ROYAL PHARMACEUTICAL SOCIETY

**OPEN BUSINESS**

# WELSH- NPB PHARMACY BOARD MEETING – Open Business

**Minutes of the Open Business meeting held on Wednesday 19 June 2024 at Doubletree by Hilton Cadbury House, Frost Hill, Congresbury, Bristol, BS49 5AD.**

**Please note item 24.06.NPB.13 on the agenda was a joint session with all three National Boards, England Scotland and Wales. All other items were discussed in separate country meetings.**

**Welsh Pharmacy Board (WPB):** Geraldine Mccaffrey (GM) (WPB Chair), Eleri Schiavone (ES), Helen Davies (HD), Liz Hallet (LH), Richard Evans (RE), Dylan Jones (DJ), Rhian Lloyd Evans (RLE), Aled Roberts (AR), Rafia Jamil (RJ), Lowi Puw (LP), Gareth Hughes (GH)

**English Pharmacy Board:**
Adebayo Adegbite (AA), Claire Anderson (CA), Sibby Buckle (SB), Steve Churton (SC), Ciara Duffy (CD), Brendon Jiang (BJ), Sue Ladds (SL) Michael Maguire (MM), Erutase (Tase) Oputu (TO),

**Scottish Pharmacy Board:** Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD), Laura Fulton (LF), Josh Miller (JM), Richard Shearer (RSh), Amina Slimani-Fersia (ASF), Richard Strang (RSt), Jill Swan (JS), Audrey Thompson (AT).

**In attendance:**

Elen Jones (EJ), Director for Wales, Cath Ward, (CW) Business Manager – Wales, Alwyn Fortune (AF), Practice and Policy Lead Wales, Iwan Hughes (IH), Head of External and Public Affairs Wales Corrine Burns (CB) PJ (item 24.02.WPB.10 only.

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| **24.02.WPB.08** | **Welcome and Apologies – Country specific.**<br>*Led by WPB Chair* |

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| | GM welcomed board members and staff to the open session of the meeting, and in particular welcomed AR new board member.<br><br>No apologies were received. |
| **24.06.WPB.09(i)** | **Approval of past minutes, Record of new members and Past action updates**<br>*Led by Chair*<br><br>The open minutes of the meeting 08.02.24 were approved with one amendment as follows: -<br>Page 4 - to be amended to read individuals accessing the service.<br>Approver – RLE<br>Seconder – DJ<br><br>WPB noted that all actions from the open business meeting 08.02.24 were completed. |
| **24.06.WPB.09(ii)** | **Declarations of interest**<br>*Led by Chair*<br><br>It was noted that there were a few amendments with updates for board members.<br>Action 1 – CW to send the DOI form out on Friday email for amendments to be made by bm's. |
| **24.06.WPB.09(iii)** | **Powers and Functions of the Board (to note)**<br>*Led by Chair*<br>WPB noted the Powers and Functions of the Board. |
| **24.06.WPB.09 (v, vi, vii and viii)** | **Papers for noting.**<br>*Led by Chair*<br><br>The WPB noted the following papers:<br><br>**(v) Professional issues**<br>**(vi) Strengthening pharmacy governance**<br>**(vii) Workforce** |

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| | **(viii) Implementing Country vision** |
| **24.06.WPB.10** | **Public Affairs – Wales**<br>***Led by: Iwan Hughes, Head of External Relations***<br><br>IH presented the results from the Senedd perception survey 2024 which was aimed at measuring 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.<br><br>Compared with the survey completed in 2022, overall, The Royal Pharmaceutical society has seen positive growth in its reputation, approach to engagement/communications and understanding of pharmacists and RPS. The key to this success is having a set of core key messages that are consistently repeated at all opportunities. The RPS role in policy development has grown – but there is more scope for improvement and the perception of pharmacy only being 'community pharmacy' is still there.<br><br>WPB noted and approved the strategy moving forward as: -<br><br>➢ Continue to re-enforce existing key messages.<br>➢ Maintain presence in the Senedd. *drop ins / Y Farchnad* which will be the second Tuesday of every month.<br>➢ More constituency visits.<br>➢ Build on growth in understanding and reputation to influence policy – beginning with having core 'policy asks.<br>➢ That 5 core issues leading up to 2026 elections will be developed ready for September board meeting for discussion. This will provide time to form the manifesto asks with costings and questions.<br><br>In discussion the WPB raised and made comments as follows: -<br><br>➢ WPB were pleased with the progress since 2022 and asked if the timing of the 2024 survey preceded the Hospital Review – which in fact was not the case.<br>➢ It was noted that some preparation work needs to be done around CPhO permission - about visits to Health Board/Trust pharmacy depts by Senedd members, and noted that Comms could also be an issue.<br>➢ Arranging MS visits can be challenging, and WPB suggested that a briefing pack could be issued ahead of visits with examples of good visits -case studies showing the positives of such visits. |

