

GHP Amicus
40 Bermondsey Street
London SE1 3UD
Tel: 020 7939 7000 • Fax: 020 7403 2976

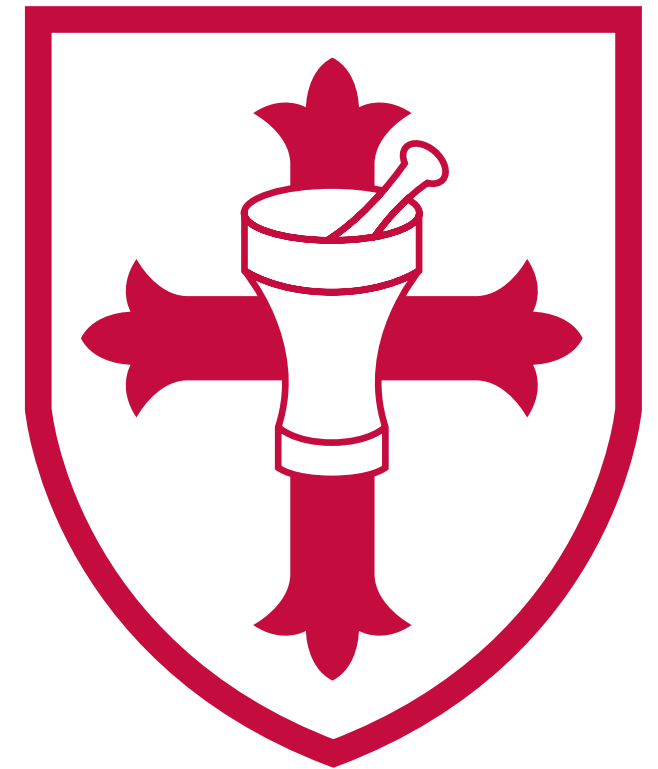
From May 2005
33-37 Moreland Street
London EC1V 8HA
Tel: 020 7505 3000 • Fax: 020 7505 3030



amicus
the union

General Secretary: Derek Simpson
Head Office: 35 King Street, London WC2E 8JG.
Tel: 020 7420 8903 • Fax: 020 7240 4723
Websites: www.amicustheunion.org
www.ghp.org.uk

Designed by Amicus Communications Department



The Guild of Healthcare Pharmacists

Annual Report 2004 - 2005

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GHP ANNUAL REPORT

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Executive Officers

2004 - 2005

PRESIDENT

Tony West

VICE PRESIDENT

Anthony Oxley

IMMEDIATE PAST PRESIDENT

Bob McCartney

SECTION GENERAL SECRETARY

Barry Jones

PROFESSIONAL SECRETARY

Jean Curtis

CHAIR OF EDUCATION AND DEVELOPMENT

Richard Cattell

ORGANISATION SECRETARY

Don Page

CHAIR OF PRACTICE

Andy Alldred

CHAIR OF TERMS & CONDITIONS

Dave Miller

HONORARY TREASURER

Jim Bannerman

EDITORIAL BOARD CHAIR

Vilma Gilis

COMMUNICATIONS AND RECRUITMENT OFFICER

Martin Pratt



Council Members

2004 - 2005

National Members

		Seat becomes vacant
Tony West	President	2005
Richard Cattell		2006
Sue Carter		2006
Christine Gilmour		2006
Raj Gokani		2005
Bob McCartney		2005
Dave Miller		2006
Anthony Oxley	Vice President	2005
Don Page		2005
Dave Thornton	(Co-opted)	2006

District Members

2004 - 2005

National Members

		Seat becomes vacant
Tracey Boyce	Northern Ireland	2006
Colin Rodden	Scotland West	2005
Jim Bannerman	Scotland East	2005
(Vacant)	Wales	2005
Graeme Richardson	Northern	2006
Andrew Alldred	Yorkshire	2006
Helen Davis	North West/Mersey	2005
Martin Pratt	Mercia	2005
Tom Gray	East of England	2005
Cathy Mooney	London North	2006
Vilma Gillis	London South	2006
Simon Mynes	South West/Wessex	2006

The Wales District Member post remained vacant for the session. Bob McCartney has been looking after the interests of members resident in Wales.

Honorary Vice Presidents

Joan Greenleaf

Bill Brookes

Colin Hetherington

Colin Hitchings



President's Report

Last year Bob McCartney wrote, in his Annual General Meeting Report, "The past year has been one of the busiest and most important that the Guild has ever faced". As I have now had the reins for the last 9 months I am of the belief that we are going through a 'period' which is the most important that the Guild and its members have faced. My difficulty at this time is identifying when that period started and more importantly when and if it will come to a conclusion!

The consequence of this is the extreme pressure on the individuals who make up Guild Council and those who directly support it, in particular Jean Curtis as our Professional Secretary and Barry Jones as our Section General Secretary. We are also doing this at a time when our parent organisation, Amicus, is evolving. It will come as no surprise that the creation of this union from the merger of AEEU and MSF is raising issues for us, no different to the mergers of trusts that many of our members will have been through in the past. So, what are the key issues that should make up this report? I believe there are four:

1. The Guild within Amicus
2. Delivering the 'terms and conditions' agenda
3. Delivering the professional agenda
4. Working with other organisations

The first of these is really an organisational one, and I can foresee a rather bumpy road ahead. I think it would be fair to say, and I am sure other Council members would agree with me, that without the extraordinary amount of work that Don Page has put in to keep us functioning we would have been in real difficulty. With the departure of our administrator early in the summer and re-structuring within Amicus it has not been an easy time. Likewise, getting to grips with a new rule book is never an easy task and this will be a major piece of work for us to complete over the coming months.

Of greatest concern to us though is how we will 'fit in' to the Amicus structure, and if we want a strong voice we are going to have to work hard at this. As I write this report coming up to the Christmas festivities I still have no clear understanding of the 'local' structures that will underpin the democracy of the new trade union, let alone how Guild Groups will sit within this. In terms of Amicus head office we do have very good working relationships with Gail Cartmail, Head of Health, and Mark Jones, National Officer for Professional Policy and Practice, but what we have yet to work through is how we influence the 'healthcare science' agenda... assuming, for the moment, that we do sit within healthcare science!

The latter point is critical in relation to the second key issue, the 'terms and conditions' agenda. While most of you will be totally engrossed in the technical implementation of the Agenda for Change (AfC) agreement, GHP is already looking to see what needs to be changed and how we might influence such change. We need to be aware that 'Pharmaceutical Whitley' is now truly dead and buried and as a consequence we have lost a degree of control over our own destiny. David Miller, as chair of Terms & Conditions Committee, and Dave Thornton as his vice-chair have kept the AfC bandwagon rolling... and yes, we are still answering stacks of e-mails every day!

On a separate but related front, Rich Cattell has been our lead on the Knowledge and Skills Framework and the Department of Health initiative on the Consultant Pharmacist. Taken together these should secure a sound career structure for pharmacists that allows a better balance for those who wish to pursue practice rather than management, although we may need to do more to persuade pharmacists to take the management route in the future!! Do not for one moment think we have 'finished' with AfC, it always holds surprises and at the time I am writing this we are just trying to deal with such a surprise, relating to the pay for pre-reg.

