

ROYAL PHARMACEUTICAL SOCIETY

Welsh Pharmacy Board meeting 8 February 2024

OPEN BUSINESS

This meeting held at Bangor University, Bangor, LL57 2TR in the Council Chambers.

OPEN BUSINESS
8 FEBRUARY 2024 AT 9.15AM

Present

WELSH PHARMACY BOARD

Geraldine Mccaffrey, Chair (GMC), Cheryl Way, Vice Chair (ChW), Richard Evans, (RE), Dylan Jones (DJ), Gareth Hughes (GH), Liz Hallet, (LH), Helen Davies, (HD), Rhian Lloyd Evans, (RLE), Lowri Puw, (LP).

Joining via Teams – Elen Jones, Director for Wales (EJ), Liz North, Head of Strategic Comms (LN), Eleri Schiavone (ES) and Rafia Jamil. (RJ), Amandeep Doll (AD), Iwan Hughes, Head of Public Affairs Wales (IH) and Wing Tang Head of Professional Standards (WT).

Staff and guests In attendance

Claire Anderson, President (CA), Elen Jones, Director Wales (EJ), Paul Bennett, CEO (PB), Cath Ward, Business Manager (CW), Alwyn Fortune, Policy lead Wales, Laura Humphrey, Regional Engagement Lead Wales (LH), Joseph Oakley, Associate Director Assessment and Credentialing (JO). Prof Stephen Doughty, Professor of Pharmacy and Head of Pharmacy Programme North Wales Medical School

Related papers/slides	
No paper/Verbal address	<p>Welcome</p> <p>GMC welcomed board members, staff, and invited guests to Bangor University for the Welsh Pharmacy Board (WPB) meeting. She thanked SD for hosting the Credentialling, and Your Role in the Future of Pharmacy event in North Wales the previous evening and for hosting the Welsh Pharmacy Board meeting in the Council Chambers.</p> <p>SD formally welcomed the WPB to Bangor University and briefly outlined the plans for preparation of the first intake of students in 2025, He advised that the size of the first intake would be around 20 to 30 students increasing to one hundred. The main driver for this new course being to increase the workforce recruit locally and retain.</p>
No paper/Verbal address	<p>Apologies</p> <p>There were no apologies received.</p>
24.02.WPB.02(a) 24.02.WPB.02 (b)	<p>Declarations of interest</p> <p>WPB noted papers 24.02.WPB.02(a) and 24.02.WPB.02 (b)</p> <p>CW reminded board members who had not completed their 2024 Declarations of Interest, to do so. Action 1 – BMs to send Declarations of Interest for 2024 to CW.</p>
24.02.NPB.03	<p>Minutes and matters arising</p> <p>The minutes of the meetings held on 9 November 2024 were accepted as a true and accurate record.</p> <p>24.02/NPB/04 – Approved by Gareth Hughes, seconded by Rhian Lloyd Evans.</p>
24.02.WPB.04	<p>National Pharmacy Board Elections for Wales</p>

	<p>WPB noted paper 24.02.WPB.04 and the number of places in the National Pharmacy Board election in Wales. WPB welcomed the changes that aim to reset the elections to a more even split across the years, as referred to in the paper.</p>
Verbal	<p>Update on any progress from the UKPPLAB</p> <p>CA Provided a brief update on progress of the UKPPLAB. She advised that board members have now been appointed and it is expected that an announcement about this will be made w/c 11 February. The first formal meeting will take place on 19 March.</p> <p>Independent Chair of UKPPLAB, Sir Hugh Taylor, has written a blog on progress of the Board as it approaches its first anniversary:</p> <p>https://jointheconversation.scwcsu.nhs.uk/pharmacy-professional-leadership/news_feed/independent-chair-sir-hugh-taylor-reflects-on-progress-as-we-mark-the-anniversary-of-publication-of-the-uk-commission-on-pharmacy-professional-leadership-s-report-2</p>
24.02.NPB.06	<p>Emergency Hormonal Contraception (EHC)</p> <p>AF gave an overview of proposals by the FSRH for reclassification, outlined the endorsements and the recent discussions at CPEAG. The paper has been presented to the RPS Community Pharmacy EAG CPEAG, who were unanimous in not wanting to change the classification of EHC. They did however raise concerns around safeguarding and clinical impact about BMI and dosage.</p> <p>The options for discussion and agreement were: -</p> <p>Option 1 - Maintain status quo. Option 2 - Advocate for a nationally commissioned service in England Option 3 - Advocate for reclassification of oral EHC Option 4 - Advocate for reclassification of oral EHC and a nationally commissioned service (in all 3 countries).</p>