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| | ➢ Drop inn sessions have meant that all sectors can become involved, and EJ thanked the board for their help.<br><br>A discussion was held about sharing data from the Survey with CB from the PJ,<br>Action 2- IW to look at what is feasible to share. |
| **24.06.WPB.11** | ***PDaHW***<br>***Led by Alwyn Fortune***<br><br>AF recapped the process of the goal setting for 2028 with activity planned for the year.<br><br>The following questions were asked for the WPB to consider.<br><br>➢ Is the Board content with the work of the RPS team currently around the administrative support it provides to the established Delivery Board and the wider engagement?<br>➢ As part of its work in Business planning to 2025, is the board content that the RPS leads on the review of the 2025 goals with wider stakeholders and through engagement, develops goals to 2028, under the terms of the agreement with Welsh Government. These could potentially be launched later in the year as part of an RPS Wales 2025 conference.<br>➢ Assuming appropriate commissioned resource is in place through Welsh Government and under the direction of the Welsh Pharmaceutical Committee, are the Board content that RPS Wales will continue to provide administrative support and leadership to the PDaHW Deliver Board post 2025?<br><br>In response to the above questions the board agreed the project overall has had a really positive effect and had gone from strength to strength since RPS has been commissioned to lead and support the programme. They felt that there is a good representation on the main delivery board and subgroups. However, it was noted that some groups have more community pharmacy representatives.<br><br>EJ advised that there had recently been a refresh process for membership of the Delivery board and the calibre of expressions of interest were good quality and expressions outweighed the available places. With the richness of experience new people have been added to the subgroups membership. Turnover is 50/50.<br><br>WPB expressed a view that new people need to be encouraged and RPS needs to find a way to |

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| | provide a platform for this.<br><br>The champion's role was discussed in terms of providing more support to enable them to become confident to be actively involved and a suggestion was made that board members could assist.<br><br>Action 2 – BM's to encourage sign up to the Champions Network. https://www.rpharms.com/wales/pharmacy-delivering-a-healthier-wales/champions#signup<br><br>In conclusion, the board agreed to the continuation of Pharmacy Delivering a Healthier Wales programme of work moving forward into 2025 business planning. |
| **24.06.WPB.12** | **2025 Planning**<br>*Led by: Elen Jones, Director for Wales*<br>**Wales 2025 planning**<br><br>EJ advised WPB that the discussion on planning for 2025 focuses on early thoughts from the board, and a full plan will be presented at the September meeting. This will be for sign off in readiness for Assembly and budget approval in November 24. |

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| | EJ described the “4 buckets” of work under the headings of<br>- Professional Issues<br>- Strengthening Pharmacy Governance<br>- Workforce<br>- Implementing Country Visions<br><br>EJ advised that any additional topics for consideration for the Wales workplan would be discussed by the country directors and will be based on resource and capacity.<br><br>A discussion was held around recognising that prescribing needs more work to find out what the issues are. The board noted that Education, and membership will continue in 2025. pharmacogenomics was discussed and RPS has a policy. This will need to feature. Sophie Harding was leading for RPS on this issue, and she is now a Consultant Pharmacist in this space.<br><br>WPB noted that Sustainability will feature - IH has directed the work through UK health alliance. We are looking at making the organisation more sustainable.<br><br>A discussion was held around the importance of reducing health inequalities and priority needs to be given to this particularly the need for input into the projects, with a Welsh policy perspective.<br>AI and Digital, will feed into the inequality agenda.<br>E prescribing NHS App will need more work for this to be right for Wales. As the roll out progresses CPW will continue to monitor. |
| **24.06.NPB.13** | **Open Sale of P Medicines in Community Pharmacy**<br><br>The National Pharmacy Boards noted paper 24.06.NPB.13<br>This session was Chaired by Tase Oputu, English Pharmacy Board Chair.<br><br>SB declared an interest as she works for Boots in a Boots pharmacy.<br><br>The Chair welcomed Claire Nevinson (CN) from Boots and Roz Gittins (RG) from General Pharmaceutical Council (GPhC) to the meeting. |