On the third of my issues, the professional agenda, I am pleased to report that Andy Alldred and Richard Cattell have been working on ways of streamlining our workload so we can cope effectively! Over the next few months it should be possible for members to have a clearer idea of what is on our agenda, how we are handling it and critically... how they can be involved. A lot of this is dependent on our website and Jim Bannerman has been a star over the last year as we now have a functioning discussion forum (to go with the e-mails!) and much of our work is through the electronic medium thanks to this. Jean Curtis continues to ensure the Guild has a profile in the national professional agenda, by responding to all relevant consultations. She will have expanded on this in her own report. Needless to say, there is no sign of the professional workload reducing.

This brings me nicely to the last of the issues, working with others. It has become clearer over the last couple of years that while GHP has robust systems to pick up the professional agenda it increasingly needs to work with other organisations to share the workload. Our main advantage is that we are 'well connected', something we can thank a succession of Presidents and Professional Secretaries for building. In addition we have a powerful 'parent', and by this I mean Amicus! Bob explained last year that Gail Cartmail had provided the necessary 'access' to Government and again this year she came up trumps with a temporary solution to the EDC/on-call problem in AfC.

What we have to do over the coming couple of years is strengthen relationships between the many organisations that represent the sectional interests of pharmacists. One sign of these strengthening relationships is the joint conference with United Kingdom Clinical Pharmacy Association and another is the increasing number of pharmacy organisations that sit with us in the open meeting of Guild Council that deal with the professional and education and development agenda.

It remains for me to thank all of those who I have not named, along with those referred to in this report, for the support they have given me and particularly those who have stepped in and represented the Guild on my behalf at key events, such as Sue Carter at FIP. Without you I would not have a chance of delivering anything as your President.

Tony West
President



Section General Secretary Report

The year was, of course, dominated by the continuing development of the Agenda for Change package. This culminated in a ballot of all Amicus members, and a decision to support the full roll-out of the new system. Along the way there were many subtle twists and turns, but the end result for pharmacists is generally a good one.

At the beginning of the year, agreement was reached with the Department of Health on the core batch of job profiles for pharmacists. The intention was that they would be sufficiently broad to allow matching by as many NHS pharmacists as possible. The gaps in the job profiles were filled as the year progressed, to the point where there is now a comprehensive career structure for pharmacists which is transparent and logical.

The timetable for Agenda for Change slipped consistently. Eventually, Amicus ran a ballot of members during the end of October and beginning of November. The effective implementation date of Agenda for Change was 1st October 2004, with an operational date for the transfer of staff onto new terms and conditions of 1st December 2004. The review of early implementation also ran into delays, and a report was eventually produced in August 2004, some fourteen months after early implementation began.

A huge logistical exercise was undertaken to provide training and information to as many Amicus activists and members as possible. Meetings were held all around the country, and the Union's Reps Direct e-newsletter was giving almost daily updates. Documentation accompanying ballot papers was intended to give information to members which would enable them to reach conclusions about the real impact of Agenda for Change on their employment package. It is important to recall that no recommendation was given by Amicus on how members should vote in that ballot. In the event, the result of our ballot was quite close, with 56% supporting the implementation of Agenda for Change from a 41% response.

We have also begun to engage with health economies, strategic health authorities and trusts to work through the mammoth task of implementing Agenda for Change across the NHS and associated organisations. Amicus is involved in project groups, influencing and supporting the process, and aiming to get the best possible deal for Union members.

Outside Agenda for Change, the Guild has worked very hard during 2004 to build and strengthen relationships with Government ministers and Department of Health officials. Meetings have been held with Rosie Winterton MP, the Minister with responsibility for pharmacy, and Jim Smith, Chief Pharmaceutical Officer for England, as well as his counterparts in the other home countries. All parties have agreed that a more consistent dialogue would be helpful, and we look forward to taking forward the interests of Guild members at that level.

During February and March 2004, Amicus held its inaugural health sector conferences in every region of the country, and a national Health Sector Conference in Harrogate. I regret to report that pharmacists were not well represented at these events, and I offer my thanks to those who did participate. Amicus is now the largest trade union in the UK, and is able to exert influence accordingly. If the Guild is fully to utilise that influence, it is crucial that pharmacists are involved in the Union's democratic structures.

Finally, I would like to thank all Guild members for the support you have given in producing the steady growth in membership that we have seen throughout 2004. There have been many issues to deal with, and many obvious good reasons for joining the Guild at this time. We have seen net membership growth, and that can only increase our ability to achieve improvements at work for all of our members. Here's to many more years of growth!

Barry Jones
Section General Secretary

Professional Secretary's Report

Introduction

Once again the content of my role has changed in emphasis to reflect professional requirements and Guild activity. Agenda for Change has again absorbed a huge proportion of Council activity, so it was important to ensure, with Andrew Alldred, Chair of Practice, that professional issues were adequately addressed. For example, in the last three months of 2004 there was a significant increase in the number of professional meetings on the developing medicines and pharmacy agenda. In order to be able to influence these developments it was crucial for the Guild ensure it was represented. I made sure as far as possible that a Council member, other appropriate member or myself was invited and attended.

I remain managerially accountable within the union to the Director of the Community Practitioners and Health Visitors Association (CPHVA). Mark is now also designated as National Officer for Professional Policy and Practice for the health sector. My activities are summarised below, divided up under separate headings for convenience.

Organisational Matters

The whole of the union has been affected by the merger of the MSF side with the AEUU on 1.1.04, and the subsequent changes to the way many day to day tasks are carried out. Most notably, the voluntary redundancy scheme led to a number of administrative staff in the health sector, including our administrator Preeti Farooki, leaving the organisation in June. Our thanks to Preeti for her work over the two years she was working with us. Since then we have had several temporary administrators and a resulting lack of continuity in administration.

The combination of the changes in the internal ways of working and the loss of key administrative staff has inevitably given Barry Jones, Section General Secretary (SGS), Don Page as Organisation Secretary and myself more work. For example, the role of the Guild, along with other sections of the health sector, had to be explained to the new amicus General Secretary and senior officers, and the value of the overseas links and attendance at Conferences, the European Association of Hospital Pharmacists and FIP, had to be explained in a written paper so that these activities and associated expenditure could be, and were, reauthorised.

The workload of both the Guild administrator and that of the Professional Secretary, were reviewed by the President, Vice President and Immediate Past President. A paper outlining the support needed by the Guild, prepared by Don and myself, was submitted to Gail Cartmail and Mark Jones in July.

The withdrawal of Celltech from the Gold and Silver Awards, and the liquidation of the firm which supplied them left the organisation of the making of new medals to the Guild, which I coordinated ready for the 2004 Conference.

