

# GUILD OF HEALTHCARE PHARMACISTS

## ANNUAL REPORT 2010

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**Executive Officers  
National Professional Committee 2010**

Chair – David Miller

Vice-Chair –Vacant

Immediate Past President/ Chair of International Committee – Richard Cattell

Educational and Development Lead – Roisin O’Hare

Organisation Secretary – Vilma Gilis

Chair of Practice – Graeme Richardson

Chair of Terms and Conditions – Dave Thornton

Treasurer – Simon Mynes

Communications Officer – Vilma Gilis

Recruitment Officer – Martin Pratt

European Association of Hospital Pharmacists Board Member – Tony West

**Honorary Vice Presidents**

Joan Greenleaf

Bill Brookes

Colin Hetherington

Colin Hitchings

# National Professional Committee Members

## 2010

### **Committee Chairs and National Representatives**

David Miller	Chair
Vilma Gilis	Organisation Secretary
Richard Cattell	International Committee
Roisin O'Hare	Educational and Development
Graeme Richardson	Practice
Dave Thornton	Terms and Conditions
Trudi Hilton	Mental Health Representatives
Heather Weaver	Primary Care Representative

### **Regional Members**

Sheila Maltby	Northern Ireland
Colin Rodden	Scotland
Micelle Sehwat	Wales
Waz Baqir	Nothern
Vacant	Yorkshire
Vacant	North West/ Mersey
Martin Pratt	West Midlands
Scott Savage	East Midlands
Duncan Livingstone	South East/ South Central
Simon Mynes	South West

# Chair's (President's) Report

Your Guild Council or National Professional Committee (NPC) as it is known within Unite has been working hard nationally to ensure that our voice is heard. The NPC is benefiting from the breadth of expertise of its members, including mental health, primary care and from the devolved administrations in Scotland, Wales and Northern Ireland. The agenda has been a full one and this full report by colleagues will describe some of the key elements of the work undertaken on your behalf.

Personally on taking the role of President I was keen to improve communications with members and started a monthly report on the website under the "about the guild" section. This report was designed to give members an immediate insight into some of the activity undertaken and views expressed on their behalf by GHP Council rather than await this formal written annual report. I have used these reports as the basis of this work which gives me very much a sense of déjà-vu and a recognition that although the same topics arise there are as we go through the months notable areas of achievement detailed more fully in the subsequent reports and highlighted in part below.

**January** – Was the start of the new Council and we continued the work of the last Council and for me the last president. Hence we worked with others pharmacy bodies on the Responsible Pharmacist regulations, directly and indirectly with staff at the RPSGB on supporting the planned new professional body and with the DoH on Modernising Pharmacy Careers and the proposed 5 year integrated course. Also the Immediate Past President linked into an informal professional group with daily teleconferences aimed at supporting pharmacists through the flu pandemic something that was revived for me in late December.

**February** – The industrial agenda continued with discussions at Council on the on-call agreement planned for what then seemed a long way off in April 2011 and the meetings with the then Labour Secretary of State on his rejection of the Pay Review Body recommendation.

**March** – Saw the shaping of some new pieces of work it was becoming clearer that there was unlikely to be a national on-call agreement emphasising the need for increased local recruitment and organisation and the fact that negotiation rights would only be given to accredited and recognised Trade Unions and their representatives. Work also commenced on revalidation of individual pharmacists and with the new regulator on a range of its proposed standards.

**April** – In the 2009 annual report the past president outlined his grave concerns regarding the discontinuation of the role of professional secretary so I was glad to report that we had secured the services of Barry Corbett on a consultancy basis to work in the professional secretary role. The fact that the report arrived this month ahead of conference despite a busy Union post room for some reason was also a notable achievement. So sticking my head on the block I will thank Amanda Cass and the administrative team at Unite in advance for the prompt dispatch of this year's report!

**May** – Is the annual conference when we together with the UKCPA have an opportunity to display recognise and discuss the achievements, issues and challenges facing pharmacists in the managed sector and the behind the scenes work of the Chair of Education in organising the conference with the UKCPA office. We also formulated our principles in relation to remote supervision ahead of discussions with other pharmacy bodies.

**June** – The publication of the CPS guidance on prosecuting dispensing errors was published. The GHP view that the relevant sections 64 and 85(5) have no purpose in terms of dispensing errors as they were taken from the 1955 Food Act and were intended to deal with adulteration not dispensing mistakes has not changed. We continue to push for a change in the law to reflect this view.

**July** – The publication of the coalition government's White Paper (in England) started a long series of consultations led by the Professional Secretary and the Chair of Practice. Local involvement in a

series of disciplinary incidents and the coronial process also emphasised the need for trade union support and the reassurance given by the additional PLI policy.

