

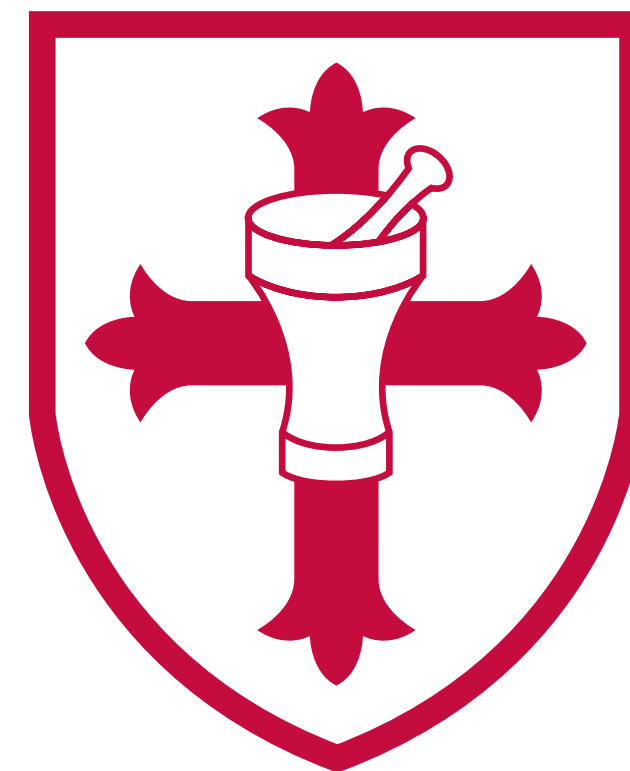
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The Guild of Healthcare Pharmacists

Annual Report 2005 - 2006

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GHP ANNUAL REPORT

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Executive Officers

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

CHAIR OF ORGANISATION COMMITTEE

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

2005

National Members

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

District Members

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

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

As I write this I have one last Council meeting to chair, as my Presidency of the Guild of Healthcare Pharmacists (GHP) comes to an end. While this report primarily covers the last year of my 'term of office' I have also chosen to take the opportunity to look a little into the near future, providing some very personal observations on potential directions for GHP.

So, what have been the key issues for us over the last year? While the letters pages of the PJ might suggest that the most important issue has been the re-structuring within Amicus and the impact on GHP 'autonomy', it does not come close. Agenda for Change (AfC) has been the number one issue and will remain so for a while. Anyone who suggests otherwise is simply not in the real world. To my knowledge no Guild Council has ever faced a similar task in the past, with the imposition of a NHS-wide job evaluation scheme, competency based personal development for all (the Knowledge and Skills Framework or KSF), plus completely new pay scales and the renegotiation of every single element of terms and conditions, all of this being undertaken within one 'package'. I will go into no further detail on this, as the Chair of the Terms & Conditions Committee will cover the detail later in the report.

However, what I will do is pay tribute to a few past and current members of Guild Council who have carried the burden of the AfC issue... first being Ron Pate. Ron was still chair of what was then called 'Staff-side Pharmaceutical Whitley Council', a structure since relegated to the waste disposal unit. Only Ron will know when he started working on AfC!! Next is Bob McCartney. The full impact of AfC hit us on 'his shift' as President, although he was involved much earlier in discussions on job evaluation. On to David Miller, who has picked up Ron's brief with the added incentive of working within an Early Implementer Site which gives a personal dimension to the work! Dave Thornton, the vice chair, has managed to ensure we are all well aware of the implications of renegotiation on unsocial hours and on-call, with, like David Miller, another "north-west" approach to life... Be clear, the Guild is almost certain to recommend members to vote against the revised unsocial hours payments. Rich Cattell has led admirably on the KSF, and, together with Dave Thornton, are largely responsible for GHP guidance. Two other individuals need mentioning here, Colin Rodden for keeping our communications timely and Colin Adkins. While the latter might not actually be a member of GHP Council this full-time officer from within Amicus has been invaluable.

So, if AfC is the number one issue surely the Amicus re-structure proposals has been number two? Wrong, as our other primary issue has been the professional agenda. The reports from the Professional Secretary, Jean Curtis, and the Chair of Practice, Andy Alldred, amply illustrate that Guild Council still sees this as core work. The volume of work which, like AfC, may well not have been encountered by previous Council, has been difficult to manage... but it has been managed. Over the last year notable issues include Consultant Pharmacists and independent prescribing.

So it must be third one ask, well no actually. One of the key themes running through the last three presidencies has been 'working with others'. Building relationships with partner organisations has been central to policy changes over the last almost four years. We now have good working relationships with almost all pharmacy bodies irrespective of whether they are within hospital, primary care or community practice. The joint conference with the United Kingdom Clinical Pharmacy Association last year was a case in point, and GHP wishes them well in their silver jubilee year.

It is now appropriate for me to turn to the issue of the imposed re-structure of professional structures within Amicus. I wanted to ensure that it was taken within the context that Guild Council had other

issues to address as well that we collectively believed were more important to our members. There has been some criticism, not all of it constructive, of our lack of communication during the negotiations with Amicus. However, we had to wait until we received proposals we believed we could consult on before issuing any statements. I think it is worth noting that there were very few on GHP Council who considered we would get to such a position a year ago. Could we have done better? Perhaps we could, but as with all negotiations the accountability must sit with the few who have been charged with the task. When we did consult we were not surprised at the response rate, but Guild organisation is not high on many members' agenda.

Ideally we would still have had our own journal but, given the financial 'loss' this was making, I am not at all surprised that Amicus chose to terminate it, irrespective of its quality or the impact on recruitment. Where Amicus could have handled things much better is in the management of the major change to Guild communications, in that it failed to ensure continuity, and that what was promised for the future to address communication shortfalls over a year ago has still not been delivered, for example, the lack of development of electronic communications. Our primary communication channel is our own website, kept going by for us by Jim Bannerman.

My personal thanks go to Don Page, like Jim he is another unsung member of Council, as with the Professional Secretary he has kept us on the straight and narrow by ensuring that we maintained our organisation capability over the last couple of years while he also prepared many drafts for 'futures' for us to consider as the negotiations rumbled on with Amicus.

Where now you might ask? The most important achievement from the changes is that the Amicus rule book now 'legitimises' the existence of professional groups such as GHP. It will be for the new Council and a new President, and I use those terms because nothing will change in terms of the 'external' face of the Guild, to plot the future course. For any that are confused, the 'Chair' and 'Committee' terminology is purely for use within Amicus and to ensure 'consistency' for the rule book. What is clear, and this is something that will never change, the future of GHP is totally dependent on the quality of individuals willing to give of their own time both at national level and locally. With the pace of change as it is within the NHS this will become increasingly more difficult, not just for the Guild but for all the various pharmacy organisations that rely on talented and committed individuals providing input.

There was much debate, inside and outside Council, about whether GHP should 'de-merge' from Amicus. My own view on this has been clear throughout... at this point it would be total madness. The primary reason is the need to support members through AfC. We need to be absolutely clear that there is 'no other game in town' other than by being within the Amicus family. There are also a number of secondary reasons, not least of which is the lack of any process for de-merger.