Routine activities have included:

- Attending all Council meetings including special meetings, all Terms and Conditions Committee meetings and Practice Committee meetings, an Early Implementer Day (Agenda for Change), Group Secretaries Day and the Executive meeting.
- Three meetings with Mark Jones and one with his expanded Planning Team.
- Three update meetings with President
- Meeting with President, Vice President, Immediate Past President and Section General Secretary
- Meeting with Vice President, Gail Cartmail, Head of Health, and Mark Jones
- Several meetings with the Guild Administrator and SGS or Organisation Secretary
- Organisation and collation of the agenda for meetings with the President and Vice President with various people within the union and within the profession



Finance

Until April I was the "authorised signature" for the Guild section of Amicus expenditure. However, with the new union ways of working all expenditure has to be authorised by a regional secretary or national officer; for the Guild this is now Mark Jones. In order to "capture" the Guild expenditure I still check and code the expense claims and invoices where received, but this leads to delays in payments. Little information has been available from the finance department (now a merged department at Hayes Court) to date. I have collated the 2004 expenditure as far as possible and made a first estimate of expenditure for 2005. I have attended the financial management group meeting.

Members' Individual Issues

These have included:

- Answering professional queries from members
- Answering queries on professional liability insurance (PLI). The number of enquiries has increased significantly partly due to the introduction of supplementary prescribing. I have produced an updated information paper on PLI "cover" provided by Guild/amicus membership, to include information on PLI in relation to extended pharmacist roles.
- Answering numerous queries on membership
- Discussion with several members in difficulties with their managers and arranging assistance as appropriate.

National Care Standards Commission (NCSC)/ Healthcare Commission (HCC)/ Commission for Social Care Inspection (CSCI)

Joint work with Unison and the Royal College of Nursing to resolve some of the issues for pharmacists employed by the NCSC, who were transferred to CSCI and HCC on 1.1.04, has continued with support from the SGS. A joint recognition agreement, including amicus as a recognised trade union, was signed with both organisations at the end of March. Morag Ross, has continued as accredited representative for CSCI, and, from June, took over attendance at the joint human resources (HR)/ trade unions meetings. Timothy Billings was elected accredited representative for the HCC and has taken over recruitment, communications with his members and attendance at their joint HR/ trade unions meetings. This has assisted in reducing part of my workload, but I still spend a significant amount of time in supporting Morag and Timothy by e-mail and telephone and an occasional meeting.

Both organisations have put pharmacists into inappropriate pay bands and are now about to undergo a reorganisation. I will continue, with Barry, to provide support and advice for them.

Professional Representation for the Guild

I have written a number of letters to support the professional agenda and represented the Guild at meetings as follows:

With the Chief Pharmacist Department of Health and Principal Pharmaceutical Officer, with the Immediate Past President and Vice President

With the Minister for Health, Rosie Winterton, with the President and Immediate Past President (2)

Regular meetings of Modernisation Board Pharmacy Briefing Group (3), a subgroup meeting on chronic disease management, and the meeting "Pharmacy in the Far Future" organised by this group

Regular meetings of community pharmacy representative bodies with Royal Pharmaceutical Society (RPS) (2)

Project meetings on production of a "toolkit" for medicines on discharge /transfer with PSNC and RPS (2). The document is almost complete.

Healthcare Commission "Roadshow" on their future activities.

With National Pharmaceutical Association (NPA) officers and President (3) and attendance at their chairman's triennial dinner

With Pharmacists' Defence Association, with President and Vice President

With the Amicus European affairs officer on the Draft European union (EU) Services Directive at the Department of Trade and Industry

Procurement and Distribution Interest Group November meeting

MSD/NPA/Guild award meetings (5), including the launch of the 2004/5 award and the presentations of the 2003/4 and 2004/5 award winners at the NHS Alliance Conference, liaison on publicity for the 2004/5 award and adjudication of the entries for the 2004/5 award

Schering Award presentation and dinner

CPHVA Conference, Harrogate

Other meetings attended within the profession include leadership, pharmacist smoking cessation training audit, pharmacy public health strategy, education, and on Healthcare Commission criteria for Healthcare standards

Response to Consultation Documents

The Government's Modernisation Agenda has maintained the number of consultation exercises affecting NHS pharmacists either directly or indirectly at roughly the same rate as 2003. I have drafted responses to 34 consultation documents, circulated the drafts for comments, collated the comments and submitted responses. A list of these responses can be found in the Professional Secretary Column of each issue of "Healthcare Pharmacy" and is attached. Members can submit comments to me for inclusion in the Guild's response.

Consultations to which the Guild has sent a response in 2004

Independent Review of Access to Yellow Card Data: Steering Committee to report to Chair of Medicines and Healthcare Products Regulatory Agency (MHRA)

ARM 18: Request to reclassify a product from POM to P: Simvastatin 10mg Zocor Heart Pro

National Patient Safety Agency: Work Priorities

MLX 297: Licence Fees for Medicinal Products for Human Use Only: Proposals Relating to the Medicines (Products for Human Use-Fees) Regulations 1995, the Medicines (Homeopathic Products for Human Use) Regulations 1994 and the Medical Devices (Consultation Requirements) (Fees) Regulations 1995

MLX 298: Supplementary Prescribing: Use of Unlicensed Medicines, Reformulation of Licensed Products and Preparations made from Active Pharmaceutical Ingredients and Excipients

Department of Health (DH): National Health Service (Complaints) Regulations, draft.

Commission for Healthcare Audit and Inspection (CHAI): (now the Healthcare Commission): "Reforming the NHS Complaints Procedure- Consultation on CHAI's Proposals for the Independent Stage"

ARM 19: Request to Reclassify a Product from P to GSL: Zovirax Cold Sore Cream.

MLX 296: Proposals to Prohibit the Sale, Supply or Importation of Unlicensed Herbal Medicinal Products for Internal use Which Contain Senecio Species

DH: Standards for Better Health: Health Care Standards Under the NHS

Royal Pharmaceutical Society/ Association of Pharmacy Technicians UK consultation on draft Code of Ethics for Pharmacy Technicians

MLX 300: Review of the Advisory Bodies Structure laid Down in the Medicines Act 1968. This was a proposal to abolish the Medicines Commission and reorganise the functions of the Committee on Safety of Medicines and its subcommittees.

Welsh Medicines Partnership: Guidance for Partnership Working Between NHS Organisations, Primary Care Contractors, The Pharmaceutical Industry and the Wider Commercial Sector



MLX 299: Proposals for the Reform of the Regulation of Unlicensed Herbal Remedies in the UK Made up to Meet the Needs of Individual Patients

DH: Regulation of Herbal Medicine and Acupuncture: Proposals for Statutory Regulation

MLX 302: Administration of Medicines by Paramedics: Amendment to the Prescription Only Medicines (Human Use) order

Healthcare Commission on their business/ inspection plan for 2005 – 2008

Department of Trade and Industry: Draft EU Directive on Services in the Internal Market. The implications of this draft Directive are far reaching. I am keeping a watching brief on this through a DH link.