**August** – This month provided an opportunity to meet with representatives of the English Board of the RPSGB to discuss the principles of supervision and to seek agreement. The outline details of the on-call agreement were published and you can see the work of the Chair of Terms and Conditions through Unite in shaping some of those proposals and in subsequent guidance from the NHS Staff Council. We also commented on the GPhC proposals on fees, an issue always of interest to members.

**September** – Planning the 2011 conference in Nottingham and noting the 2012 joint conference in Belfast took place this month. We also used the opportunity of a Council meeting to meet with the new RPS Chief Executive. The proposals to abolish PCTs and SHAs in England identified a need to support members in this specific area and for us the benefits of a specific primary care representative on Council.

**October** – The publication of the responses to the English White Paper provided an opportunity to recognise the fact that only two organisations representing pharmacists in the managed sector responded to the initial pre-legislative consultation documents. Similarly responding to professional consultations like extending never events in the NHS can positively shape future guidance. This low profile work is often unrecognised but it is vital in raising issues specific to our members and maintaining organisational profile so regulators, administrations and other organisations seek appropriate input to proposals. The clarification of the cover provided to locum pharmacists by the Unite PLI policy was also published to address the GPhC registration process.

**November** – We held the Group Secretaries Day in London providing an opportunity to update them on many of the issues above but particularly the forthcoming presentations on primary care, professional liability and the local implementation of on-call and the support documents available on the website. We also started discussions on how we can address out-sourcing of services and the inequitable tax situation in regard to VAT and hospital pharmacy.

**December** – The publication by Staff Council recognising that on-call for pharmacists could be professionally rather than consumer led and the circulation of GHP advice and draft proposals to all Unite members was further recognition of the behind the scenes work by the Chair and Vice Chair of Terms and Conditions. Oh, and I ended the year as GHP President in daily teleconferences in relation to the flu outbreak!

This is just a brief insight and introduction to the years work as no annual report can fully describe the personal commitment and time combined with hard work, for which I am entirely grateful, that is undertaken particularly by the executive members but also the whole of Council. I urge you to spare some of your valuable time to at least skim through the attached reports for a small insight into that work and please feel free to contact any Council members if you have any questions.

**David Miller**

**Chair, National Professional Committee**

# Terms and Conditions Committee Report

During the last 12 months there have been two main areas of work that TCC have focussed on.

The first is the ongoing work to try and secure a national recruitment and retention premium for band 6 and 7 pharmacists. Within my last report I highlighted the Written Ministerial Statement from Andy Burnham (Secretary of State for Health) in response to the Pay Review Body's recommendation that he (and his equivalent counterparts in the Devolved Administrations) should reconsider their rejection of the recommendations within the NHRPB 24<sup>th</sup> Report (to use a short term national RRP for band 6 and 7 pharmacists), stating he was happy with the current action being taken by the Department of Health (DH) and there was no reason to reconsider the recommendations. As part of the Unite team, I attended the Office of Manpower and Economics (OME) washup meeting in February. With respect to the current PRB round we said that we were very happy with the latest proposals from the PRB and it was our opinion that the Department of Health's current tactics were simply stalling for time in the hope that the vacancy problems would go away. The OME said they thought the presence of a pharmacist at the oral evidence sessions was very useful. They also reported that the DH is of the absolute opinion that pay is not a factor in the vacancy problem and it is purely one of supply. We did make the point that there was no evidence to support the DH view.

At the end of April I, along with delegates from Unite and the DH, had a meeting with Mike O'Brien (Health Minister with a responsibility for pharmacy) to discuss the vacancy issues for pharmacists. He was very interested to hear about the recommendations made by the PRB and promised to look in more detail at some of the issues raised in the report and by GHP/Unite. Unfortunately the general election put a halt to this. Following the change in government, Karen Reay requested a meeting with Earl Howe (Parliamentary Under Secretary for Quality and the Minister of Health with responsibility for pharmacy) to discuss the pharmacist issues. However, this request was rejected. Instead Earl Howe said he wanted to wait and see what the latest vacancy survey results showed before reviewing whether or not there was a need for a meeting to take place. The representation of pharmacists employed in the managed sector at these high level meetings is only possible through GHP being part of a NHS recognised Trade Union.

A report by the Foundation Trust Network HR Directors published in August showed that 83% of respondents were happy with a local solution to the problem with pharmacist recruitment. As we are unaware of a mass rush to solve the problem with a local recruitment and retention premium we can only assume that the solution to the problem is to ignore it in the hope that it will go away.

In November the latest PEVS results were published. These showed the band 6 vacancy rate has fallen compared to last year (from 25% to 16%) however the band 7 rate shows no signs of improvement. Of note is the reduction in band 6 vacancies reported in Scotland compared to last year however this is probably explained by the fact that there has been a 17% reduction in full time equivalent posts at band 6 and band 7 in Scotland rather than the posts being filled. This is something we will raise with the PRB in January. It is still my opinion that there is a significant pay related recruitment problem particularly at band 6 entry level and this will not get better in the near future, especially when the issues of on call (see later), pay freezes and the potential freeze on incremental pay rises are taken into account.