Of greater concern to me though as I write this is the major 'unknown'; what will become of the Royal Pharmaceutical Society of Great Britain (and the Pharmaceutical Society of Northern Ireland) as a consequence of the Foster Review of regulators? It should be obvious to all that if the regulation and representation roles have to be split there will be a need for a complete re-think of roles for all pharmacy organisations.

To conclude, have I enjoyed being President? I think 'enjoy' is probably the wrong word although I would say it is clearly an honour to be chosen from my peers to undertake the task. What could I have done without, the poor internal management of change in Amicus as an organisation... and what couldn't I have done without, the expertise within Amicus to deal with AfC, my Council colleagues and my staff back at base. For Amicus the expertise came from Gail Cartmail who



made key interventions on our behalf at levels an 'independent GHP' could not have reached and, as mentioned earlier, Colin Adkins who has been a true star over the last few years. If I have failed to mention individuals it is not because I valued their contribution less, just that the contributions I have noted specifically have been within the subject context. As always I leave you with a quotation:

'He who fights with monsters might take care lest he thereby become a monster.

And if you gaze for long into an abyss, the abyss gazes also into you'

Friedrich Nietzsche, 1886

Tony West, President

Section General Secretary's Report

The Guild of Healthcare Pharmacists (GHP) has had a very active year on a number of fronts. Firstly, membership among pharmacists has increased steadily as a result of the campaigns Amicus has been running. Of course, principal among these has been around the implementation of Agenda for Change, where a structure of job profiles has been developed which provides a much clearer career path than previously existed. Although there have been problems with assimilation, the exercise has moved forward to the point where local issues are now being addressed.

Amicus has been actively campaigning on the implications of the Government's document 'Commissioning a Patient-Led NHS' policy document. The impact of this would be particularly felt in community/Primary Care areas of the NHS. Our campaign against the proposals for Primary Care Trusts to divest themselves of any service provision, and against the proposals for local cuts in services, included a very successful lobby of Parliament. Hundreds of Amicus members from many professions, including pharmacists, expressed their views to MPs from all parties. It remains to be seen how these proposals will ultimately be rolled out, but it is clear that there is a great deal of dissatisfaction with them among Amicus members.

Equally, pension provision in the NHS has attracted lively debate during the past year. Government proposals were unpalatable to NHS staff, and led to a campaign which resulted in the withdrawal (for the time being, at least) of those proposals. We have almost certainly not heard the last of this issue, but the point has been made that NHS employees expect to be treated fairly by their employers, and by the Government.

The GHP has also been involved in the creation of the Healthcare Science Occupational Advisory Ccommittee, and of new democratic and professional structures for pharmacists. This has been done in a spirit of full membership consultation, and with their active support.

Support has been given to a number of individual members facing issues in their workplaces. Clarification has been received from Amicus that GHP members facing the RPSGB Statutory Committee and equivalents will be provided with legal support. Although this was always the case with MSF, it needed to be restated by Amicus.

As the Healthcare Commission and CSCI continue to develop policies and structures, so we have supported members. We now have representatives in these areas, and are building a good team of people. My thanks go to them, and to all GHP members who have helped to build our organisation over the last year and before.

Barry Jones, Section General Secretary

Professional Secretary's Report

Introduction

Changes within Amicus itself and within the health sector of Amicus during 2005 have impacted on the way we all work during 2005. From both a professional and an organisational perspective the health sector is becoming a more cohesive entity. Lines of communication between the professional and the industrial sides are becoming clearer and more effective, and organisational issues are being addressed. The rate of progress has increased since the acting Head of Professional Policy and Practice, Karen Reay, was appointed, replacing Mark Jones as my line manager.

Organisational Matters

Jean Smith was appointed early in 2005 as Professional Groups and Associations Administrator, supporting the Guild as well as the Community Practitioners and Health Visitors Association and the Mental Health Nurses Association. She has been most effective in this role and has supported the Guild very well through a time when administrative systems were not entirely clear, for example assisting in producing the annual report. I would like to thank her for her continued effective support.

The proposals for restructuring the various groups within the health sector entailed a large amount of work in collating Council members' comments on the various drafts for Mark Jones and producing documentation for members once the final proposals were agreed, whilst, during this period, Don Page produced some excellent discussion papers on how the proposals might work. It also entailed work to ensure that Guild communications with members would be assured, and funding assured. Discussions on implementation of some of the issues such as how to progress and support the web sites of all the groups including the Guild's web site are ongoing. Don's work as chair of organisation committee has been invaluable to Guild Council, and I would like to add my thanks to him for his work to those of the President.

Routine activities have included:

Attending all Council meetings including special meetings, all Terms and Conditions Committee meetings, Practice Committee meetings and Group Secretaries' Day

Attending 6 health sector Professional Team meetings and one day of the 2 day meeting. The meetings attended have been mainly organisational in content and are held monthly. In addition, meetings on professional issues are now being held monthly. Through these meetings the professional and industrial aspects of important issues are now brought together, for example I contributed to the health sector briefing paper on "Commissioning a Patient Led NHS" including comments from our PCT Council member. The document is available on the Amicus web site.

Attending various internal meetings, for example with Gail Cartmail, Mark Jones and Barry Jones on organisational issues and on professional liability arrangements for members, and with Mark Jones and with Karen Reay, attending various update meetings with the President and organising the Guild gold and silver medal awards

Finance

I still collate the Guild expenditure and make estimates for budget proposals for the following year. There have been no meetings of the finance subgroup as they were not deemed necessary. Business has been transacted by e-mail.



Members' Issues

As before these have included:

- Answering professional queries from members
- Answering queries on professional liability arrangements
- Answering membership queries
- Forwarding Agenda for Change queries to District Members
- Discussion with several members in difficulties with their managers and arranging support as appropriate
- Identifying Guild members affected by the government's Arms Length Bodies
- Review and passing their names to the regional officer who is dealing with this

In the Healthcare Commission and Commission for Social Care Inspection (CSCI) there are still outstanding issues on job evaluation and salaries for pharmacist members in both organisations. I link with the accredited representatives for both organisations to provide professional support and advice. I have referred a substantial number of queries to Barry Jones, our section general secretary, who has provided them with support and advice needed. The two organisations are due to merge in 2008 so support will continue to be needed.

Professional Representation for the Guild

On professional issues, Council works well as a team. My thanks especially to the President and to the Chair of Practice for their support and leadership. My work during the year can be summarised as follows.

Organising representation by Council members and others at a number of professional meetings, including nomination of Tracey Boyce to the National Patient Safety Agency (NPSA) expert panel for the NPSA forward programme, who has been now been appointed to the panel. Also, writing a number of letters to support the professional agenda including to the Chief Pharmacist, Department of Health, and various correspondence on the EC draft Directives on Recognition of Professional Qualifications and on Services.