WPB discussed the following: -

- WPB expressed a view that Healthcare advice from a pharmacist will be completely missed if sold as GSL – lots of interventions were highlighted around contraceptive advice, the lack of understanding in some patients of contraception entirely, being able to educate and signpost these patients as necessary for longer term options.
- WPB raised serious concerns regarding safeguarding. The issue seems to be about communication – have services been advertised enough?
- It was noted that if this is not a free service to all there will be even more discrimination and unfairness.
- The board asked if digital services allow people to identify where services are available more easily? It was noted that on the Choose IT system in Wales, pharmacies must select if a service is available. Can this be made public digitally?
- The RPS President outlined how the proposal had stemmed from research from FSRH, BPAS and mystery shopping suggested that pharmacists were not always providing a high-quality service, alongside the reduction in availability of sexual health services.
- This raised how training and accreditation needs to have a unified approach when it comes to the English and Welsh border – to ensure locums were able to provide the service in both areas if they have only trained in one. The issue was raised how what happens in England and Wales differs, yet the same principles apply. Could the RPS advocate for universal training to be mandatory?
- Concerns were expressed that the safety of patients would be compromised if purchasing a GSL medicine as there is unlikely to be a check for the appropriateness, counselling, and advice at the point of sale.
- If there is an issue of access, how can we ensure that Individuals accessing service know where to go. Is there something around access and knowledge base.
RPS could make access to the service cross broader to ensure service continuity.
In Wales Gb wide and what happens in Wales there is a push for continuity data –aiming to ensure service and ensuring pharmacists who have a conscience objection to providing the service are consistently able to (and are) signposting to an available service.
- An integrated system is needed.
- The details of a nationally commissioned service needed to be developed to increase the access for existing staff.

	<ul style="list-style-type: none"> - Concerns were raised about choice of language, include words for example deliver a high quality service - not standardisation <p>WPB unanimously agreed to support Option 2</p> <p>Action 2 - AF to inform the Policy leads of the decision.</p>
24.02.NPB.07	<p>Discussion on the response to the consultation and agreement on RPS response. https://www.gov.uk/government/consultations/pharmacy-supervision</p> <p>WPB noted 24.02.NPB.07 paper previously circulated, which provided options for discussions and decisions on the DHSC consultation which proposes to modernise legislation.</p> <p>AF and PB gave an overview of proposals, collaboration, and discussions to date, noting that there is broad agreement that the amendment is a positive step, but there are significant further considerations.</p> <p>Proposal 1: Introducing authorisation of a pharmacy technician by a pharmacist</p> <p>There was a discussion and WPB considered the following: -</p> <ul style="list-style-type: none"> - WPB expressed a view that there is the potential for confusion over why people can collect prescription items but not buy P meds in some scenarios, advocating for less restriction. Would this change allow a subtler change in the future? - Overall, there was consensus that there should be a recorded authorisation (not oral), with a preference for digital. - Some felt that the proposals allow a more prudent way of working and were useful. However, to safeguard for locum cover, there needs to be flexibility in the system so that they are not forced to authorise a situation they're not confident or comfortable with. - Concerns about a pressure on pharmacists to delegate responsibility. There should not be a direct comparison to the hospital setting, where there is always a pharmacist available. - From a community pharmacist perspective, it was noted that the pharmacist is rarely in the dispensary

