

#### Background

There is a long history of tension regarding the self-selection of P medicines.

The law was tested by Boots in 1951, when self-service in shops was new. Boots allowed customers to select P medicines, put them in wire baskets and take them to the till. Since a pharmacist was in attendance at the till, the high court and the court of appeal held that sale of P medicines had lawfully been made under supervision.

However, the RPSGB as the regulator brought in the provision that "*Pharmacy medicines must not be accessible to the public by self-selection*", preventing this practice from continuing. This was generally understood to mean that medicines are not available for

self-selection and must be out of reach to the public, behind the medicines counter or in locked cabinets.

This was followed over the years by several cases where organisations sought to change the self-selection to P medicines, using empty boxes on display and other approaches to help drive consumer awareness of P Medicines.

Most recently this came to a head in September 2012 when the GPhC, who had recently formed as the regulator, launched a consultation on premises standards which moved regulation towards an outcome-based approach. In these standards they removed the explicit standard on the self-selection of P-medicines.

During this consultation process, the RPS (and other pharmacy organisations) objected to this and raised strong concerns with the GPhC.

The GPhC stated that the prohibition of the sale of P medicines from open display should no longer apply within the standards. Instead, a decision on whether or not P medicines should be on self-selection should be made locally by owners or superintendents.

The GPhC stated that there were to be three pre-conditions:

- Pharmacies would need to notify the GPhC of their intention to allow P medicines on self-selection.
- Guidance on compliance for pharmacies would need to be developed and communicated in advance.
- The current arrangements (no P medicines on self-selection) would remain in place until new enforcement rules came into effect).

The GPhC have since gained those enforcement powers and as such there are no specific barriers that prevent owners from allowing P medicines on open display. The GPhC require owners and superintendents to make a full assessment of their pharmacies before allowing P medicines on open display – looking at potential risks, training and staff views.

Legally speaking the sale and supply of a P medicine must take place in a registered pharmacy premises under the supervision of a pharmacist. The GPhC have confirmed that this must continue to be the case, and that appropriate measures should be in place to ensure that supervision continues. They believe that the wider GPhC premises standards provide for this. [1].

However, the GPhC have confirmed that they work to an outcome-based approach to the standards and no-longer explicitly prohibit self-selection. As a result of this some pharmacies have begun to consider the open sale of P medicines in their pharmacies. The most notable of these is Boots, which has begun a pilot of open sale of P medicines in a

---

<sup>1</sup> GPhC (2018) Standard for Registered Pharmacies.

[https://assets.pharmacyregulation.org/files/document/standards\\_for\\_registered\\_pharmacies\\_june\\_2018\\_0.pdf](https://assets.pharmacyregulation.org/files/document/standards_for_registered_pharmacies_june_2018_0.pdf)

pilot of pharmacies, with re-designed pharmacy counters allowing patients access to the “back wall”.<sup>[2]</sup> [The linked website (Reference 2) shows photo and images of the pharmacy counter setup].

Their view is that the blunt instrument of “*no self selection*” doesn’t consider the various ways in which pharmacies could support access to medicines creatively and has publicly stated they believe the rules are outdated [3].

### **The RPS Policy Position**

In July 2013 the RPS formally adopted all policy from the RPSGB, until such a time that the RPSGB policy is repealed and superseded. Therefore, the 2009 RPSGB Code of Practice came into force for RPS policy, which explicitly called out the prohibition of self-selection of P medicines.

In 2013 the RPS argued that on professional and patient safety grounds that all community pharmacists should continue to keep their P medicines in the safe environment of the pharmacy counter and not out on self-selection. The RPS published an interim statement of professional standard on the supply of Over-the-Counter Medicines [4]. This re-iterates the RPS Position “*Pharmacy medicines must not be accessible to the public by self-selection*”.

This position has persisted in the MEP and continues to be the main policy position of the RPS.

In 2013, when the GPhC were consulting on changes to the open sale of P Medicines the RPS objected strongly. At the time the RPS believed that self-selection would take control away from the pharmacist regardless of the planned safeguards and it voiced fears that the GPhC would pay little attention to the objections. The RPS expressed concern that the nature of the consultation is likely to change from one where patients are guided to the medication that is most beneficial for them to a conversation where a pharmacist is required to try and retrieve an unsuitable drug from the hands of a patient.