Representing the Guild at various professional meetings including:

- With the President and the Secretary and Registrar of the Royal Pharmaceutical Society, together with the President and Vice President
- Royal Pharmaceutical Society Council briefing meeting on Draft European Directives on Recognition of Professional Qualifications, and on Services
- Royal Pharmaceutical Society dinner
- Regular meetings of the NHS Leadership Network Pharmacy Briefing Group (4), (formerly the Modernisation Board Pharmacy Briefing Group)
- Regular meetings of the community pharmacy representative bodies with the Royal Pharmaceutical Society (1) and a subgroup meeting
- British Pharmaceutical Conference, 3 days
- Project meetings on production of a "toolkit" for medicines on discharge/transfer with representatives from the Pharmaceutical Services Negotiating Committee, the Royal Pharmaceutical Society and the Primary Care Pharmacists' Association (3). The document is about to be launched.
- MSD/NPA/ Guild award meetings (3) including launch of the 2005/6 award, liaising on publicity for the award and organising adjudication of the entries.

Response to Consultations

The Government's Modernisation Agenda for the NHS continues apace as we are all well aware and the number of consultations arising continues at roughly the same level as in 2004.

There are several changes to the way we now respond to consultations. I still seek out consultations through various web sites and select those to which I consider the Guild should respond. We also receive notification of some consultations directly or through Amicus. Starting during December, the draft responses are now put on the Guild web site in the members' forum section. This will allow members to submit comments for consideration by Council for inclusion in the response. The completed responses are put on to the main part of the members' section of the web site.

We are producing some joint responses from the Amicus Health Sector. For medicines issues comments from other parts of the health sector are nearly always collated and co-ordinated by myself, and the final version submitted on Guild headed notepaper (which includes the Amicus logo). Occasionally Professional Officers from other parts of the health sector may coordinate a response to which we have contributed. I wrote an article for "Amicus Health World" on the background to the consultation on NHS counter fraud activities.

We are also collaborating with other pharmacy organisations, particularly the NPA, to ensure a similar approach to consultations where this is viewed as crucial, such as those on independent pharmacist prescribing, independent nurse prescribing and "Making Best Use of the Pharmacy Workforce". Press releases are also issued and sent to the Pharmaceutical Journal when a response is sent to one of these key consultations, to increase publicity for members.

Consultation to which the Guild has sent a response during 2005

Department of Health: Blood Safety and Quality Regulations 2005

MHRA, MLX 313: Proposal for Amendments to Medicines Legislation to Allow Supply of Water for Injection by People Employed in Needle Exchange Schemes

MHRA, MLX 314: Proposals for Amendments to the Prescription Only Medicine (Human Use) Order 1997

RPS guidance on handling of clinical trials in the NHS managed service

MHRA: ARM 25: Chloramphenicol eye drops POM to P

Department of Health: Access to Relevant Documents, Records and Data to Counter NHS Fraud

MHRA, MLX 316: Review of the Code of Practice on Interests to Apply to the Chairman and Members of the Advisory Bodies Laid Down in the Medicines Act 1968

Confidential draft Drugs and Therapeutics Bulletin article on OTC Statins

CSCI draft Corporate Plan

Healthcare Commission: Assessment for Improvement: Our Approach

MHRA: MLX 315: Licence Fees for Medicinal Products for Human Use Only-Proposals for April 2005

DH: "Making best Use of the Pharmacy Workforce"

Welsh consultation on the Proposed Access to Criteria for Infertility Treatment in Wales

Department of Health: Reimbursement of "Standard" Generic Medicines

MHRA: MLX 318: Consultation on Proposed Herbal Medicines Advisory Committee

MHRA: MLX 319: The Medicines for Human use (Kava-kava) (Prohibition) Order 2002



MLX 320: Consultation on Options for the Future of Independent Prescribing by Extended Formulary Nurse Prescribers

MHRA: MLX 321: Consultation on Proposals to Introduce Independent Prescribing by Pharmacists

Home Office: Public Consultation: Proposed Changes to Misuse of Drugs Legislation (Ketamine)

Royal Pharmaceutical Society: Competencies of the Future Pharmacy Workforce: consultation on recommendations by expert advisory group

Royal Pharmaceutical Society: National Boards for England, Wales and Scotland - The Future

MHRA: ARM 30: Request to reclassify a product from POM to P: Trimethoprim

MHRA: MLX 323: Consultation on the European Commission's Proposal for a Regulation of the European Parliament and of the Council on Medicinal Products for Paediatric Use and Amending Council Regulation (EEC) Number 1768/92, Directive 2001/83/EC and Regulation (EEC) Number 726/2004. This was sent on behalf of the Guild and the CPHVA as a joint response.

Department of Health: Review of Non-Medical Professional Regulation; call for ideas

National Patient Safety Agency: Core Content of Patient Information for Low Dose Oral Methotrexate

Department of Health: Proposals to reform and modernise pharmaceutical services legislation in England

Department of Health: Action on Health Care Associated Infections in England

Department of Health: Safer Management of Controlled Drugs: draft guidance on strengthened governance arrangements. Joint response from Amicus health sector submitted by the Guild

All Party Parliamentary Group, Primary Care and Public Health: Inquiry into the Prescription Charge Scheme: invitation to submit written evidence. Comments collated and sent to Carol English for joint Amicus health sector response.

Home Office: Proposed Changes to Misuse of Drugs Legislation. Joint response from Amicus health sector submitted by the Guild

MHRA: MLX 326: Amendment to the Medicines for Human Use (Clinical trials) Regulations 2004 (SI 2004/2031) on consent in emergency situations

NPSA: suggestions for new safety topics

Royal Pharmaceutical Society: Code of Ethics

Jean Curtis, Professional Secretary

Organisation Committee Report

The proceedings of Council, in an organisational sense, have been dominated by the various negotiations that have taken place since late 2004 regarding the future structure of the Health Sector of Amicus. This has impinged on all seven professional groups within the Health Sector, which includes the Community Practitioners and Health Visitors Association, the Medical Practitioners' Union, Mental Health Nurses Association, the Society of Sexual Health Advisors and the Guild of Healthcare Pharmacist (GHP). The combined membership of the health sector itself, which includes many other disciplines, is in excess of 100,000, of which GHP contributes about 4,000.

The driver for examination of current structures was the adoption of a new rulebook for Amicus, which came into place on 1st January 2004. Whilst the adoption of the rulebook appears to GHP to be a very remote process, it did have important ramifications for the organisation of GHP, including access to funding, as well as the legitimate right to conduct our affairs within the boundaries of the union. The rulebook spells out a lot of information on union structure and also the place of members within the union, especially lay officials, as well as full-time officers.

Rule 14.2 recognises the right of occupational groups and associations to exist within the amicus structure. This rule guarantees the right of GHP to conduct its affairs within the limits of the rulebook. The acceptance of the rulebook means that the GHP rules and constitution now fall, as the Amicus rulebook is the only legal document allowed under trade union legislation. However, the rulebook does allow bodies such as GHP to formulate byelaws germane to the organisation, which must be presented to and accepted by the National Executive Council (NEC). Amongst the provisions to disappear is the requirement to hold an Annual General Meeting, although Council agrees that at least one General Meeting should be held each year, probably at the National Conference. The meeting would have the purpose to present topics of interest to the membership and to receive representations from the members, but matters such as binding motions will no longer be taken.