MLX 304: Supply of General Sales List (GSL) Medicines by Specified Prison Staff Out of Hours: Amendment to the Medicines (Pharmacy and General Sale-Exemption) Order 1980

DH: Regulation of Health Care Staff in England and Wales. This includes proposals to regulate support staff who are not currently regulated

MLX 303: Nurse Prescribers Extended Formulary: Proposals to Expand the Range of Prescription Only Medicines

MLX 308: MHRA: Report of an Independent Review of Access to the Yellow Card Scheme: MHRA Response to Recommendations

DH: New National Service Framework, Coronary Heart Disease, Chapter on Arrhythmias and Sudden Cardiac Death: submission of example of good practice in elective DC Cardioversion from Aintree Hospitals

MLX 305: Proposals for Supplementary Prescribing by Chiropodists, Physiotherapists, Radiographers and Optometrists and Proposed Amendments to the Prescription Only Medicines (Human Use) Order 1997

MLX 306: Proposals for Amendments to the Range of Medicines Which can be Sold, Supplied or Administered by Optometrists

Department of Health: Memorandum of Understanding between the NHS, Health and Safety Executive and Chief Police Officers on Investigating Patient Safety Incidents (unexpected death or serious untoward harm).

Council for Healthcare Regulatory Excellence: Consultation on the Procedure for Giving Regulatory Bodies Instructions to Make or Change Rules Under Section 27 of the NHS Reform and Health Care Professions Act 2002

MLX 309: Implementation of Revised EU Medicines Legislation: Implementing the "2001 Review"

MLX 310: Proposals to Enable the Use of Electronic Signatures on Prescriptions and Proposed Amendments to the Prescription Only Medicines (Human Use) Order 1997.

Department for Environment, Food and Rural Affairs: Review of the Special Waste Regulations in England: Proposals for Replacement Hazardous Waste Regulations and List of Wastes Regulations

Royal Pharmaceutical Society of Great Britain: Devolution

Royal Pharmaceutical Society of Great Britain: Proposed Regulations: Elections to the Reformed Council and Appointed Members to the Reformed Council.

DH: Employment of Pharmacy Support Staff in Prison Health Care Services:

DH: Ethics Review of Social Care Research: Options Appraisal and Guidelines

Jean Curtis
Professional Secretary

Organisation Secretary Report

This report covers the calendar year of 2004. A verbal update of the period up to the 2005 Annual General Meeting (AGM) will be given at the AGM in Glasgow.

This year should have marked a period of consolidation, building on the work previously done, including documenting processes, and making further progress along the way. Whilst this is partially true, events outside the direct control of the Guild have contrived to make progress quite interesting.

The year has been marked by some internal reorganisation within Amicus, as the two major constituent union structures merged. One consequence was the loss of Preeti Farooki, who had been the administrator for GHP for two years. The plans for the support for Groups and Associations within the Health Sector were scheduled to be put forward by Mark Jones, Director of CPHVA in mid-November, but publication has been delayed. The results of this will be put forward at the AGM, if they have been published.

The AGM for 2004 was held at Hinckley, Leicestershire within rule. It was noted that there was some difficulty with the mailing list in respect of Honorary Members. This matter was being looked into. The meeting voted to remove the requirement to hold an annual Group Delegates' Meeting, whilst noting that Groups retain the right to forward motions to Guild Council. The web forum facility was set up in September, which will allow members to contribute to discussions, which might require action by Council. So far, this facility has been used by Council and by a few informed members. With the decreasing activity at local level, this facility is an ideal method of keeping up to date with current matters.

Council has looked further at methods of working, particularly as most members do hold exacting paid roles (usually referred to as 'the day job'). Concern was expressed that some issues are not being resolved quickly enough, quite often due to the efforts, or more usually lack of efforts, from third parties. Council agreed to a proposal that matters arriving at the table should be prioritised on the basis of:

- Must do the work, as it lies within the roles and boundaries of the Guild
- Commission work to be done by a third party on behalf of the Guild
- Seek to influence the work done by a third party on behalf of others
- Take no action, as it is not viewed as a priority of the Guild

It has become clear that not every member of Council requires to be involved in the detail of all the work to be taken on, but it is also important that Council members with relevant expert knowledge should be involved. This has led to the requirement for every Council Member to supply a CV including aspects of work being carried out, as well as aspects of specific interest. The method of determining membership of sub-committees is also being reviewed.

For the first time, Council is also looking at the role of deputies for a number of key posts, including Committee Chairs, Treasurer and Recruitment Officer. The aim would be to build up a form of succession planning within Council, and ensuring continuity in case a key person is not available for a meeting. This has previously only occurred for the President, and Chair of Terms & Conditions Committee.



One major event that occurred during 2003, which will have an impact on the Guild was the publication of the Amicus rulebook. This document not only sets out operational instructions for the union, but also gives pointers as to the internal structures. The rulebook states clearly that 'Groups and Associations' within the union can continue to function. These bodies may have its own set of rules, which will be treated as bylaws within Amicus. Amicus is the legal body, in terms of Trade Union legislation. The rulebook does apply to the Guild as a section of the union. There are very clear statements in the rulebook on the status of:

- Members
- Rights and privileges
- Assets

These statements will impact on the Guild, but this will allow clarification of aspects of the structure. The status of the Guild Groups, and the Special Interest Groups should be clarified as a result of the review by Mark Jones mentioned above.

However, it should be made clear that the important local operating unit of the union is the branch. All GHP members are not only assigned to a Group, but also to a Branch. (London Group holds branch status.) It is very clear that members should look to gain involvement in the branch. GHP groups should ensure that at least one or two members attend branch meetings wherever possible, and report back to the group on matters of interest and concern. It should be noted that branches are paid 3% of the members' subscriptions for use within the branch. Groups can apply for funding from the branch, provided evidence of activity is shown. Branches also elect delegates to Regional Health Conferences. It is clear that pharmacists should be represented at these conferences. Whilst it might be possible to delegate attendance to local members of Guild Council, if they are available, it is important that whoever can attend the conferences should do so.

With respect to assets, especially funds held in GHP group accounts, it should be noted that these funds are counted as assets of the union. A survey was carried out in late 2003 by the Organisation Committee to look at the status of Groups, and also funds held. It is quite clear that a few groups have substantial funds. This is not a problem if it can be demonstrated that the groups are active, and that the funds are being used for purposes of union activity. Groups should audit their accounts on an annual basis, and forward a summary of account to the Treasurer. If this is not done the Group will run the risk of having their funds "clawed back" by Amicus. Council will be prepared to make representations to Amicus in respect of Group funds if the evidence can be provided about the use of the funds. If the evidence is not provided, and there is reason to cite justification for holding funds, Council's position will be seriously weakened if previous evidence were not supplied. Groups are under notice that the survey shall be repeated in Autumn 2005. The information provided will be treated in confidence, within Guild Council.

Finally, I wish to record thanks to members of Council for advice, support and work done along the way in the past year, and especially to Jean.

Don Page,
Organisation Secretary

Terms & Conditions Committee Report

The last two years have been dominated by the various components of Agenda for Change. Writing this report at Christmas 2004 for publication and discussion after Easter 2005, requires some predicative skills as well as analytical reporting.

Job Evaluation

After long discussions particularly focused on the Pharmacy Team Manager profile, we have agreed to a "genericised" set of profiles that allow the previously agreed clinical profiles to be utilised for the vast majority of pharmacist posts in the managed sector and these have been published on the Department of Health website.

The family is nearly complete and it is hoped that the current disagreements on the pre-registration profile between the professional staff representatives and the Job Evaluation Working Party (Jewp) will have been resolved and we can move forwards either with an agreed profile or some other agreed method for calculating pay.