The RPS continues to support the wide use of OTC medicines, and has long campaigned for the wider access to self-care treatment working closely with the Self-care Forum to help drive a self-care agenda in government. The RPS recognise the huge value that self-care and treatment can provide to patients and the public, and support patients having greater access and information to self-care treatments.

---

<sup>2</sup> Boots (2024) Pharmacy Medicines. <https://www.boots.com/health-pharmacy/pharmacy-medicines>

<sup>3</sup> C&D (2013) GPhC brands P meds rules anachronistic. <https://www.chemistanddruggist.co.uk/CD016154/GPhC-brands-P-med-rules-anachronistic-in-defence-of-self-selection>

<sup>4</sup> RPS (2016) Interim statement on supply of OTC Medicines. <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/interim-statement-of-professional-standard-supply-of-otc-medicines.pdf?ver=2016-10-10-102722-000>

### The Arguments for Change

On one hand:

- The self-selection of P medicines could be seen as in the interests of consumers and patients as it allows them access a medication to consider a potential purchase - and still gives pharmacists an opportunity to refuse a sale if it would not be appropriate.
- Open selection allows patients to read the information that is provided by manufacturers on the packaging and exposes patients to a wider range of medications, enhancing their choice and understanding. Advocates of this approach suggest that this provides greater patient empowerment.
- This approach makes healthcare more transparent and accessible in line with current government initiatives. This drives a more informed public and helps people make better choices and provides wider access to a range of treatments.
- This may also provide a way for pharmacies to increase their over-the-counter sales, to maximise business and help bridge the gap created by the downfall in income in the sector in recent years.
- Keeping medications in this way perpetuates the paternalistic nature of healthcare that has been criticised by patient groups.

On the other hand:

- P medicines have been classified in this way in order to protect the public. They have been deemed by the MHRA to require an additional level of protection because they have the potential for harm (large packs of paracetamol for example), or might be dangerous in other ways (side-effects, interactions etc.)
- Putting them onto open display and into the hands of customers may make the decision not to sell, more challenging.
- Open sale may present an increased risk of shop lifting and diversion of some of these products.
- The opportunity to prevent the sale of P Medications, with the potential to harm, would be diminished, if they were on open display, thus making it easier for patients to abuse or cause accidental harm.
- There may be confusion by the general public by allowing the pharmacy owners or Superintendent Pharmacists to decide whether the self-selection of P Medicines. One pharmacy may allow self-selection and another not, leading to confrontation with pharmacy staff.

- The more commercially minded owners may dilute the reputation of pharmacies as being guardians of healthcare and ensuring the safe use of medication.

### Additional Considerations

There are an increasing number of providers that sell and supply P medicines online through pharmacies. These P medicines are sold through websites that allow consumers to select a product and add it to a virtual basket. As a result, the patient is effectively “self selecting” the product. By having a barrier in physical premises that is not in place in digital structures may act as an impediment to brick-and-mortar pharmacies. The RPS, in consultation responses, has previously called out concerns about “product led” websites, instead calling for such approach to focus on the condition and consultation.

It is worth noting that the current regulations specify the sale must be under the supervision of a pharmacist. There is a closed consultation on legislative changes to supervision regulations that is underway. These may allow for the sale of P medicines under the supervision of a pharmacy technician operating with delegated authority. The board may wish to consider the possible implications of the legislative changes that may be coming.

The current practice of community pharmacy is evolving and changing to include innovations. The RPS may wish to consider its position in relation to being innovative in the practice being supported and delivered.

### Question to the Board

The boards are asked to consider if the current RPS position of “*Pharmacy medicines must not be accessible to the public by self-selection*” is still a valid position to hold and maintain.

### Options Appraisal

There are three suggested options that boards are asked to consider:

#### Option 1

Maintain the current RPS policy position of “*Pharmacy medicines must not be accessible to the public by self-selection*” and advocate for this position to be reconsidered by the GPhC and Pharmacy Owners.

#### Option 2

Evolve the existing RPS Policy to provide a new policy position of “*Pharmacy medicines should only be accessible to the public by self-selection in the event (insert conditions A B C D) are met*”

If boards choose this option, they may wish to discuss those elements that should be in the conditions A, B, C, D. These may include risk assessments, annual review, only under pharmacist direct supervision. etc

### Option 3

Change the RPS policy to support the wider open selection of P medicines “*Pharmacy medicines should be available to the public by self-selection*” and provide guidance and advice to encourage pharmacy owners to enhance access to P medicines.

The boards are asked to provide a steer on the future direction to be taken by the RPS in relation to this issue.