The General Secretary, Derek Simpson, on behalf of Amicus NEC, charged Mark Jones, the National Officer for Professional Policy and Practice for the Health Sector, to examine the current structures within the Health Sector with a view to establishing a common structure for the Professional Groups and Associations. The General Secretary gave an assurance that the professional activities of the Groups and Associations would be able to carry on as before, and that relevant funding would be provided.

Mark Jones produced a paper, which was presented to Council at the February 2005 meeting. This was the first time that the paper was discussed. After a full and frank discussion, the paper was taken away and it came back in a modified version, based partly on GHP Council observations. One principle that was established at this meeting was the agreement that any proposals should be put to the wider GHP membership for approval. The second draft paper was taken at the April meeting of Council in Glasgow. This was followed by a presentation to a 'general meeting'. Amicus had asked that Council elections and the AGM be postponed in this transition phase. Council agreed to this with due reluctance.

The General Meeting was held on 16th April at the Moat House Hotel in Glasgow, and about sixty members attended. The discussion covered a range of topics associated with the proposals, noting that Council did not have access to the final version of the paper from Mark Jones at that stage. From this meeting, Council went away with a range of views. Background discussion papers were prepared, and Council met in June in central London on June 22nd. After a full day's debate, a proposed restructure of Council was set out, including some changed methods of working. A proposal was then drawn up, and presented to Amicus Health Sector in mid-July.



The vital decision came through on August 27th, when the President and Professional Secretary received acceptance of the proposals from Mark Jones. The proposal was deemed acceptable to Amicus, including a proposition regarding the operating budget for GHP, as well as the means to ensure the retention of the Section Fund, which, when transferred to the main Amicus funds, will be ring-fenced as the GHP Research and Development Fund. The result was brought to September Council, and agreement was reached on the basic presentation of the issues to members, including a unanimous agreement from Council to recommend acceptance of the proposal.

The ballot turnout was not great, noting that it was a topic that was unlikely to excite a large proportion of the membership. The result was overwhelmingly to back the proposal. The proposal, which has now been accepted, allows Council to be more flexible, whilst placing direct accountability on each member of council for an aspect of its operation. In the past, it was possible for a National Member to be elected, and not be given a specific task or responsibility throughout the entire year. This will not now be possible. The process included a thorough organisational audit to take place of what Council does, including what tasks are essential, what tasks are desirable, and what tasks should be abandoned.

The process has taken a lot of time of all members of Council, and the hope is that this process will finally come to resolution, allowing everyone to get back to matters of greater importance to the membership. The next Organisation Secretary (who will double as the Vice President) will need to look at the structure of local Groups in relation to Amicus regional structures as well as the structure of the Specialist Interest Groups. Other issues, such as looking at further aspects of recruitment and retention of members post-Agenda for Change, will also exercise the person that succeeds me.

The term of office for Organisation Secretary from June 2003 to May 2006 is long enough for any person. I would like to thank all members of Council for their support in the past year, which has been a very difficult time personally. In particular, I would like to thank Jean Curtis for all of her support and advice, and also to Jean Smith, who has had to come up to speed with GHP ways and methods, and has coped admirably during a period of massive internal change within Amicus.

Don Page, Chair, Organisation Committee

Terms & Conditions Committee Report

Two issues were high on both the Guild of Healthcare Pharmacists' (GHP) and Amicus's terms and conditions agenda as the year began.

The first issue was the Government's proposals and consultations to "modernise" future public sector pension provision. As part of a joint union response GHP provided a staff side response to the proposals, and we welcomed the final agreement reached after the election that maintained the final salary scheme for existing members.

The other issue, Agenda for Change (AfC), has been live from 2003 but, with the rollout from the Early Implementer sites to the whole of the NHS from October 2004, further raised the profile (no pun intended) of Agenda for Change.

In reality most of the work on terms and conditions and pharmacist profiles had been done in advance in 2004 and on a personal level I appreciated the opportunity to consider and discuss other topics. However a number of outstanding topics have and are being addressed.

We have agreed a pre-registration profile, which to our concern is labelled "pharmacist entry level", but it does have a clarification as a sub heading and we are happy with the improvement to Band 5 from the original proposals.

With the demise of Pharmaceutical Whitley Council following AfC we have joined with other Healthcare Scientists within Amicus as an "Occupational Advisory Group" (OAC) to deal with the new world of a single set of terms and conditions and participation in the Pay Review Body. This process is at a "gestational" stage but it does demonstrate two key points:

We share concerns, such as consistency in outcomes of the evaluation of similar jobs within and between Trusts, or payments of students under AfC, with other staff groups. However, in comparison with other professional groups pharmacists in the managed sector are well organised and supported as a group at a national level, with an ability to link the professional and industrial agenda to the benefits of both members and the profession as a whole. There are many examples of this through our work on the profiles, such as the consultant profile, and more specifically recruitment and retention, which I will discuss later.

The presence of Biomedical Scientists delegates has focussed the OAC group on the out-of-hours issue. Out-of-hours and on-call was removed from the AfC agreement until 2006 and 2008 respectively and the Vice-Chair of our Terms and Conditions Committee, Dave Thornton, is a member of the Amicus group looking at the unsocial hours proposals. Like most of AfC it appears to be based on existing conditions of Nurses and Midwives and uses supplements as a percentage of pay for all unsocial hours worked. This is being "dry" tested on paper at a number of new early implementer test sites before being "wet" tested in practice before a proposed October 2006 start date. It is apparent that the scheme will be extremely detrimental to laboratory staff in particular, and at this stage we can see only downsides for pharmacists. However, members will have their say later in the year in a ballot.

In 2005 the Pay Review Body (PRB) met for the first time and GHP was the one group that produced evidence as an addendum to the Amicus evidence. This was in support of a national recruitment and retention premia for pharmacists. The paper (available in the members section of the website) raised the dangers from reductions in training numbers, the issue of how the existing Emergency Duty Commitment payment is at risk from 2008, the issue of the effect of non-availability of overtime to clinical staff on band 8 affecting service delivery, and proposed a recruitment and retention premium of around £4000 focused on band 6 and 7 in particular. The President was one of a triumvirate of senior Amicus negotiators along with Colin Adkins and Karen Reay who attended the PRB to present the Amicus evidence. We have subsequently provided clarification to address the questions raised by the PRB

We have used the experience gained under AfC with Job Evaluation and Terms and Conditions to support members outside the NHS in other public bodies such as Commission for Social Care Inspection and the Healthcare Commission and Barry Jones, Section General Secretary, has been a key player in this role supported by Jean Curtis as professional "link" due to her previous experience.