Terms and Conditions

Along with many other staff groups, we had major problems with the proposed out-of-hours and on-call arrangements and welcomed the suspension of this part of the agreement, subject to a review. We will obviously continue to input into this area from a pharmaceutical perspective.

Knowledge and Skills Framework

This is the most important, long lasting and neglected part of the Agreement. It will provide a career path and protected training time for the profession in the managed sector. At this moment, individual members will be coming to terms with the first two aspects of Agenda for Change, but in years to come, we will all look back and hopefully, the Knowledge and Skills Framework (KSF) will have supported enhanced personal development and vastly improved professional practice.

There has, over the last year, been a vast and challenging workload for the Terms and Conditions Committee, ensuring that all aspects of the Agreement are examined, and making sure our members are informed and, as far as possible, the impact of change is taken into account and that they are not disadvantaged. It must have seemed to many Council Members over the last year, that they had another full-time post. Whilst I am indebted to the support from all members of the Committee, Group Secretaries and accredited representatives from the Early Implementer sites, I must in particular note the efforts of Tony West, Bob McCartney, Dave Thornton, Colin Rodden and Richard Cattell in this process.

It would be comforting to state that the work is complete but we know, along with the KSF, that more much more work needs to be done relating to the employment aspects of our members. We still, in the next 12 months, will need to address the out-of-hours review, recruitment and retention premia, any submission to the Pay Review Body, the Consultant Pharmacist post and the pensions review, and, vitally, all of Council will be focusing on how we maintain and continue the growth in membership that has accompanied the changes.

David Miller
Chair, Terms and Conditions Committee



Treasurer's Report

Section Fund accounts

The balance of the current account has become almost depleted over the course of 2004 so a transfer from the 14 day notice account will be made. With the Purchasing and Distribution Interest Group (PDIG) and the Information Technology Interest Group (ITIG) accounts having been established (see below), the number of transactions on the main account is now small.

There are a number of outstanding invoices totalling £2000 + VAT for website hosting and discussion forum development awaiting processing by McMillan-Scott / Masmedia.

Special Interest Group Accounts

The PDIG and ITIG accounts became active on 1st April 2004; as agreed by Council. Each had an opening balance of £4000 transferred from the Section Fund. As shown in the current account details, some income associated with PDIG and ITIG events continues to be credited to the Section Fund and has to be subsequently transferred to the correct account. There also remain some credits for which the source and / or purpose cannot be reconciled; these amounts are accordingly not transferred.

The Leadership Development Group (LDG, formerly LMDIG) account is in the process of being set up with the bank.

The CIG account will be set up in due course; the group currently has no financial activity.

Tsunami disaster

Council has recently agreed to make a donation from the Section Fund to the disaster appeal.

Financial Management Group

Guild Council maintains a Financial Management Group which meets as and when necessary to resolve any financial issues, and is available as a resource for the treasurer. At the time of writing there has been no need for a meeting of the group since the 2004 Annual General Meeting, but members of the group have been kept fully informed of financial issues by the treasurer.

I shall be standing down as Treasurer after the 2005 AGM. I would like to thank all those who have assisted over the last three years and look forward to working with my successor to ensure a smooth handover.

Jim Bannerman
Treasurer

Account Details

14 day notice account

Balance at 31st December 2003; **£35,301.64**

Income		Expenditure	
Interest	579.17		

Balance at 31st December 2004; **£35,880.81**

Instant access account

Balance at 31st December 2003; **£996.67**

Income		Expenditure	
Interest	1.98		
		Transfer to current account	500.00

Balance at 31st December 2004; **£498.65**

Current account

Balance at 31st December 2003; **£24,164.09**

Income		Expenditure	
		PDIG committee June 2003	123.20
		PDIG symposium June 2003	424.64
		PDIG committee November 2003	60.00
PDIG symposium November 2003	75.00	PDIG symposium November 2003	9951.51
		PDIG committee January 2004	257.44
		PDIG account opening balance	4000.00
PDIG symposium June 2004	2295.00	PDIG account – symposium June 2004	2295.00
PDIG symposium November 2004	1625.00	PDIG account – symposium November 2004	1625.00
		ITIG account opening balance	4000.00
ITIG seminar	105.00	ITIG account - seminar	105.00
		Refund to Profile Productions re incorrect payment ANC 2002	590.00
		President's attendance at ASHP December 2003	793.97
Baxter award 2003 winners expenses	1604.99	Baxter award 2003 winner expenses	654.77 (950.22 paid 10/03)
		Hospital Effectiveness project migration to DrugInfoZone	2937.50
		Pharmacy in the Far Future conference – GHP Council delegation	225.00
		RPSGB Education conference – GHP Council delegation	120.00
		RPSGB Discharge planning project	1798.44
		GHP medals	901.24
		Email system migration	26.44
		Website development – journal archive and search facility	587.50
		Administrator leaving gift	32.10
		Bank annual audit	58.75
Transfer from instant access account	500.00		
Unreconciled income	1255.00		
Total	7459.99	Total	31567.50

Balance at 31st December 2004; **£56.58**



PDIG account

Opening balance; £4000.00

Income**Expenditure**

Symposium June 2004	16630.83	Symposium June 2004 and committee awayday July 2004	13816.11
PharmEDI		2154.18	
Symposium November 2004	19781.06	Symposium November 2004	14492.79
Total	38566.07	Total	28308.90

ITIG account

Opening balance; £4000.00

Income**Expenditure**

Seminar 2004	8815.00	Seminar 2004	8698.32
		BHS HIC meeting and committee awayday July 2004	775.12
Interest	13.71		
Total	8828.71	Total	9473.44

Practice Committee Report

2004/05 has been a demanding year for the Guild, with Agenda for Change (AfC) dominating council members' priorities. Whilst implementation of AfC has marched steadily on, the world around us has, unfortunately, not come to a complete standstill!! The practice agenda facing the profession, in line with the changing NHS environment, has continued rapidly to alter the way we deliver our professional services.

New Ways of Working

In response to the developing agenda, council has undertaken a review of its ways of working, led by the Practice and the Education & Development committees. This will alter fundamentally the way we deliver on our commitments to members. A draft work plan has been written, based on prioritising areas of importance to members. Council members will have defined portfolios, and an outcome based decision making process is being introduced to manage the growing agenda. The executive group in agreement with full council will decide whether to lead, influence, commission or in some cases simply hold a watching brief on a particular issue. The draft work plan will be available to members on www.ghp.org.uk.

Policy and Practice Work in 2004/05

The Guild has debated and influenced many areas of practice over the previous 12 months and I am indebted to council for their support and help through this period. We have covered a wide range of issues including chronic disease management, public health, non medical prescribing, use of unlicensed medicines, discharge processes, the Shipman Inquiry, patient safety initiatives and consultant pharmacist roles to name but a few. In all of these areas we have focused wherever possible on working with our partner organisations. We are currently updating many of our policy and practice statements and revised versions of these will be published on the website in the coming months.

Non Medical Prescribing

The Guild continues to play an active role through the practice committee in the development of policy, practice and advice in several areas of non medical prescribing. These include supplementary prescribing, pharmacist transcribing and more latterly influencing future government independent prescribing policy. Dave Miller is our representative on the Department of Health Stakeholder group.