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| | CN thanked the Board for inviting her and gave a short presentation providing an overview of the innovations at Boots about self-selection of P (Pharmacy) Meds.<br><br>CN said that over the last couple of years Boots had been showcasing pharmacy in a safe way to patients and the public, giving high quality advice and care to more patients and the public, supporting the wider selfcare agenda. In selected stores, the pharmacy environment has been improved with a new modern look, pharmacy medicines are now more accessible, and they have introduced a new active advice model, investing in a new role, a dedicated resource, which has been a key driver to the success of the changes.<br><br>CN stated that the innovation is principle based, professionally led, better for the public, cognisant of patient safety, engaging for pharmacists and healthcare teams, has robust risk management and mitigation in place and that the innovation is continually reviewed. There are clear professional standards within the organisation which are adhered to.<br><br>CN described that Boots had thought carefully about the fixtures and fittings that are in place, including active ways to exclude the public when the Responsible Pharmacist is not present. Robust security measures are in place to protect high risk medicines which only healthcare trained can access. Till restrictions are in place to ensure that a sale can only proceed with the appropriate advice and counselling, on a registered pharmacy premises and under the supervision of a pharmacist.<br><br>Over time, patients have embraced the change in layout and staff are trained to explain why they can't always purchase certain medication selected from the shelf. A new healthcare specialist role has been introduced with incremental training supporting the role.<br><br>CN shared that pharmacist engagement has been critical. Boots have created a raft of professional and operational guidance as well as supporting documents which have been refined over the past 12-18 months. In this model pharmacists can exercise professional autonomy and restrict medications further if they see fit.<br><br>The model has been rolled out to over 130 stores and the feedback from patients has been positive. There is no data to suggest that there has been a negative impact on patient safety. |

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| | CN stated that Boots has taken a considered approach, acknowledging that it needs to move with the times. CN described how a dedicated team is available to have the initial conversations with the patient/public; can be referred to a pharmacist if required.<br><br>Board members were invited to ask questions or give observations:<br><br>A board member gave some positive feedback as he had observed this innovation in a Boots pharmacy and thought it worked well. He did question how it might translate to a smaller independent pharmacy. CN responded by saying the principles remain the same; it is essential to receive the right advice from a healthcare specialist and for the pharmacy to be adequately risk assessed before setting up the service. The quality of the conversation with a healthcare specialist is key to the success of the model.<br><br>A member asked if there were any commercial advantages to making this change. CN replied that a business must consider commercial viability and impact but the main driver for change was the ambition to realise holistic benefits and better patient experience. CN discussed the vital importance of the P category for pharmacy and that it was vital that this category be protected. This model enables the public to understand this category further and have an informed conversation about the best medication for them.<br><br>There was a question about new risks identified after roll-out and how risks are mitigated. Risks identified have been mostly around the 'people model'. To mitigate these potential issues, careful attention is given to appropriate staff training and ensuring that the pharmacies are run optimally. Risks were also mitigated by ensuring that roll-out was very controlled with standards already established. Shrinkage was anticipated as a risk, but it has not increased. Questions were raised as to the sustainability of the new model. CN said she was confident it was sustainable and that the dedicated roles assigned will support the model. This is about providing care that is safe, using clear guidance and training to ensure this. From a practical perspective, using good quality and durable fixtures and fittings will enhance the 'feel' of the pharmacy and make it fit for purpose. Feedback so far has been positive, the public like the look and feel and this is reflected in 'net promoter score'. Patients have told Boots that the new model can help when sensitive conversations are needed, and Boots staff have fed back very positively.<br><br>In a crisis, where there is a shortage of staff cover, particularly if there is no pharmacist cover, the pharmacy area can be closed; however, to mitigate against this there is good resilience across the staff to cover most situations. |

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| | A board member with direct experience of the new model spoke in favour of the change and said that the name of "open sale" is a misnomer it should be called a "facilitated sale". The board member said it has been a culture change for both staff and patients, but a positive change, making them feel empowered.<br><br>TO then welcomed RG to speak to the board.<br><br>RG gave a short talk from the perspective of the GPhC. RG stated she was relatively new in post (6 months) and has a focus on patient safety and ensuring practice is in line with Regulations. She stated that self-selection of P Medicines is not specifically excluded in Regulations. It is important to respond to developments and innovations in a timely way and to be aware of the developments within on-line pharmacy. RG recognises that the GPhC needs to be doing more, to assess risks, for example, using secret shoppers. Risk assessments need to be localised and dynamic – and to ensure that if changes or new risks are seen over time they are included and managed.<br><br>GPhC meets with Boots every couple of months and has been reassured by the pilots, especially in relation to risk management, staffing and security. Monitoring will be ongoing and regular meetings will continue. Where the GPhC does have learnings, they assess what they can do to cascade the information. All is kept under active review.<br><br>Board members were invited to ask questions or provide observations<br><br>CN was asked about upscaling the model to all stores. She replied that it was not about the physical environment but about the training and advice given by staff. It is critical that every customer is provided with the right advice. Therefore, staff were essential to making any model work.<br><br>A board member added that as professionals we need to be empowered to risk assess and be given the autonomy to be in control of our own pharmacy. Risk assessment needs to be robust. He went on to talk about the challenges of addiction and abuse, particularly in relation to codeine based products and how we need to do something about opioid abuse. It was clarified that in the Boots model all codeine containing products are secured in locked Perspex boxes.<br><br>Another question was about reclassifying the P meds available for self-selection to GSL medicines. Response was that it is not considered to be a driver and switches take a lot of time and research. Enabling self-selection of P Meds is about engaging patients and public to make the right choice with the support of the pharmacy team. |

