

**Primary Care Pharmacy Expert Advisory Group Agenda**

**Tuesday 24 January 19.00 – 21.00 By Zoom:**

**1: Welcome, Apologies and introduction (10 mins) - Anne Thomson**

<b>Description</b>	To welcome, note apologies and introduction to the content of the meeting
<b>Purpose</b>	<p>To raise any matters arising</p> <ul style="list-style-type: none"> <li>HW to inquire about RPS mentorship platform being extended to other professions</li> <li>PLT examples from some members of PCPEAG shared with RPS for inclusion in policy document</li> <li>Dates and times of meeting agreed following results of PCPEAG member survey</li> <li>Summary of work to date now published on RPS website <a href="https://www.rpharms.com/about-us/who-we-are/expert-advisors/primary-care-pharmacy-expert-advisory-group">https://www.rpharms.com/about-us/who-we-are/expert-advisors/primary-care-pharmacy-expert-advisory-group</a></li> </ul>
<b>Outcomes</b>	<p><b>Attendees:</b>          Rosemary Furner          Kamaljit Takhar          Aiysha Raoof          Shasta Parveen Chimhau          Jennifer McCutcheon          Anne Thomson          Clair Huckerby          Hadeel Mohamed          Graham Stretch          Kemi Gibson</p> <p><b>Apologies:</b>          Lucy Ann Higgins          Helen Kilminster          Jane Hall          Emily Bond</p> <p><b>Speakers</b>          Alice Conway          Sarah Purdy          Jennifer Guffie</p> <p><b>Observers</b>          Hana Morrissey          Richard Shearer (SPB)          Brendon Jiang (EPB)          Deebiga Kana          Sara Elmubarak          Shalom Muyambo</p>

	<p><b>Non-attendance</b></p> <p>Jodie White Jalak Shukla Raj Bajwa</p>
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**2: Meeting local post registration pharmacist workforce needs through system wide collaboration (30 mins) – Sarah Purdy, Alice Conway and Jenny Guffie**

<b>Description</b>	This scheme has been running in East Sussex for several years with successful outcomes. Included a pilot in Southeast London as well.
<b>Purpose</b>	To raise awareness of the scheme and discuss potential for adoption in other areas
<b>Outcomes</b>	<p>Alice, Sarah and Jennifer shared their experience in East Sussex More information available at <a href="https://www.lasepharmacy.hee.nhs.uk/pharmacists/post-registration-pharmacists/">https://www.lasepharmacy.hee.nhs.uk/pharmacists/post-registration-pharmacists/</a></p> <p>Discussion</p> <ul style="list-style-type: none"> <li>• Need interested organisations and investment in the programme to deliver locally. ICS provide opportunities for collaboration. Also need to identify need locally.</li> <li>• Would like to continue to grow and share lessons learnt, including doing things differently</li> <li>• Will depend on local relationships and organisational needs</li> <li>• IT governance can be an issue – agreements needed across systems. Pharmacists working across sectors helped with sharing of information between care providers</li> <li>• Need a lead organisation to make it work</li> <li>• HR advice is essential with clarity around who has oversight of the programme and support of trainees in their placements</li> <li>• Stakeholders having vision is critical and had challenge around recruitment in areas where this has worked</li> <li>• Stakeholders have benefited in terms of retaining trainees</li> <li>• Lots of effort required in marketing the programme</li> <li>• Rotational posts are taxing on employers</li> <li>• Sustainability of programme</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• HW to share slides</li> </ul>

**3: Administration in Care Homes (20 mins) – Kam Takhar**

<b>Description</b>	To discuss subcutaneous injection administration by carers in care homes. During the pandemic, to reduce footfall in care homes, carers started administering insulin injections. They seem to want to return to community nurses doing them due to liability concerns as we come out of the pandemic. Community nurses are unable to manage the workload and need to be caring for more complex/EOL patients. They are more than willing to support training/competency assessment to enable safe administration. The experience for the patient is much better when carers
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	administer as they get to have meals at their chosen time rather than waiting for a nurse.
<b>Purpose</b>	Support from the RPS/PCEAG in collaboration with other stakeholders to promote the initiative and provide guidance around safe insulin administration by non-registered staff across boundaries. (Current <a href="#">RPS guidance</a> on administration of medicines in healthcare settings and <a href="#">DoH guidance</a> for care homes)
<b>Outcomes</b>	<p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Variety of practice on administration of insulin in care homes</li> <li>• Over the pandemic carers were trained to do this but harder to sustain now due to liability and responsibility issues</li> <li>• Delegation also raised as an issue – current guidance is that nurse has to delegate and ensure training and competency of person issuing the injection. Although practice has moved on and delegation may not be required. Risks are lower as it is pen injections</li> <li>• Needs guidance to make it sustainable</li> <li>• National guidance being provided from NHSE</li> <li>• Lots of other issues that inhibit people working across sectors</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• RPS to request to be involved in development of guidance and PCPEAG members to contribute</li> <li>• KT to share contact details for national lead for the guidance</li> </ul>