The committee has in addition discussed the issue of Professional Indemnity Arrangements for Guild members. The statement from the NHS litigation authority on their website nicely outlines the current position

"The Clinical Negligence Scheme for Trusts, administered by the NHS Litigation Authority (NHS LA), provides an indemnity to members and their employees in respect of clinical negligence claims arising from events which occurred on or after 1st April 1995. It is funded by contributions paid by member trusts and is often equated to an in-house mutual insurer.

The Scheme relates to incidents occurring in the context of NHS trust employment, and clinicians' own medical defence organisations (MDOs) continue to provide an indemnity in respect of private practice and independent GP and dental practice"

Both amicus and GHP still believe that activities of pharmacists working in the NHS are therefore covered by these professional indemnity arrangements. The new NHS Redress Bill, when enacted, should reduce the current risk of litigation and strengthen this situation. However we will continue to explore options for those who also work outside the managed NHS, including, if required, offering additional cover for members who undertake a small amount of private work for a slight supplement.

Communication with members has been difficult since the demise of Healthcare pharmacy, but the availability of the GHP forum has allowed myself and other members of the Committee to address members broad concerns and non-personal questions directly, with the advantage that that advice is available to other members only. The presence of the website, ably supported by Jim Bannerman as webmaster, and the dedicated time at the Annual



Conference, now provides an opportunity for members to raise issues and for myself, the committee or other members to attempt to provide an appropriate answers where they exist !!

Dave Miller, Chair, Terms and Conditions Committee

Treasurer's Report

Section Fund accounts

The balance of the instant access account has become almost depleted over the course of 2005 but the current account and 14 day notice accounts are healthy. With the Specialist Interest Group accounts continuing to operate separately, (see below), the number of transactions on the main account is now very small.

There continues to be a number of outstanding invoices totalling around £3000 + VAT for website hosting and discussion forum development awaiting processing by Masmedia. The accounts will become the Guild's Research and Development Fund under the Amicus Health Sector professional groups' structural changes.

Special Interest Group (SIG) accounts

As shown in the current account details, some income associated with Procurement & Distribution (PDIG) and / or Information Technology Interest Group events (primarily PDIG) continues to be credited to the Section Fund and has to be subsequently transferred to the correct account. There remain some of these for which the source and / or purpose has not be reconciled; these amounts are accordingly not transferred.

The Leadership Development Group account has been set up but currently has no activity; it will receive £4000 from the Section Fund as for the other SIG accounts.

The Compounding Interest Group account will not be set up as the group currently has no activity. The SIG accounts are unaffected by the Amicus structural changes.

Local Group accounts

The most recent financial position of the Groups is known to be as follows;

Northern Ireland	Audited accounts for 2003/04 submitted
Glasgow & West of Scotland	Audited accounts for 2004/05 submitted
Edinburgh & South East Scotland	Group survey form (October 2003) not returned Account(s) known to be previously held
North of Scotland	No accounts held according to Group survey form
North Wales	Audited accounts for 2004/05 submitted
South Wales	Group survey form not returned but accounts known to be held
Border	Accounts held – details on Group survey form
Yorkshire	Account held – details on Group survey form
South Yorkshire	Account held – details on Group survey form
Liverpool	Audited accounts for 2004/05 submitted
Manchester	Account held – but no details on Group survey form
West Midlands	Accounts held – details on Group survey form
Thames Valley	Account held – details on Group survey form
East Midlands	Audited accounts for 2003/04 submitted
East Anglia	No accounts held according to Group survey form
Essex	Group survey form not returned
London	Not applicable – Group is an Amicus Branch
Kent	Group survey form not returned
Surrey	Group survey form not returned
Sussex	Group survey form not returned
Bristol	Group survey form not returned but account held – details received by email
Wessex	Group survey form not returned Accounts not thought to be held
West Country	Group survey form not returned Accounts not thought to be held

As intended last year but superseded by the Amicus Health Sector structural changes, I shall be standing down as Treasurer. Once again I would like to thank all those who have assisted over the last four years and I shall be happy to work with my successor to ensure a smooth handover.

Jim Bannerman, Treasurer

Account Details

14 day notice account

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

Income		Expenditure	
Interest	721.96	Transfer to current account	5000.00

Balance at 31st December 2005; **£31,602.77**

Instant access account

Balance at 31st December 2004; **£498.66**

Income		Expenditure	
Interest	1.87	Transfer to current account	500.00

Balance at 31st December 2005; **£0.52**

Current account

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

Income		Expenditure	
Transfers from instant access account	500.00		
Transfer from 14 day notice account	5000.00		
Reconciled PDIG income wrongly paid into section fund	1590.00	Transfer of income to PDIG account	1590.00
Unreconciled income	475.00	Conference guest expenses and gift	392.99
		GHP medals	88.38
		President attendance at 2004 ASHP conference	1003.92
		Email system hosting	21.15
Total	7565.00	Total	3096.44

Balance at 31st December 2005; **£4525.14**

ITIG account

Balance at 1st January 2005; **£9448.45**

Income		Expenditure	
2005 seminar	11459.00	2004 seminar	1050.68
Interest	83.84	2004 Committee meeting	12.00
		2005 seminar	8146.77
		2005 Committee meeting	143.17
Total	11542.84	Total	9352.62

Balance at 31st December 2005; **£11638.67**



PDIG account

Balance as at 4 January 2005	£28,325.54	
Total postal credits:	£23,015.00	
Total BACS payments:	£16,800.00	
January - December Untaxed Interest	£222.78	
DDR refunded	£920.85	
Unreconciled credits:		
12 April - £75		
14 October - £130		
22 November - £95	£300	
		£69,584.17
Total debits:	£43,725.42	
Written-off (agreed at Committee mtg 12 January 2006)	£345.00	
DDR payments in error	£606.00	
		£44,676.42
		£24,907.75
O/s Invoices for November 2005 - £5,470		

Practice Committee Report

2005 has been another demanding year for the Guild, with Agenda for Change continuing to dominate council members' priorities and activities, whether supporting the assimilation/appeals process, dealing with the Knowledge and Skills Framework or advising on terms and conditions issues arising from the new handbook. Despite the distraction of the Amicus restructure of professional groups, the pace of change in the NHS and the developing practice agenda has continuously been in focus. The breadth of the professional agenda is there for all to see and, whilst representing a major challenge to the profession, also signifies many opportunities.

The work plan developed in 2004 has continued to provide the focus for the committee with emerging themes and policy issues picked up throughout the year. We have debated and influenced many areas of practice over the previous 12 months and I am indebted to council colleagues for their support and help through this period. Whilst not an exhaustive list, we have covered a wide range of issues including:

Management of Long Term Conditions

Non medical prescribing including both supplementary and independent prescribing

Joint work with the Royal Pharmaceutical Society of Great Britain, (RPSGB) the Pharmaceutical Services Negotiating Committee and the Primary Care Pharmacists Association (PCPA) in developing standards and good practice guidance for transfer of patients and their medicines from one setting to another including the discharge of patients from hospitals. This guidance is due to be published in February 2006.

