



# Harmonisation of Accreditation - National Meeting

## 1. Background

The North West Harmonisation of Accreditation scheme was presented to the England Board of the RPSGB at its July 2007 meeting, where it was agreed that it was an excellent scheme and should be adopted across the country. At its October meeting the Board discussed further how practically this could be achieved. Following discussion with the NW HAG it was decided that the best way to get the process started would be to host a national event, aimed at PCT and SHA pharmacy leads who commission Community Pharmacy Enhanced Services.

## 2. National HAG Meeting

A national meeting was held in Manchester on 26<sup>th</sup> February 2008 which was attended by more than 30 delegates representing the majority of the English Regions and Wales. Delegates were presented with information about the NW HAG scheme and its benefits; the structure and design of HAG Competency & Training Frameworks (C&TFs) and how they are developed. Delegates were then invited to consider how the scheme could be taken forward nationally and identify ways of promoting HAG to local Health Commissioners. The following is a summary of these discussions.

## 3. Summary of Discussions

Delegates agreed that Harmonisation of Accreditation for Enhanced Services should be expanded from a North West to a national scheme. It was felt that the success of the scheme in the NW is based both on its local collaborative approach and the involvement of representatives from national organisations (eg. NPA, PSNC, CPPE, CCA). There is a risk that a new national group might lose the knowledge and skills developed by the NW HAG and may not be as successful.

### 3.1 A National HAG?

It was proposed that the NW HAG should take on a national role in addition to its NW role and be known in future as the 'National HAG'. Affiliation / membership to the National HAG should be offered to representatives from other Regions. Regions or localities wishing to establish C&TF Implementation Groups, possibly using existing local groups, will be supported by the National HAG where appropriate. Clear communication / joint working arrangements will be identified thereby establishing a virtual network of local C&TF Implementation Groups which, in addition to implementing HAG C&TFs locally, will be able to support and contribute to the work of the National HAG.

### 3.2 Role of National HAG

The National HAG should continue to focus on producing C&TFs for current and emerging enhanced services in consultation with Regional / local HAG C&TF Implementation Groups via a virtual infrastructure. A non-pharmacist NHS Commissioner would be a useful addition to the National HAG membership.

It was suggested that all Groups should be affiliated to an existing national body, such as the English Pharmacy Board, which would provide overall scrutiny of the HAG process. Recognition of HAG by the DH would be welcomed and needs to be sought.

### **3.3 More Local (ie Regional) C&TF Implementation Groups**

The design of future C&TFs will need to reflect that enhanced services may be delivered in the future by pharmacy support staff rather than Pharmacists.

Many delegates supported the concept of local HAG C&TF Implementation Groups or virtual networks led by "HAG Champions". These would decide locally how they should take forward and implement this work with guidance and support from the National HAG. It was suggested that regions or localities wishing to set up their own Implementation Groups / networks should involve their SHA/PCT CEOs, Directors of Public Health, LPC and PCT Leads.

Any region or locality signing up to the HAG C&TFs would have to accept the content of specific C&TFs which had been ratified by the National HAG. As well as a solution that would support local ownership and understanding, Implementation Groups could allow for a wider involvement in the preparation / review of C&TFs with work shared across the network. The National HAG will seek participation from Implementation Groups in the development/review of C&TFs via a virtual infrastructure.

## **4. Next Steps**

- 4.1 Each delegate was asked to discuss the issues raised at the meeting locally to gather further support from commissioners of services.
- 4.2 Some PCT Groups / Regions may wish to formally link with the National (NW) HAG without the need to develop local Implementation Groups / networks and will promote the use of HAG documents as they are produced by the national network.

Others will prefer to develop their own local Implementation Groups or virtual networks and become involved in supporting the development or review of C&TFs in a similar arrangement to that currently in place between the National HAG and the London Community Pharmacy Group.

- 4.3 Delegates suggested that a further step should be to write to all PCT Chief Executives and Heads of Medicine Management seeking their support for a national acceptance and sign up to the HAG scheme. It was generally felt that there will be strong support from LPCs and Community Pharmacists but informing commissioners about the benefits and then getting C&TFs voluntarily imbedded in the commissioning process will be more difficult.
- 4.4 Official support from national pharmacy bodies (e.g. RPSGB, PSNC, CCA & NPA) as currently enjoyed by the NW HAG should be sought for the proposed national roll out. The scheme will also need to be promoted to the wider NHS, Public Health and Medical Professions.
- 4.5 The English Pharmacy Board, or future Pharmacy Professional Body, should be requested to provide administrative and financial support to the 'National HAG' providing assistance with networking and feedback, as well as providing the strategic support required for the promotion of HAG nationally.