**4: Fit notes discussion (10 mins) – Lucy Higgins (deferred to next meeting)**

<b>Description</b>	To discuss the issuing of fit notes in practice
<b>Purpose</b>	Group members to feedback on how this is going in practice and any issues or concerns they may have
<b>Outcomes</b>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• HW to contact Wing to enquire about feedback to his request in September to PCPEAG members on fit notes</li> </ul>

**5: Structured Medication Reviews (10 mins) – Graham Stretch**

<b>Description</b>	To discuss the impact of guidance such as <a href="https://www.nottinghamshiremedicinesmanagement.nhs.uk/media/1389/nottingham-nottinghamshire-icb-smr-standards-final.pdf">https://www.nottinghamshiremedicinesmanagement.nhs.uk/media/1389/nottingham-nottinghamshire-icb-smr-standards-final.pdf</a>
<b>Purpose</b>	Discuss implications of standards (particularly around suggested timings and delivery mode in relation to remote providers and ARRS funding)
<b>Outcomes</b>	<p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Guidance developed by ICB - explicit around requirements for SMRs</li> <li>• Must allow 30mins for SMR, must offer face to face appointments</li> <li>• Better if pharmacists are integrated into PCNs / practices and develop as leaders to undertake leadership roles locally</li> </ul>

	<ul style="list-style-type: none"> <li>• Difficult to recruit pharmacists into the practice roles</li> <li>• Flexibility to implement SMRs as see fit</li> <li>• RPS could provide professional standards?</li> <li>• Sub-contracting arrangements, how contracts are implemented etc</li> <li>• Issues also around estate – not enough room to see patients</li> <li>• NHSE original service spec said it should take at least 30 minutes - <a href="https://www.england.nhs.uk/publication/structured-medication-reviews-and-medicines-optimisation/">https://www.england.nhs.uk/publication/structured-medication-reviews-and-medicines-optimisation/</a></li> <li>• Issues of SMRs, remote consultations, clinical supervision not happening</li> <li>• Lack of leadership is an issue</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• To raise issues with BMA as part of ARRS/BMA meetings</li> <li>• Share resources and RPS act as a hub? Promote best practice</li> <li>• Provide leadership and guidance in this area</li> <li>• HW to share paper from ARRS group - PCPEAG members to add to paper</li> </ul>
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## 6: Brief update on vision work (10 mins) – Heidi Wright

<b>Description</b>	To provide an update on the vision work across all 3 countries
<b>Purpose</b>	Group members to be aware of progress in this area
<b>Outcomes</b>	<p><i>Scotland:</i></p> <ul style="list-style-type: none"> <li>• Held a Best Practice event to showcase where some of the work in the vision is already happening</li> <li>• Held webinars to highlight areas from the vision e.g., person-centred care, trauma informed care and pharmacists working in advance ways in pain management</li> <li>• We have engaged with members of parliament about the vision itself and also about specific aspects of it</li> </ul> <p><i>Wales:</i></p> <ul style="list-style-type: none"> <li>• 3 years in to the vision work</li> <li>• Launched our 2025 goals to keep us on track to reaching the 2030 vision, great to have the Health and social care minister at the launch, welcoming our vision</li> <li>• We have been advocating for the ambitions with members of the Welsh parliament (assembly)</li> <li>• We have a delivery board supported by Welsh Government to help make the vision a reality, RPS is leading on this</li> </ul> <p><i>England</i></p> <ul style="list-style-type: none"> <li>• Published in December</li> <li>• Good practice hub now live</li> <li>• Discussing implementation with EPB in early February</li> <li>• Some areas already being undertaken such as a community pharmacy vision</li> </ul> <p>Across the 3 countries key elements include workforce, independent prescribing, health inequalities and pharmacogenomics</p>

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7: AOB and summary (10 mins) - Anne Thomson

<b>Description</b>	Development of a pharmacy charter – good practice principles for staff undertaking post-graduate qualifications
<b>Purpose</b>	Examples of good practice in Midlands area Share Aiysha's email with anyone who is interested in being involved
<b>Outcomes</b>	Dates of next meetings: <ul style="list-style-type: none"><li>• Tuesday 23 May, 7-9pm</li><li>• Tuesday 26 September, 7-9pm</li></ul>