We have participated in the Department of Health (DH) stakeholder consultation groups into the response to recommendations of the Shipman Inquiry especially, the 4th and 5th reports. The Guild has been represented by Sue Carter, Diane Heath and Vilma Gilis in this work. In addition through Jean Curtis and the committee, we have provided formal responses to the DH consultation on Strengthening Governance Arrangements for handling Controlled Drugs within the NHS and to the Home Office Consultation on proposed changes to the Misuse of Drugs Legislation.

Patient safety has remained a focus for the group. We have been excellently represented by Tracey Boyce and Cathy Mooney in working with the NPSA on stakeholder groups and in looking at ways to develop patient safety initiatives through the Guild, jointly with the United Kingdom Clinical Pharmacy Association (UKCPA).

We have seen the publication of the policy supporting the development of the consultant pharmacist role, a role which the Guild lobbied the Chief Pharmacist's Office, DH, to take forward. Richard Cattell was the GHP representative on the DH group which took this initiative forward.

The growing concern around the health of the nation prompted government to launch several public health initiatives including the document "Choosing Health through Pharmacy – A programme for Pharmaceutical Public Health". The Guild was actively involved in influencing the content and examples used in this policy framework.

The committee is in the process of commissioning work to investigate the impact of patient packs in the NHS through medicines management schemes and automation with respect to generation of waste. This is in response to a motion from the South Yorkshire Branch

More recently we have debated the Health Bill and its implications for pharmacy and the handling of medicines, and the Foster review into the regulation of non medical professional regulation. Both of these will have significant implications for pharmacy practice.

There are many other areas of diverse practice the committee has debated, influenced and commented on. These include the different agendas from the 4 UK health departments arising from devolution, and the agenda facing the RPSGB including the formation of national boards, draft guidance on safe handling of waste, stakeholder sessions on pharmacist with special interests, the national supply chain excellence programme, and the Healthcare Commission acute hospitals portfolio review of hospital medicines management, to name but a few.

We continue to review and update our policy and practice statements, and revised versions of these have been/will be published on the website. A new template for developing policy statements and good practice guidelines has been developed by Cathy Mooney. Two guides recently updated include safe handling of medical gases, and an oral syringe policy. These have been published on the GHP website. Further work in this area will be taken up by the new committee.

Partner Organisations

In all of these areas we have focused wherever possible on working with our partner organisations, and as in previous years we continue to develop our relationships especially with the Royal Pharmaceutical Society. We continue to have reciprocal arrangements with the RPSGB Hospital Pharmacists Group, attending each others' meetings. Our relationship with UKCPA continues to develop. The Association of Pharmacy Technicians sends a representative, Sarah Wilcox, to attend practice and open council. Sue Carter as national council member and also PCPA representative, and Diane Heath representing the Primary and Community Care Pharmacists' Network continue to provide a strong primary care voice on council.

Consultations

The number of consultations emanating from various bodies, but in particular the Department of Health, has not abated. 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. You only need to read Jean's reports to council to understand the volume and diversity of this work ranging from "POM to P" consultations to EU directives on clinical trials legislation. This is a significant workload for Jean and one which many members will be unaware of. The consultation responses are now published on the website.

The future practice committee

Finally, just a word on the future of the practice committee. The reorganisation of professional groups by Amicus has allowed the Guild to critically appraise the workings of council and its subgroups including the practice committee. I believe the new arrangements will strengthen the work of the group. The current planning will broaden the membership of practice to other partner organisations across all sectors of healthcare and will meet separately from council (or the national professional committee as it will now be known). The challenges lie in developing these new links and supporting the administration of the new group, and success will rely on the goodwill and professional attitude of individuals in working together to forward the profession of pharmacy practice.

Andrew Alldred, Chair of Practice Committee



Education and Development Committee Report

First Joint GHP/UKCPA Conference 2005

265 Delegates attended this conference at the Moat House in Glasgow. A full programme was available and was well attended. Some sponsoring innovations were included which allowed the pharmaceutical industry better opportunities to interact with the delegates. The conference opened with two strong presentations about how devolution was serving Scotland well.

The conference was viewed as a great success from both financial and programming perspectives. It has also strengthened the working between the two organisations.

Conference 2006

A larger conference is planned for May 2006 at the Radisson Heathrow (www.ghp.org.uk for details). The Health Minister, and 4 Home Country Chief Pharmacists have been invited. We will be hearing about the evidence base for medicines management from Northern Ireland and standardised medicines management from Australia. There is the usual broad programme of high quality workshops.

Awards

Education and Development (through Colin Rodden and Jean Curtis) continues to oversee three main GHP awards (Novartis, Servier, MSD/NPA/GHP)

Representation

As chair, I have represented the Guild at the following professional development groups.

Department of Health Consultant Pharmacist Steering Group

This short lived group produced its guidance Easter 2005. This has been widely accepted and acted upon. The first posts have been filled.

Royal Pharmaceutical Society of Great Britain (RPSGB): Scoping the Profession

RPSGB has been trying to identify the support structures that exist within the profession, which includes all groups of any nature. This short term project aims to inform the RPSGB Council in its deliberations in light of any recommendations of the Foster review into Healthcare Regulation

Department of Health/ Skills for Health (SfH): Pharmacy National Occupational Standards Project

SfH (the sector skills council to which pharmacy belongs) has commissioned David Webb to undertake a piece of work to identify a standard list of competencies which describe the activities within the pharmacy function. The first element of this large piece of work should take about a year and GHP has two places on its working groups.

Richard Cattell, Chair, Education and Development Committee

International Committee Report

The International Committee consists of:

Tony West	-	President and Head of Delegation
Anthony Oxley	-	Vice President
Bob McCartney	-	Immediate Past President

Richard Cattell is the Deputy. Bob McCartney is also currently a member of the Scientific Committee of the European Association of Hospital Pharmacists (EAHP).

A successful Congress was organised in Lisbon by EAHP with close to a record number of attendees. This was attended by a number of current and ex-Guild Council members and there was a good representation of UK speakers.

The General Assembly was held in June on dates rejected by the majority of the UK delegation. Anthony Oxley was able to attend one day of the meeting. Much of the day was spent discussing further work on specialisation which the EAHP president is taking forward. It was also agreed that all delegations would circulate the latest 5 yearly EAHP survey within their home countries to attempt to track changes in practice over time.

The Board of EAHP continues to operate with a number of vacancies which do not allow the functions to be as well carried out as all might like. The UK delegation has frequently pointed out that the portfolios of the Board members are too large and there is no attempt at succession planning by the creation of deputy posts, which would also help with managing the portfolios. This gives us considerable cause for concern.

Dr Vagn Handlos from Denmark has been co-opted to the Board to be Director of Education, Science and Research. He replaces Dr Arnold Vulto who has taken up a new post as Director of Publications. It is understood that the Board currently pays for 1 day per week for both Dr Vulto and the President, Jacqueline Surugue.

The President was unable to attend the international pharmacy conference (FIP) in Cairo this year. No-one else from Council was available to attend. Instead funds were used to enable the Vice President to attend the British Pharmaceutical Conference.