Shipman Inquiry

Members will be aware that the first phases of the Shipman Inquiry and subsequent working groups are now almost complete with the publication of the first 5 reports. The Government's response to the 4th report, in particular, will have far reaching implications for both community and hospital pharmacy services in the handling of Controlled Drugs. The Guild has been represented by Sue Carter and Diane Heath on two working groups within this process.

Public Health

The growing concern around the health of the nation has prompted the Government to launch several public health initiatives. One such initiative includes developing a strategy for pharmaceutical public health. At our November council meeting Miriam Armstrong, Chief Executive of Pharmacy HealthLink, who are jointly running the project with the Department of Health to produce the strategy, introduced the draft strategy to council to seek input from the Guild on the role of the secondary care pharmacists in this area. We welcome this initiative and recognise the important role pharmacists currently undertake and how this may develop in the future.

Partner Organisations

As in previous years we continue to develop our relationships with our partner organisations especially the Royal Pharmaceutical Society. We continue to have reciprocal arrangements with the RPSGB Hospital Pharmacists Group, a representative attending each other's meetings. Our relationship with United Kingdom Clinical Pharmacy Association continues to develop. This will now involve attendance at our practice sessions and at our open council meeting. The Association of Pharmacy Technicians will also be represented at practice and open council. Sue Carter as national council member and Primary Care Pharmacists' Association representative and Diane Heath representing Primary and Community Care Pharmacists' Network continue to provide a strong primary care voice on council.

Consultations

Finally the number of consultations emanating from various bodies, but in particular the Department of Health never ceases to amaze. I and the whole of council are particularly grateful for the hard work and dedication of our professional secretary Jean Curtis in coordinating responses to these publications. Our consultation responses are published in Healthcare Pharmacy.

Andrew Alldred
Chair of Practice



Education and development Report

Renaming

The committee, formerly known as the Education and Science Committee, has been renamed the Education and Development Committee.

Awards

a. Novartis Award

b. Guild/National Pharmaceutical Association/Merck Sharp and Dohme Award

The above two awards continue to be awarded successfully

c. Baxter Award

This award has been suspended, as the sponsors want to achieve National Patient Safety Agency 'support' which has not been forthcoming

d. Servier Award

We are in the early stages of negotiation with Servier and a number of other pharmacy organisations (such as the United Kingdom Clinical Pharmacy Association, the Royal Pharmaceutical Society of Great Britain (RPSBB), the College of Pharmacy Practice) about a pan-profession award. At the time of writing we await the first formal meeting

e. IVAX Award

The Leadership and Development Group have set up and administered this award and it appears on their report

Hospital Pharmacy Effectiveness Project

This has been made available via www.druginfozone.nhs.uk this year. The authors remain keen to develop the methodology to ensure this work remains current, but this aspect is proving difficult.

GHP Annual Conference 2004

Another successful conference was held this year in Hinckley attended by over 200 delegates. We were fortunate to have all four home country Chief Pharmacists attend the conference. Profile Productions again provided the organisational effort.

GHP/ United Kingdom Clinical Pharmacy Association Annual Conference 2005

Progress has been made. The venue is now booked, the programme is 95% completed and arranged. Details are available on www.ghp.org.uk. This represents the first time these two organisations have worked so closely on such an event.

Representation

a. RPSGB Competencies of the Future Workforce

This piece of work seeks to define, in terms of competence, the role of the pharmacist over the next 5-10 years to enable the RPSGB to develop its undergraduate curriculum. GHP have encouraged a thorough review of all pre-qualification training to ensure fitness for purpose.

b. RPSGB Senior Executives Group

The group, which oversees the implementation of the cross sector placements for Pre-registration pharmacy graduates and Continuing Professional Development, in general continues to meet and provide strategic advice to the RPSGB.

c. Department of Health Consultant Pharmacist Steering Group

This short-lived group is tasked with providing a paper for ministers to consider by Easter 2005. The outcome should be a fundamental change in the career path in NHS Pharmacy including formal specialisms, the use of appropriate competency frameworks and the protection of the title 'Consultant Pharmacist'. Agenda for Change has played a large part in the likely outcome and so the GHP representative and Terms and Conditions Committee have provided information and support to the group as necessary.

Richard Cattell

Chair, Education and Development Committee

International Committee Report

The current committee members are Tony West (President), Anthony Oxley (Vice President), and Bob McCartney (Head of Delegation). Richard Cattell is the reserve delegate.

European Association of Hospital Pharmacists

The European Association of Hospital Pharmacists' (EAHP) General Assembly (GA) was held in Helsinki in June - Tony West, Richard Cattell and Bob McCartney attended.

The meeting was interesting primarily for the discussions centred on the renewed debate around Specialisation. The proposed directive has potentially significant implications for freedom of movement of pharmacists within the European Union. There is also the potential for a number of professions to lose their "specialist" label – including hospital pharmacy. A retired professional lobbyist to the European Parliament from the Netherlands explained some of the nuances of the way the European Parliament (EP) and European Commission (EC) work. He offered his support with respect to lobbying the EP and EC over the specialisation directive.

There was useful discussion at the GA about the concept of specialisation and all the countries present agreed to pursue specialisation in hospital pharmacy – even the UK and Republic of Ireland who have historically opposed it. This was agreed on the basis that there would be a core list of activities. It was also agreed that each country should be able to add to this list to meet the specific requirements of the pharmacy service within that country. It was NOT to be the same as the restrictive practice/titling as used currently by some European countries.

We shall be raising these issues with the Royal Pharmaceutical Society of Great Britain in early 2005.

A number of new countries were welcomed as new members. Overall membership now reflects some 14,000 pharmacists.

There was a generally positive air around the meeting with the exception of the Board, which was obviously showing some major strain due to the personalities involved.

The Board has also appointed a new Professional Secretariat. The Board had decided not to replace the previous Professional Secretary with another but to use the finances to run the paperwork of the organisation and to lobby as needed.



The GA is the point in the year where elections to the Board take place and there were a number of changes to the membership this year. (Following a presentation on the time commitment required of a Board member, the UK delegation immediately decided that they could not be involved.) The GA also agreed to pay the pharmacy department, in which the President works, for one day a week of her time

Hans Harting (Netherlands) stood down as Director of Finance (in a relatively acrimonious situation) – there were no nominations.

Bror-Lennart Mentzoni (Norway) was the only nominee for Director of Operational Aspects – he was duly elected.

Elfriede Dolinar (Austria) was nominated (and elected) at the meeting to be Vice President.

This left the Board with 2 vacancies – the Directors of Finance and External Relations. Roberto Frontini from Leipzig has subsequently been co-opted as Director of Finance.

I would also like to record that unfortunately Peter Cooke had to stand down from the EAHP Board due to ongoing family and work commitments. I know Peter's contributions are sadly missed by a number of the Board members.

Peter has agreed to be involved in a working group looking at the future set up of the EAHP web site. Peter will have the support of Jim Bannerman as a "back room" person within the Guild. Jim has not been nominated formally to EAHP, as his commitments within the Guild are significant enough already.

The European Journal of Hospital Pharmacy is also undergoing some significant changes. It was agreed (though opposed by the UK delegation) to split the journal into 2 publications – a science journal and a practice journal.

