ROYAL PHARMACEUTICAL SOCIETY

Primary Care Pharmacy Expert Advisory Group Agenda

Tuesday 7 June 2022 19.00 – 21.00 By Zoom:

1: Welcome, Apologies and introduction (10 mins) Led by Anne Thomson

Description	To welcome, apologies and Introduction to the content of the meeting
Purpose	To raise any matters arising
Outcomes	To be agreed and completed at the meeting as a record **Apologies:** Raj Bajwa Jennifer McCutcheon Jodie White Jane Hall Brendon Jiang **Attendees:** Aiysha Raoof Anne Thomson Clair Huckerby Emily Bond Hadeel Mohamed Jalak Shukla Lucy Ann Higgins Rosemary Furner Shasta Parveen Chimhau **Not in attendance** Ewan Maule Graham Stretch Helen Kilminster Kamaljit Takhar Kemi Gibson **Observers** Martin Sale Neera Goel Nahim Khan Emily Kennedy Thanks to Ewan and Brendon for their contributions since the formation of PCPEAG Group created in July 2021 and this is the first time observers present. Observers welcome to contribute via chat and speak at the end of the meeting

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2: Visions across GB led by Cathy Picton / Heidi Wright (40 mins)

Description	The RPS has developed visions for pharmacy practice in Scotland and Wales. In England we are starting on the journey to develop a vision and supporting implementation guidance.
Purpose	To provide an update on the GB vision work and an opportunity to share key points for inclusion in relation to primary care pharmacy
Outcomes	HW and Cathy Picton provided an update of the pharmacy visions across Scotland, Wales and England. Discussion • Primary Care Pharmacy was felt to be at a really exciting place and pharmacy was very involved. • Need to link with ICS as a whole, not just pharmacy elements. Pharmacy is not just about medication, also refer more widely to OT, physio, social link worker etc. Vision needs to look at how to get involved with all the different groups within ICS and across hospital and primary care. • Hierarchy within system and would be good for pharmacy to get parity with general practice • Pharmacists are empowered in primary care as they have prescribing rights and are developing practice. Key is community pharmacy, and they need to be more empowered. System needs to be rebuilt. Need access to records. Need to consider how infrastructure works so everyone is on same team and consistent decisions across the system • Personalised medicines and genomics and how this will become normal practice needs to be included. • Patient management working across primary care and community pharmacy. Need scope / framework of what acceptable changes are – maybe initially similar to a PGD while goalposts are established. Example of gastroprotection – community pharmacist prescribes gastroprotection for NSAIDs. A focus on medicines safety and can look at medicines monitoring if shared access to records. Could be a discussion around deprescribing where community pharmacist has consultation but 'signed off' by practice team. • A greater degree of standardisation re clinical competence in order to effect change- there is so much variation in capability and competence. Some standard key actions that would expect community pharmacists to do. • System where community pharmacy can see records and have a role in health inequalities and population health – best place for this. Also have an influence on commissioning process. Putting patient at the centre of this • What can we do for our patients should be the question • Aspect of future workforce and how this fits in. Rotational undergrad / pre-reg / foundation training etc. May not have enough workforce at present – portfolio roles in the future to understand different roles and creating networks in different sectors – allowing patients to be supported in different ways e.g. virtual wards. • Rotational pharmacy technicians between primary and community pharmacy. Building on this and using skills better, working at top of license. More joined up between community pharmacy and practice so if inhaler technique done in one setting, then that information is shared. Appears to

	be slow in terms of patient / clinical work – more focused on admin in terms of PT role • The patients are happy to have their care undertaken by a pharmacist / pharmacy technician – some still dissatisfied that they are not seeing a doctor. Patient perception of profession – considered experts in medicines in general public view • Lots to be done in terms of where we are now and where we want to be **Actions**: for PCPEAG to feed in further thoughts around the questions and also any examples of good practice / case studies to england@rpharms.com

3: Protected learning time led by Heidi Wright (20 mins)

Description	An update on the work RPS is leading on Protected Learning Time
Purpose	To provide an update on the work in this area and to garner views from group members on how PLT is / could be implemented in primary care
Outcomes	• What do GPS and nurses have? Seem to have protected time within their training • HEE links – with PLT for F1 and F2 – on CPPE pathway and prescribing course these are not seen as protected all the time. Pharmacy training and PLT is seen as same as GPs who take AL for sitting exams. But pharmacists are developing skills and this needs to be protected. DES needs to be clearer • National commissioning and funding for capacity. Safe staffing act in Scotland – ensure staff have time to develop as well as deliver. Workforce planning has to be adequate to deliver training as well as delivery. Cultural aspect to this in terms of implementation • Releasing staff to attend development opportunities – staff need to be engaged too. Could be related to shortages in staff and gaps in system • IPs – ICS Sussex bringing someone in as NMP lead to co-ordinate this • Positive experience in Leeds – get CPPE and IP leave. All practice staff get afternoon off per month for training. Every Wednesday afternoon every pharmacist and PT across 7 PCNs get time off to undertake training • Different types of comms in different regions in terms of PLT for pharmacists and PTs • Advanced core framework and being able to credential **Actions:** For PCPEAG to send in any examples where PLT is working well in practice to WWB@rpharms.com

4: Standards and Guidance update - led by Heidi Wright (20 mins)

Description	To provide an update on two key areas and an opportunity for group members to feed in thoughts and comments
Purpose	• To give advance sight of the Expanding scope of practice guidance for prescribers

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	• To provide an update to PCPEAG about Fit Note developments
Outcomes	• Expanding scope of prescribing practice guidance launched on 7 June and is available at https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/supporting-tools/expanding-prescribing-scope-of-practice. Available to all professions who can prescribe • Fit note legislation changes and supporting guidance, training and FAQs due soon

5: AOB and summary (15 mins) Led by Anne Thomson

Description	
Purpose	
Outcomes	• To do a stocktake at the next PCPEAG to check on dates and timings for the group