	<p>now due to provision of services – a lot of time was now in the consulting room.</p> <ul style="list-style-type: none"> - Extra training would be required for those pharmacy technicians taking on additional responsibilities. If accredited in triaging or handing out medicines, this would provide assurance to locums. - There will be a greater need for pharmacy technician training within community pharmacy and some pharmacies have paused training pharmacy technicians, and many have been lost to roles in primary care. - There was concern around whether pharmacy technicians would have the choice themselves or whether will could feel pressured into accepting responsibility. <p>WPB supported in principle Proposal 1</p> <p>Proposal 2 – Checked and bagged prescriptions</p> <p>WPB unanimously agreed that Proposal 2 was enabling, but there needed to be a way of flagging specific situations where the pharmacist would need to be present.</p> <p>Proposal 3 – Aseptic units</p> <ul style="list-style-type: none"> - It was noted that most aseptic units are registered with the MHRA but this refers to the section 10 exemptions, where pharmacists are exempt from the licencing requirements in certain circumstances. Concerns were raised that there are not enough pharmacists coming through training in aseptic, so this was a step in the right direction. - Overall, board members were broadly supportive but expressed the need for clarity over the additional training which would be required. - It was raised that there is a Science and Technical Manufacturing course but doesn't require pharmacy technician qualification so this needs to be considered for the future. - A board member outlined how pharmaceutical scientists can work in aseptic units at a band 6 level, they complete a 3-year PTQA and register with the Health Professionals Council, so given the patient need this should be explored further. The standards and guidance should also consider this. - The importance of consulting specialists via any RPS aseptic group, the Chief Pharmacists Aseptic group (WASP) and TRAMS project leads was highlighted. - Concerns were raised that if the pharmacy technician workforce was not sufficient to meet the demand,
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	<p>the law needs to be adapted sufficiently given how long it takes for regulatory change.</p> <p>Action 3– AF to link in Aseptic services group. Action 4 - AF to share a draft response Tuesday 13th Feb with WPB.</p>
24.02.NPB.10	<p>Progress on 2024 GB workplan and Vision for Pharmacy in Wales & Board Priority areas</p> <p>EJ gave a broad update on the plan for the year which highlighted on the key themes.</p> <ul style="list-style-type: none"> - AI - Digital - Medicine Shortages - Workforce Wellbeing <p>Implementing County visions – Pharmacists prescribing, pharmacogenomics both have policies and position statements. Work continues to support environmental sustainability and working with NHSE on the greener pharmacy work as well as the UK health alliance group. Work is moving forward on mental health and health inequalities.</p> <p>Strengthening pharmacy governance – Supervision, hub and spoke more work in require, and Wing Tang Head of Professional Standards will help to lead these elements, with many actions anticipated for standards and guidance.</p> <p>Professional issues – AI and Digital Prescribing and Palliative Care, Gender Dysphoria Gender Incongruence. and Assisted Dying</p> <p>AF provided specific policy updates.</p> <p>Medicines Shortages (MS). MS continues to be a massive challenge, and collaborating with stakeholders and focus groups throughout GB, work will continue throughout 2024. A paper is due to be published by end of 2024.</p> <p>PDaHW The delivery board is moving from strength to strength and there has been timely progress in two areas</p>

	<p>specifically. Welsh Pharmaceutical Committee are progressing 56-day prescriptions and Protected Learning Time.</p> <p>Palliative Care – Daffodill Standards Daffodil standards a short life working group has been established to ensure standards are customary practice within community pharmacy. RPS Wales policy on palliative care in Wales is undergoing a refresh and will be rolled out across GB/</p> <p>Assisted Dying This issue is being considered at Scottish Government (Scot Govt) level; the RPS position statement was updated recently and will be revisited once the Scot Govt work is finalised.</p> <p>WPB applauded the great progress on the media work. WPB asked for assurances that there are processes in place to ensure that when members appear in the media under the RPS banner, the perspectives they share reflect the organisation’s agreed policies and messaging, and that they have the support they need from RPS to do this. The Board were assured that support is in place for members undertaking media work via the press office.</p> <p>Gender Dysphoria – including consultation:</p> <p>AF provided a summary of the consultation and feedback received so far. The consultation on the Standards closes on 1 March; it will be signed off by all three board Chairs.</p>
	<p>Update on the Public Affairs plan for 2024 and discussion</p> <p>IH provided an update the WPB on the current political landscape in the Senedd and the upcoming process for the candidates for the First Minister position. He also provided an update on the work that RPS Wales is involved in with the current health committee Inquiry: Supporting people with chronic conditions. RPS to give evidence on March 14. He also talked about the audit undertaken in 2023 to measure Senedd Members’ awareness of familiarity with and knowledge of the Royal Pharmaceutical Society, and the relative position of the organisation vis-à-vis comparable bodies. RPS is seen in a more favourable light, there is still more work</p>