The President attended the American Society of Health-System Pharmacists (ASHP) mid-year conference where he was able to meet with a number ASHP officials and with some EAHP board members who were attending. He reported that, as usual, the programme was excellent with too many interesting sessions to attend within the time available. Of particular note were the sessions on emergency planning, including the experiences of pharmacists in New Orleans in the wake of hurricane Katrina, and on the rising quality agenda for hospitals where some of the developments felt similar in nature to English experiences with the Healthcare Commission.

Although not technically 2005, I have to report that Bor-Lennart Mentzoni, the Director for Operational Aspects, has resigned from the EAHP Board at the first meeting in January 2006. The UK delegation is seeking clarification on some issues around this resignation as we were one of Bor-Lennart's nominating countries.

Bob McCartney, Chair, International Committee



Editorial Board Report

The last edition of Healthcare Pharmacy appeared in April 2005. The loss of the journal was met with universal dismay. All members should be receiving Amicus Health World. We have been invited to make contributions to Amicus Health World but the turnaround times have been too short for us to take advantage of them.

It is important that we continue to give information to members to the standard that they were getting when Healthcare Pharmacy was being published. A newsletter was produced for the ballot on the new structure of Guild Council and another newsletter is in process. We must also look to the use of electronic newsletters and the website for dissemination of information to members in the future. The future development of the website is also tied up with the development of the Amicus Health website.

Vilma Gilis, Chair, Editorial Board

Communications & Recruitment Officer's Report

Communications

The issue of the Guild journal, Healthcare Pharmacy, is covered in the Editors report.

A number of Council Members have accepted invitations to talk at local and national meetings, regarding Agenda for Change and the Knowledge & Skills Framework, where application forms for membership were distributed to delegates.

Requests for urgent information to be fed to Agenda for Change negotiations demonstrated the need for robust means of communication to accredited Guild representatives within NHS organizations. The members' forum within the Guild website has been a useful development in 2005, aiding discussion and providing an opportunity for questions and answers. Members are encouraged to use this forum.

Recruitment

The recruitment goal within the Guild's 5-year plan was to increase membership to 3000 members by 2006. This target was passed over a year ago and membership continues to grow, reaching 4113 in January 2006.

Martin Pratt, Communications & Recruitment Officer

Information Technology Interest Group Report

The Guild of Healthcare Pharmacists' Information Technology Interest Group (ITIG) has been in existence for about 5 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
Jim Bannerman

Raj has subsequently resigned from the group and Jim and Jo (re-)joined during 2005.

The ITIG holds an annual seminar. The 2005 seminar (entitled 'Progress & Problems') was held at Acocks Green, Birmingham on 27th April. A range of issues was discussed including electronic prescribing and the implications of the National Programme for IT. Attendance was in the region of 100 and the feedback was positive. The seminar included the presentation of the FirstDataBank (FDB) award to the authors of a paper entitled 'Complying with Clinical Trial Regulations: Using IT Without Working Harder'. The relationship between FDB and the ITIG continues to be very positive and beneficial. Additionally 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 seminar and the committee members. The 2006 seminar is planned to be held on April 26th.

The ITIG has been asked to provide a speaker at the GHP/United Kingdom Clinical Pharmacy Association 2006 conference but this will now more likely be a satellite session.

An educational grant has been received from Bristol Myers Squibb which was used to control the increase in fees for attending the next seminar.

The ITIG committee held its 'Away Day' at the IDX offices, Euston on 05.10.05 to evaluate the previous seminar and to plan the next one.

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

Neil Kirby, Chairman, ITIG Committee



Leadership Development Group (LDG) Report

This group is run jointly by the Guild of Healthcare Pharmacists (GHP) and the United Kingdom Clinical Pharmacy Association (UKCPA).

Leadership Strategy Development Day

This day, which was held in February 2005, created a number of work strands. The main ones and progress are:

Mentoring

A database has been created based on a database used successfully in Leicestershire. It will log names of people interested in being mentors and assist those looking for a mentor. This will be promoted throughout 2006 at regional senior pharmacy manager meetings and at the joint conference in May 2006. Resources for mentoring are also available. These include a mentoring pack, which outlines a suggested structure for the first six sessions, and a resources handbook. This is available on the GHP and UKCPA websites.

Leadership Pack

A leadership pack is in development, using the feedback from the Leadership day and advice from new and experienced chief pharmacists.

Sessions for Conference

There were two workshops at the GHP/UKCPA Annual Conference in April 2005 which were well received, focusing on personal effectiveness and coping with change; and on leadership and managing others through change.

There are three sessions planned for the 2006 conference, two will build on the NHS Leadership Qualities framework document (which was discussed and amended at the Leadership Strategy day) and a third will focus on experiential development.

LDG Members profile

A members profile has been created and will also be used for anyone expressing an interest in joining the group. It contains requests for information on areas of interest and expertise and will be a useful resource. The members profile will also be used to compile a mailing list and members will get a regular report on progress with initiatives. This is being administered by UKCPA.

Communication

In addition to regular reports to the LDG members an "In Practice" article for UKCPA was written and this will be a regular feature.

IVAX Leadership Award

Ivax have agreed to support this again and it will be advertised in February 2006.

Astra Zeneca 'Skills for Success'

Astra Zeneca supported three further days in 2005, which were very successful. They were 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.

Catherine Mooney

Chair of Leadership Development Group

Procurement & Distribution Interest Group (PDIG) Report

Main Events

The PDIG committee organised two national symposia which were held on the 2nd June 2005 and the 3rd November 2005. Both events had over 200 delegates for the day and so were considered by the committee to be well attended. The objective of these symposia is to bring all those who work within the medicines supply chain together, whether they work in the NHS or for a commercial organisation. The ratio of delegates (e.g. NHS Trust staff, Purchasing and Supplies Agency, wholesalers, generic suppliers, research & development suppliers) for each sector of the supply chain appeared proportionate to the objectives of the organising committee. Very positive feedback was received from the completed delegate evaluation forms for both symposia. The June symposium was reported in the "Hospital Pharmacist" journal, whilst the November symposium is anticipated to be reported shortly.

The PDIG committee also organised two workshops at the Guild Annual Conference 2005. Feedback from the conference delegates indicated that the format and content were both well received. The committee have been invited to organise a further workshop for Conference in 2006. The topic chosen is the relationship between the NHS and the Pharmaceutical Industry – "The Good, the Bad and the Ugly".

The topics selected for coverage for the Spring and Autumn symposia included:

- Price controls and reimbursement strategies
- Confederations and their potential impact upon medicines procurement
- Survey of the national supply chain excellence programme (SCEP)
- Update on SCEP wave II
- Knowledge and skills framework
- Counterfeit medicines
- Pharmacy market support group
- E-business platform
- Payment by results
- Diagnostic treatment centres
- Using the National Audit database
- NHS Supply chain review
- Logistics – New Research

Current PDIG Steering Committee:

Allan Karr (Chair)	Roger Tredree (Vice Chair)
Phil Deady	Martin Anderson
Margaret Dolan	Howard Tebby
V'lain Fenton-May	Peter McKenzie
Alison Ashman	Roger Miles
Jean Fairhurst (Administrator)	Andrew Alldred (Guild Council representative)
Eamon Mulaney	

Committee Changes:

Eamon Mulaney and Phil Deady have joined the committee. Simon Riley and Jill Mairs have left the committee.