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| | RG was asked if she had a sense of scale as to how many pharmacies were using this new model. As with other innovations the GPhC does not hold exact data on the number of pharmacies that now allow facilitated access to P medicines. RG confirmed this is happening in both multiples and independents and is picked up during routine inspection activity.<br><br>CN stated that now, uptake of the new model is limited to 130 Boots stores, these stores are monitored and assessed on an ongoing basis; numbers may increase in time. There are many different aspects to assess before this model can be rolled out appropriately. They must ensure that every person who accesses medicines has the best healthcare experience.<br><br>RG noted that inspections are based on the premises standards, irrespective of bricks and mortar or online.<br><br>PB thanked both CN and RG for their presentations. He said that this has always been a contentious issue and there is a strength of feeling within the organisation and its members around this. He asked if they believed that this change could shift the position in the eyes of the public of medicines becoming an ordinary item of commerce? RPS position on this currently is that P Meds should not be available for self-selection, and the RPS would like to understand the reasons for not having a conversation with the profession on this change as it has caused a lot of dissent within the profession.<br><br>RG responded and said there is a need to reflect on communications and retain regular meetings with the RPS/GPhC to discuss when changes occur. She agreed more needs to be done.<br><br>CN agreed that communications to both patients and colleagues needs to improve to better inform people; much of the dissent has been based on assumption rather than fact. There is a need to showcase new modern approach to healthcare service provision in the community.<br><br>The Chair asked if other pharmacies are looking to make this change. RG replied that pharmacies are making proactive enquiries via their inspectors. Inspectors are not just there to inspect but also to raise awareness and support.<br><br>The President acknowledged that it was good to see that conversations were happening and that it is all about the future and looking forward. The RPS should encourage change if it is safe for patients. |

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| | RG added that criticism is something to be acknowledged and there is a need to communicate better.<br><br>The Board members then went on to discuss the next steps following on from the information shared by Boots and the GPhC.<br><br>Some of the points raised by the Board included: -<br>• Terminology is important and that they could be in favour of “open display” but not in favour of “open sale” but it is important that patient safety is maintained.<br>• This model continues to be under the responsibility of a pharmacist – so nothing legally has changed – what has changed is the regulator’s approach and the pharmacy landscape.<br>• The P medicine category is vital for pharmacy and the public and that this category must be protected, but this model continues to allow that to be the case.<br>• Legislation and the regulator permit the self-selection of P Meds; it is happening and will continue to happen. RPS policy needs to be revisited and considered as it no longer reflects the GPhC position and practice for some pharmacists.<br>• Need to consider online pharmacy, remote and rural – consider accessibility and ensure that safety is the same regardless of setting.<br>• Volume of sales needs to be considered – concerns around opioids and ensuring antimicrobials use is monitored.<br>• Need to reassure members and take them on the journey of any potential change to RPS position.<br>• Any future change to policy will need to be reflected in the MEP and associated guidance.<br><br>Martin Astbury gave apologies for the meeting and asked for his following statement to be read out for this agenda item: -<br>“Martin Astbury supports option one or otherwise follow our membership engagement strategy with this policy and consult with the membership. Any change to our existing policy is without doubt a watering down of one of our patient safety standards, as such I would oppose and reserve the right to talk against any new RPS position on self-selection". |

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| | Board members were broadly in agreement to review the RPS position considering the information presented at the meeting. They added that it is important to use evidence to support any changes and to use the RPS Expert Advisory groups when gathering evidence. |
| **24.06.NPB.14** | **Any other business and close of Open Business**<br>*Led by: Chair*<br><br>There were no items listed. |

**Action List**

| Item | Action | By Whom | Open/Closed/Comments |
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| **24.06.WPB.09(ii** | CW to send the DOI form out on Friday email for amendments to be made. | **CW** | |
| **24.06.WPB.10** | Action 2- IW to look at what is feasible to share with CB | **IW** | |
| **24.06.WPB.12** | Action 3 - Country Directors to take ideas for 2025 and develop a workplan to bring to the next board meeting in September. | **Country Directors** | |
| **24.06.NPB.13** | Review RPS position on self-selection of P Medicines in Community Pharmacy using evidence to support any changes and to use the RPS Expert Advisory groups when gathering evidence. | **Chairs and Country Directors** | |