	<p>to do to raise the RPS profile.</p> <p>He advised that there was much proactive activity in 2023 including attendance at Senedd Drop Inns, and visits to pharmacies by MSs. EJ thanked WPB members and members for the attendance and support at the Senedd sessions.</p> <p>WPB confirmed their agreement to maintain the same approach to PA activity until the June board meeting & review and update political plans at that stage.</p>
24.02.NPB.11	<p>Health Inequalities – Language Barriers in Pharmacies</p> <p>WT gave a short presentation which highlighted 5 key drivers.</p> <ul style="list-style-type: none"> - Medicines adherence - Reduce harm. - Managing the RPS reputation - Board member interest - GPHC roundtable on translation services <p>WT went on to give the context and asked the Board to consider options for a basis on taking this work forward.</p> <p>Board members discussed the options and asked if the EPB and SPB options decisions could be shared.</p> <p>WPB agreed that option 3 seemed a sensible way to progress, noting that free prescriptions in Wales didn't come about the same way so there was no need to lobby government.</p> <p>There were examples shared about the language barriers and lack of understanding, example Ukraine and Afghanistan. Dual Language labelling was discussed, and WPB expressed concerns at using interventions such as google translate, suggesting that only translation from reputable sources should be considered, and there is a need to understand the translation services that are available.</p> <p>It was advised that some multiple pharmacies employ translators and use leaflets to help the language issue.</p>

	<p>WPB noted that SPB had opted for option 3, whilst EPB had opted for option 3 with a variation that case studies be shared of what is available to community pharmacist.</p> <p>WPB had concerns about using case studies where there is no evidence base as there could be unintended consequences.</p> <p>WPB agreed with taking forward option 3, but with caveats around using case studies only from reputable sources.</p>
24.02.NPB.11	<p>Regional Update</p> <p>AD confirmed that an engagement strategy plan is being developed, which aims of to increase the impact of RPS engagement, raise greater awareness regionally and create a sense of professional belonging with RPS Members and non-members.</p> <p>This recognises that the regions should be a core benefit of being an RPS member and that the regions will provide vibrant networks of like-minded professionals with whom to engage. The plan will provide clarity and consistency and be able to define what engagement means for us and for our members. Although recruitment of new members is important, the focus will be on retention and demonstrating the value of being an RPS member.</p> <p>The Engagement Leads will work with RPS Ambassadors to plan, facilitate, and host diverse types of meetings; these will include conferences, engagement events and careers fairs. Board members were encouraged to support regional events; as elected Board Members, their support would be invaluable and would also make them visible to the members who elected them.</p> <p>In Wales there will be links with universities and a careers event is planned in Cardiff University on 16th Feb. LH attended an event in Reading university and the students were keen to find out about RPS.</p> <p>Another regional event is scheduled on 20th February - immunotherapy and helping you consider its effect on other medication you dispense or prescribe for your patient.</p> <p>LH was thanked for the work done in the time or the role.</p>

	<p>WPB asked about specific plans to engage with Pre regs and AD advised that work is ongoing on the offer package as they considered this crucial.</p> <p>WPB expressed a view that they were keen to see more face-to-face events and workshops where more tangible activities can be incorporated, accepting that a strategic approach was good for planning and delivery. WPB also expressed concerns that standardisation didn't compromise on quality and that RPS must be ambitious.</p> <p>PB and AD advised there were financial constraints across the organisation, and this would need to be reflected. WPB also noted that much of the regional activity will sit across lots of RPS teams and this has resource implications and constraints.</p>
24.02.WPB 11	<p>WPB noted Papers.</p> <ul style="list-style-type: none"> i. Science & Research update ii. Education Update iii. Implementing Country Visions iv. Strengthening Pharmacy Governance v. Professional Issues vi. Workforce vii. Membership update
Verbal	<p>Pharmacy Board Members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.</p> <p>PB thanked Cheryl Way for the nine years she had served on the Welsh Pharmacy board, a chair, vice chair and member, noting that this would be her last board meeting.</p>

	England	Scotland	Wales
	18 and 19 June	18 and 19 June	18 and 19 June
	17 September	18 September	19 September
	Joint meeting for England/Scotland/Wales in London day before RPS conference 7 November		

Action List

Item	Action	By Whom	Open/Closed/Comments
24.02.WPB.02(a)	Board members to send updated Declarations of Interest	BMs	Open
24.02.NPB.06	AF to update policy leads on WPB decision - EHC	AF	Closed
24.0.02.NPB 07	AF to link in Aseptic services group. – supervision	AF	Open
	AF to share a draft response Tuesday 13 th Feb with WPB.	AF	Closed