

English Pharmacy Board 2 July 2008

PUBLIC BUSINESS

Multidisciplinary Engagement

Purpose

To ask members of the English Pharmacy Board to discuss the issues raised in the following paper and to make a decision on the way forwards.

Strategic objective domain

- Influencing the development of the pharmacist to play a more inclusive part in healthcare, public health and social care
- Recognised as world influencing and world class
- An organisation that consistently performs as a regulator, professional representative leader and publisher

Recommendations

On the recommendation of the Engagement Working Group Board members are asked

- i. to agree to establish a multidisciplinary engagement group
- ii. to agree that MURs are the first topic for discussion

1. Background

Following previous English Pharmacy Board meetings and meetings of the EPB Communications group, it was decided that a small working group be convened to look at the issue of engagement between pharmacists and other health care professionals, GPs in particular.

The working group met on the 12th June 2008 and consisted of Richard Daniszewski, Seema Agha and Heidi Wright (Steven Wicks and Sid Dajani sent apologies).

The members of the working group agreed to establish a multidisciplinary engagement group (MEG) and the following issues were discussed.

Objective

The overall objective of the MEG is to improve professional relationships and communication between pharmacists and health and social care professionals.

Underneath this main objective sits several aims:

- By establishing the MEG the EPB are providing leadership for the profession
- The MEG should lead to clear benefits to patients
- The Meg should lead to a greater clarity of the pharmacists role among other health and social care professionals
- The MEG should help establish collaborative working between pharmacists and doctors
- The MEG should produce tangible, practical benefits to members such as 'models of excellence'

Discussion Point: Are the objective and aims realistic and practical? Does anything need to be added or excluded?

Membership of MEG

The Working group thought the following organisations should be represented as part of the MEG. Following discussion it was concluded that the National bodies listed should be approached and asked to nominate members to sit on the MEG, taking into account, and making it clear, that they should be 'jobbing professionals'. The reasons behind this approach were two fold: firstly due to funding issues – if members of MEG are nominated by national bodies they will fund their time, although travel and accommodation may need to be paid for; and secondly, to get political buy in to this group at a national level.

- EPB (2 members)
- PQI
- PCT commissioner – NHS Employer or Primary Care Contracting
- GP X 2 – RCGP and GPC (BMA)
- Nurse - RCN
- Social worker / carer – CSCI, Healthcare Commission
- Pharmacist working for a multiple - CCA
- PCT pharmacist – PAG or PCPA or NPC
- LPC pharmacist – PSNC
- Academic pharmacist – approach directly e.g. Alison Blenkinsopp
- Lay membership – Seema as EPB lay member

The actual membership of the group may change dependent on the topic being discussed, although at an organisational level the membership would remain the same.

The working group felt that the Chair of the MEG should be a member of the EPB.

It was felt that the other pharmacy bodies should be informed of the work and kept informed but not actually be a part of it. This would include the NPA, Superintendent Pharmacists Group, Community Pharmacy Group.

Keith Ridge and the All Party Pharmacy Group would also be informed of the establishment of the group and asked to suggest future topics for discussion

Discussion point: Is the approach taken correct? Does anyone else need to be invited or excluded from the list? Should the Chair be a member of the EPB or should the members of MEG elect the chair?

Funding

The EPB would need to agree to fund the MEG. This would mainly involve the travel expenses and accommodation, if required, for members to attend meetings. Meetings would potentially be held four times a year.

Discussion point: Are EPB happy to fund the MEG? Would sponsorship be an alternative approach to take? Is there a possibility of applying for grants as this could be badged as researching opinions?

Meetings

The first meeting could be held in September 2008 and would involve setting the strategy, agreeing the objective and aims, building in terms of reference and looking at the direction of travel as well as considering the initial topic.

The working group felt that after the first meeting for the initial topic a large proportion of the work could be done electronically and that each topic would probably only require two face-to-face meetings: one at the beginning of the piece of work and one towards the end.

It was felt that the MEG would not be a time limited group and that it would continue for the foreseeable future as long as there were topics to discuss and funding available.

Topics for MEG

The Working group agreed that the first topic should not be too controversial and should be focused on something that is unique to pharmacy, where funding was already agreed, but that an impact on other health or social care professionals. It was decided that the topic of MURs fitted the criteria.

Other topics that were discussed included:

- POM to P switches and minor ailments
- Commissioning of services via PBC
- Prescribing
- IT issues such as shared electronic records
- Secondary care issues

Discussion point: Is MURs the correct topic to initiate this group? **Appendix 1** details MUR gap analysis in more detail.

If it is felt that MURs is a sensible place to start then the following questions could be considered by the MEG:

- Do you know what an MUR is?
- Do you know how it is working locally from an individual perspective?
- How is it being delivered?
- Does it need improving? If so how?
- Do you see a benefit to patients?

2. Risk Implications

One of the main objectives that the EPB have set themselves is around Engagement. If the MEG is not taken forwards then the EPB will need to establish other means of meeting this objective.

The Pharmacy White Paper also mentions the establishment of a working group set up and run by NHS Employers:

The Government believes effective professional relationships are important for the future development of services. It has therefore asked NHS Employers on behalf of PCTs to convene and lead a working group of pharmacy, medical and public representatives to formulate a series of actions to promote more effective professional relationships.

However, this group will be time limited, unlike the MEG. To prevent duplication of effort there would need to be close working between MEG and NHS Employers.

3. Resource Implications

- Funding of MEG members travel and accommodation
- Printing, promotion and dissemination of any resources produced

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Heidi Wright
Head of Practice