PDIG Award

The PDIG award 2005 was presented to Dr Liz Bream, Bradford University, who will utilise the funds to undertake a risk assessment of the supply chain. Alison Ashman was the runner up with a research project looking at incorporating environmental factors into the procurement process, and was granted PDIG funds towards the costs of implementation.



Other Developments

Review of PDIG Web-site – The PDIG.org web-site has been redesigned to modernise its appearance and functionality. The new web-site is intended to attract more users as well as be easier for administration of documents, etc. The site is anticipated to be fully functional before March 2006.

Funding of CIPS courses - Unichem have kindly agreed to fund PDIG for two NHS staff to go on a Chartered Institute of Purchasing and Supply course. Separate funds have also been made available by the PDIG committee for an additional four places. A method determining how nominations for the six places will be selected is to be established in early 2006.

Allan Karr, Chair, Purchasing and Distribution Interest Group

National Secretary for Northern Ireland Report

The Northern Ireland Guild group

The Guild of Healthcare Pharmacists continues to be active in Northern Ireland, with the local group meeting on five occasions throughout the year.

Implementation of Agenda for Change has been a slow process in Northern Ireland. At the end of 2005 no pharmacists had been notified of their banding, despite the matching process commencing in December 2004.

The group's educational event this year was a day conference, aimed at junior pharmacists and technicians, held on the 20th May 2005. The day's theme was 'Networking in Pharmacy' and it comprised of a series of presentations and workshops demonstrating different aspects of networking and its advantages for pharmacy. The event was well attended, with over 90 delegates on the day.

On the social scene, in June, the group hosted a drinks reception to celebrate Dr Norman Morrow's GHP Gold Medal, and the annual quiz, held in October, once again proved to be a popular event.

Pharmacy in Northern Ireland

In March the Chief Pharmacist for Northern Ireland, Dr Norman Morrow, announced two new funding streams as part of a programme of pharmacy service improvements. £12 million has been identified to purchase medicines management technology, to include replacement of Northern Ireland hospitals' computer systems and to provide automated dispensing for suitable sites. A recurring £300,000 per annum was also identified to expand the Medicines Governance Team into the primary care sector.

In November the outcome of the 'Review of Public Administration' in Northern Ireland was announced. As a result, in 2006/07 the 17 Trusts in Northern Ireland will merge to form five new Trusts, whilst the four Health and Social Services Boards will merge to form one organisation.

Tracey Boyce, National Secretary for Northern Ireland

National Secretary for Scotland Report

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

Agenda for Change (AfC) has probably consumed the most time once again. In order to ensure as much pharmacy involvement locally, I have been trained as a job matcher, analyst and evaluator. I have been involved in a number of matching panels throughout the year. I have also recently trained as a Knowledge and Skills Framework (KSF) facilitator and become involved in the Glasgow pharmacy group looking at the KSF. All of this has been helpful in assisting members with various AfC queries.

February saw the inaugural conference of the NHS Education for Scotland (NES) Pharmacy Postgraduate Advisory Group. A request for a Guild nominee was discussed at the Education & Development Committee and I was subsequently nominated. A meeting in November defined the role and remit of the group and how it related to NES.

April saw the first GHP conference in Scotland since 1993. The combined Guild of Healthcare Pharmacists/United Kingdom Clinical Pharmacy Association conference was held in Glasgow at the Moat House hotel. The event was a great success and very well attended. Delegates enjoyed a wide range of stimulating sessions and speakers.

I have continued to attend and contribute to the Amicus Scottish Regional NHS Sector Committee. In addition, a series of meetings have been arranged for senior professional representatives with Regional Officer Michael Fuller. I was, unfortunately, unable to attend the first of these meetings in December. However, I look forward to attending them in 2006.

My attendance at meetings of the Acute Group of the Association of Scottish Chief Pharmacists has been re-established.

The www.ghpscot.org.uk website continues to thrive and grow as does the Guild members-only mailing list.

In 2005 I responded on behalf of the Guild in Scotland to the following consultations:

- A Scottish prescription: Managing the use of medicines in hospitals (Audit Scotland)
- Abolition Of NHS Prescription Charges (Scotland) Bill
- Making the Best Use of the Pharmacy Workforce

This is the last report of a Secretary for Scotland under the present Guild Council structure. It is hoped that agreement can be reached on ensuring proper support for future office bearers under the new structures to be introduced in 2006. I look forward to being involved in those discussions and contributing to the future work of the Guild in Scotland.

Colin Rodden, National Secretary for Scotland



National Secretary (Acting) for Wales Report

There has been no District Member for Wales for some time. I have therefore attempted to combine the roles of a National Member, the District Member and National Secretary for Wales and Immediate Past President for the last year.

Group Meetings

The North Wales Group held 2 meetings in 2005 that I was able to attend. The first was to answer questions on Agenda for Change, the second to brief the meeting and then discuss the most recent proposals regarding the restructuring of Council.

Both meetings were reasonably well attended with approximately 12-15 attendees both times.

The South Wales Group has not met although I have offered to discuss both Agenda for Change and the reorganisation of Council.

I have e-mailed both Group Secretaries and Chairs and requested audited accounts be sent to the Treasurer. The information from the Treasurer is that there has been no response.

Responses to Welsh Assembly Government (WAG) Consultations

I have responded to a number of consultations from WAG. This has been facilitated by my professional role within Wales and also as a member of some of the working groups of the Welsh Trust Chief Pharmacists – thus preventing duplication of effort.

I stood down as the Guild's representative to the Welsh Committee for the Professional Development of Pharmacy in March after 7 years (3.5 as Chair). I have been replaced by Sarah Jones, Principal Pharmacist for Education, Training and Development in Cardiff and Vale NHS Trust.

Robert G. McCartney, National Member

Attendance of Council Members at Council Meetings

2005 - 2006

		Meetings
Tony West	(President)	5
Andy Alldred		5
Jim Bannerman		5
Tracey Boyce		5
Sue Carter		3
Richard Cattell		4
Helen Davis		4
Vilma Gillis		5
Christine Gilmour		3
Raj Gokani	Resigned Sept	1
Tom Gray	Resigned Sept	1
Suzanne Khalid	Started Feb 06	1
Bob McCartney		5
David Miller		5
Catherine Mooney		4
Simon Mynes		5
Anthony Oxley		5
Don Page		5
Martin Pratt		4
Graeme Richardson		5
Colin Rodden		4
David Thornton		5
Barry Jones	(SGS)	5
Jean Curtis	(Prof Sec)	5

Notes:

- 1 Due to the print deadlines for this report, data is for the April, June, September, November, and February meetings of Council. By the time that this report will be presented, a further meeting will take place on 11th May 2006. The maximum value in the table above is therefore 5
- 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 the 'Away Day' is not counted.

Don Page
Organisation Secretary