Editors are being appointed for both these publications – although there have been some difficulties over the negotiations that have caused one of the original appointees to resign almost before being in post! A testament to some of the personality issues that are dogging the EAHP Board.

Other International Business

The President was unable to attend the FIP meeting in New Orleans in September. Sue Carter represented the Guild.

The President attended the American Society of Healthcare Pharmacists' (ASHP) Mid Year meeting in Orlando in December. He attended an International Delegates' meeting hosted by ASHP, and also met with officers of ASHP.

Robert McCartney
Chair, International Committee

Editorial board report

This year there have been five issues of Healthcare Pharmacy and two Editorial Board meetings.

The October edition focussed on Agenda for Change to ensure that members had the maximum information possible before the second ballot. The introduction of a clinical pharmacy section has helped to broaden the spectrum of the journal. The editorial board has continued to try and persuade pharmacists to contribute to the journal. It was discovered that Honorary Members had not been receiving copies of Healthcare Pharmacy but it is hoped that this oversight has now been resolved.

The Guild also continues to be associated with the European Journal of Hospital Pharmacy. The November Edition was the 10th Anniversary Edition and its country focus was the UK. A number of council members and others outside council contributed articles for this edition.

In November the Amicus Health division announced the launch of Health World which is a journal which will represent all sections of Amicus Health. Amicus envisage that this will replace all other journals in Amicus Health except for Community Practitioner. The future of Healthcare Pharmacy is therefore uncertain.

Vilma Gilis
Chair of Editorial Board

Information technology interest group report

The Guild IT interest group (ITIG) has been in existence for about 4 years. The committee membership is currently:

Neil Kirby (Chair)
Graeme Richardson (Treasurer & Guild Council Rep)
Andrew Willett (Secretary)
Ian Hoban
Onye Chigbu
Gary McCrea
Jo Goulding
Raj Gokani

A representative has been lost during 2004 and circumstances may mean that a further representative is lost from the committee in the near future. It is hoped that new members can be recruited. There has been a change of Chairman, Secretary, and Guild Council member.

The ITIG holds an annual seminar. The 2004 seminar (held in Warwick on 28th April) attempted to address Pharmacy's readiness for National Programme for IT (NPfIT) implementation. Attendance was in the region of 100 and the feedback was generally positive. The seminar included the presentation of the FirstDataBank (FDB) award for 2004 to Alex Jennings, Clinical Pharmacist, Elderly Medicine, University Hospital Aintree, for their pilot of electronic transfer of discharge



information. The relationship between FDB and the ITIG has been very positive and beneficial. It is clear that attendance by commercial exhibitors is essential to the 'financial success' of future seminars. The committee is grateful to Jean Fairhurst for her assistance in organising the venue.

The ITIG has been asked to provide a speaker at the Guild/United Kingdom Clinical Pharmacy Association 2005 conference. A representative from the group attends the British Computer Society meetings.

The possibility of an educational grant from the pharmaceutical industry is being investigated.

The ITIG committee held an 'Away Day' at Chelsea & Westminster Hospital on 21.07.05, at which the 'role' and 'constitution' of the committee were discussed at length. It is clear that the group needs to identify, if possible, a way of extending its current role in order to support the profession on IT/NPfIT issues.

The next seminar is currently being planned. This will be held on Wednesday 27th April 2005. The main theme again relates to NPfIT and pharmacy, including ETP roll-out, iPharmacy, plus Trakker, legal issues in electronic prescribing and the use of electronic prescribing and bar coding at Charing Cross Hospital.

Finally, very many thanks to the committee members, conference attendees and sponsors for their contributions and support over the last year.

Neil Kirby
Chairman

Guild/United Kingdom Clinical Pharmacy Association (UKCPA) Leadership Development Group (LDG) Report

IVAX Leadership Award

This award, "Turning Vision into Action", developed in conjunction with Ivax, aims to celebrate and share examples of good leadership in any area of healthcare pharmacy at any level of practice. The closing date is early January and the winner will present at the Guild/UKCPA Annual Conference in April 2005.

"Skills for Success"

Astra Zeneca sponsored a one day development workshop on 22nd June 2004. The format of the day was based on the 'personal qualities' element of the NHS Leadership Qualities Framework and covered self management and personal change, beliefs, values and behaviours, managing emotions and skills for direct influence. About 25 people attended and it was well received. Three further days are planned for 2005 around the country.

There will be two further workshops at the Guild/UKCPA Annual Conference in April 2005

Leadership Strategy

An outline strategy has been developed mainly using the NHS Leadership Qualities Framework. It is proposed that this strategy is then consulted on more widely before being adopted. A workshop is planned for February 2005. The strategy will then form the basis for the work plan for the group.

Terms of Reference

These were discussed and updated. The main changes were to drop 'interest' from the title of the group in line with policy of UKCPA and to re-name the group as a leadership development group. This is to reflect the main direction that the group is focussing on as well as to reflect the particular 'niche' that we are filling.

Discussion Forum

A LDG discussion forum has been set up on the Guild website. Work is ongoing to allow access to the LDG section for members of UKCPA who are not members of Guild.

Catherine Mooney
Chair of LDG Guild Lead for Council

Procurement & distribution interest group (PDIG) report

Main Events

The PDIG committee organised two day symposia, which were held on the 10th June 2004 and the 3rd November 2004. Both events had over 200 delegates for the day and so were considered by the committee to be well attended. The November symposium had the highest attendance of any PDIG meeting so far - 220 delegates and appeared to be the most successful financially. Also, very positive feedback was received from the completed delegate evaluation forms received. Both symposia were reported in full by "Hospital Pharmacist".

The PDIG committee also organised a workshop on how a risk assessment of licensed and unlicensed medicinal products can become part of the procurement service at the GHP Annual Conference 2004. Feedback from the delegates indicated that the format and content were both well received.

Subjects of interest covered by the Spring and Autumn symposia included:

- (a) Lessons from Other Industries
- (b) A Stock Control Toolkit for Trust Buyers
- (c) Update on National Supply Chain -Excellence Programme.
 - Purchasing and Supply Agency/Department of Health Perspective
 - Commercial Manufacturers Perspectives
- (d) Update on European Regulatory Framework for Approval of Biosimilar Medicinal Products
- (e) Supply Chain Performance—
 - Project Outcomes
 - Best Practice



- (f) Key Performance Indicators, procurement
- (g) E-Procurement
- (h) NHS Messaging Service Implications
- (i) Web based Procurement Options
- (j) Impact of Biopharmaceuticals on the Medicines Supply Chain
- (k) Payment by Results – Tariff Funding
- (l) Homecare Services Explored
- (m) Supply Chain Excellence Programme
- (n) NHS “e”-Auctions – Myth or Reality?

PDIG Steering Committee:

Allan Karr (Chair)	Roger Tredree (Vice Chair)
Phillipa Austen (Administrator)	Martin Anderson
Margaret Dolan	Howard Tebby
V'lain Fenton-May	Simon Riley (Secretary)
Peter McKenzie	Alison Ashman
Jean Fairhurst (Administrator)	Andrew Alldred (Guild Council link)

Committee Changes

The PDIG committee thanked Mike Sutton who resigned and welcomed Alison Ashman, Procurement Specialist, Thames Valley.

Activity Planned for 2005

Review of PDIG web-site
 Consideration as to how any additional funds could be utilised.

Allan Karr
 Chairman

National Secretary for Northern Ireland Report

The Northern Ireland Guild Group

The Guild of Healthcare Pharmacists continues to be active in Northern Ireland. During the year the local group met on six occasions, held two educational events and organised a research poster competition.

Understandably Agenda for Change has dominated the focus of the Guild's activities in Northern Ireland this year. On the 5th April Tony West gave an excellent Agenda for Change update presentation in Belfast, and answered the many questions from the members present. On the 1st December Richard Cattell gave an evening presentation on the Knowledge and Skills Framework.

15 members have volunteered to become Agenda for Change accredited representatives and 20 members have attended matching panel training courses. The first pharmacy 'matching' in Northern Ireland took place on the 1st December 2004.

Pharmacy in Northern Ireland

In April 2004 the Department of Health Social Services and Public Safety, Northern Ireland (DHSSP-SNI) launched 'Making it Better'. This strategy outlines the direction of travel for primary care pharmacy services in public health and medicines management.

During 2004 the Chief Pharmaceutical Officer, DHSSPSNI, has obtained permanent funding, for the following projects:

- the Integrated Medicines Management Project (six pharmacists and six MTOs); and,
- the Northern Ireland Medicines Governance Project (six pharmacists).

He has also been able to secure funding for the following new posts:

- ten pharmacists to provide an A/E service; and,
- twelve medicines management pharmacists and twelve medicines management MTOs.

In the later part of the year local GHP members took part in the second review of pharmacy work-force planning led by the DHSSPSNI. The review aims to allow the Department to plan the provision of training for the profession to facilitate pharmacy services over the next 5–10 years.

Tracey Boyce
 National Secretary for Northern Ireland

National Secretary for Scotland Report

This year has been another extremely busy one with a number of topics taking up a considerable amount of time.

Agenda for Change (AfC) has probably taken up the majority of my time. I have attended most of the Terms and Conditions Committee meetings, participated in teleconferences, presented to several meetings and produced three AfC Bulletins. Within Scotland, the main issue on implementation has been the ability to adapt to the reduced hours for pharmacists. The stated intention to claw back any overtime payments to staff subsequently matched at band 8 or above has caused major grief and seriously damaged morale within the service. Subsequent communications only helped to confuse the issue. It is hoped that by the time of the Annual General Meeting this will have been sorted out.

I attended the Scottish NHS Regional Sector Conference in March and was elected to the Scottish Regional NHS Sector Committee. I have attended both meetings of this Committee but was, unfortunately, unable to attend the National NHS Sector Conference in June. Since the Association of Scottish Chief Pharmacists changed their meetings in June, I have only attended one meeting of the Acute Group to discuss Agenda for Change.

I have been part of a working group investigating converting pharmacy production in Scotland into a national service, in line with a recommendation in "The Right Medicine". The business case should be completed in the first quarter of 2005.



The www.ghpscot.org.uk website continues to thrive and has been enhanced by the addition of a members-only section which is accessed using the same user name and password as required for the members-only section of the national site. This contains all of the AfC Bulletins and all consultation responses. The GHP members-only mailing list also continues to grow, with currently 254 members.

In 2004 I responded on behalf of the Guild in Scotland to the following consultations:

- Emergency Workers (Scotland) Bill
- Modernising NHS Community Pharmacy in Scotland
- Safer for Patients, Supportive for Professionals: A Framework for Managing Poor Performance of Health Professionals and Teams in NHS Scotland
- NHS Scotland Leadership Development Framework
- Further Measures to Improve the Provision of Primary Care Services
- Mental Health (Care and Treatment) (Scotland) Act 2003 - regulations policy
- Mental Health (Care and Treatment) (Scotland) Act 2003 - draft Code of Practice
- Royal Pharmaceutical Society of Great Britain Devolution Review Group:
- Key Stakeholder Consultation Document

I would also like to welcome you to the first Guild conference in Scotland since 1993.

Fàilte!

Colin Rodden
National Secretary for Scotland

District member for Wales – National Secretary Report

Wales currently has a vacancy for the post of District Member/National Secretary. The groups hope to have a nominee for early 2005.

The level of activity within the groups has been disappointing this year considering how much has been happening, but probably reflects the level of pressure at work that most members are feeling.

I have tried to keep people up to date during my day job when visiting the Trusts across the Principality, as well as by attending various meetings. Tony West and I met with the Welsh Trust Chief Pharmacists Committee in January 2004 and that proved to be a very helpful meeting in raising the awareness around Agenda for Change implementation. It is intended that I shall repeat the exercise in 2005 with Richard Cattell focusing on the Knowledge and Skills Framework.

I have worked with the Group Secretaries over the last year or so to try and maintain links between Council and the Groups. The North Wales Group Secretary attended the Group Secretaries' day. Unfortunately, due to a last minute work commitment at the National Assembly, the South Wales Group Secretary was unable to attend.

Agenda for Change has continued to be the major business throughout the year. It has proved hard work for all of us to keep track of the issues being raised UK-wide and monitoring that the same has happened with respect to implementation in the Principality.

This has led to some interesting exchanges with my local Amicus Branch Secretary who was being given an element of misinformation. It again proved the value of the Guild's communication networks and that we frequently knew more than the people did who were "leading" the implementation in Wales.

The impact of devolution continues to grow and the slightly different focus of healthcare policy and implementation really requires more time than I can apply.

I have contacted the two group secretaries to suggest that we create a small executive from the 2 groups that can support the work of the District Member/National Secretary in responding to policy and implementation documents from the National Assembly and Welsh Assembly Government.

The recent Royal Pharmaceutical Society of Great Britain consultation on the devolution of some of their functions indicates that there may be opportunities for future collaboration between the Welsh Executive and the Guild which will need to be considered.

Robert McArtney
National Member



Attendance of council members at council meetings

2004 - 2005

			Meetings
Tony	West	(President)	4
Andy	Alldred		3
Jim Bannerman			4
Tracey	Boyce		3
Sue Carter			2
Richard	Cattell		4
Helen	Davis		3
Vilma	Gillis		4
Christine	Gilmour		3
Raj Gokani			2
Tom	Gray		3
BobMcArtney			2
David	Miller		4
Catherine	Mooney		4
Simon	Mynes		3
Anthony	Oxley		3
DonPage			4
Martin	Pratt		3
Graeme	Richardson		4
Colin	Rodden		4
David	Thornton		3
Barry	Jones	(SGS)	4
Jean	Curtis	(Prof Sec)	4

Notes:

- 1 Due to the print deadlines for this report, data is only for the June, September, November, and February meetings of Council. By the time that this report will be presented, a further meeting will take place on 14th April 2005. The maximum value in the table above is therefore 4.
- 2 Attendance is defined as the Council member being present for the majority of the day. Each Council day contains a 'closed' and 'open' session, which counts as one attendance. Attendance at 'AFC' days and the 'Away Day' are not counted.

Don Page
Organisation Secretary