The second big issue of the year was on call. In the autumn, following almost 2 years of work and data collection by the NHS Staff Council On Call Sub-Group, it was decided that it was not possible to develop national terms and conditions for on call. Instead, 12 national principles were published for local implementation. The two key principles for local negotiation are the level of commitment pay for individuals doing on call and the transitional arrangements that should be in place from April 2011. Peter Leslie (Vice Chair TCC) and I have done a lot of work on behalf of our members to ensure the issues that relate to pharmacists have been taken into account during the discussions at NHS Staff Council level. Two key issues that I have raised were around management side's view in a number of Trusts that the arrangements for on call in the AfC handbook were the default position for local implementation and the issue of professional discretion when deciding how to deal with requests to return to work following a call. Both of these issues have been addressed in the latest Frequently Asked Questions document published along with the on call principles and guidance for implementation. We have also worked hard to inform members what they need to do at a local level to ensure the pharmacist issues are raised. We have written several useful documents which are available on the GHP website and regional members have been running local meetings to give members an overview of what they need to do. It is vital that members keep GHP NPC up to date with any local agreements that are reached.

I will end my report on a positive note. This year GHP (through membership of Unite) secured an excellent PLI product for our members that not only covers them for work done in their primary employment, but also for work done as a locum (as long as they are not self employed). Therefore for a reasonable annual fee pharmacists can now get membership of a NHS recognised trades union and excellent PLI cover.

**Dave Thornton**

**Chair, TCC**

# Practice Committee Report

Having taken over from Andrew Alldred as the GHP Chair of Practice this year, it has been a steep learning curve and with the retirement in 2009 of Jean Curtis as Professional Secretary has been a challenge getting up to speed with the job in hand.

The practice agenda for the Guild during 2010, has continued to be dominated by the development of the Professional Leadership Body (PLB) and the formation of the General Pharmaceutical Council (GPhC).

The year started with finalising the GHP response to the GPhC Standards. Our view on these initial standards was that they were overly complex and difficult to interpret. We felt that they could in practice promote a process-driven rather than professional risk-based practice through suppressing professional judgement, and that this was not in the best interests of patients, the NHS service or the professionals themselves. We welcomed the fact GPhC has, following the Council for Healthcare Regulatory Excellence consultation on standards, decided as its first act to maintain the current code of ethics whilst reflecting on the detailed responses. The response by GHP whilst seen as critical was also seen as very constructive and providing alternative options for consideration going forward. The subsequent rules to a large extent seem fair and equitable, but we have taken the opportunity to re-emphasise the lack of recognition of hospital practice as a specialisation, and concerns were also expressed over the absence of specialist or sectorial expertise on the disciplinary committees.

The new GPhC was launched and while we continue to be supportive of the direction of travel of the GPhC, we remain committed to working closely with them, as we recognise there is still much work to do. In response to the consultation on fees, we re-iterated our view that they must reflect the fair distribution of costs and reflect the true cost of regulation. Therefore fees imposed on individual registered pharmacists (or pharmacy technicians) must not as has been the case previously subsidise the fees associated with registration of premises as most of the inspection costs will relate to premises not individual practitioners. We remain concerned that the powerful commercial lobby of the multiples may now sway this debate, as previously the regulatory fees were set by the Health Department(s).

The new PLB was launched in 2010 and GHP has remained firmly engaged supporting its development. Particular emphasis has focused on the development of professional recognition ('credentialing'). We remain committed to the development of a successful leadership body and seek to continue active participation as the Guild develops its own future in relation to the changing environment. As part of this process we were active participants in the first of the 'partnership working' meetings of advanced and specialist practice in pharmacy, along with a number of other key pharmacy organisations. We are supportive of the new professional body and its ability to deliver for all of the profession through dedicated advocacy, promotion and articulation of the role of the pharmacist and how patient care can be raised through improved standards of pharmaceutical delivery.

The broader professional agenda has continued to move forward and we have influenced and taken part in discussion and debate in many other important areas. Since the substantial post of professional secretary was withdrawn by Unite, it continues to be extremely difficult, to actively respond to all consultations. However, this has been eased to some extent by the valuable support of Barry Corbett our new Professional Secretary, albeit with a drastically reduced input to the substantial post. I would reassure members, that in 2010, we have contributed to the most significant consultations during the last 12 months and these have included:

- the DoH consultation on Liberating the NHS: regulating healthcare providers

- the DoH consultation on Transparency in Outcomes: a framework for the NHS
- the DoH consultation on Liberating the NHS - White Paper: Equity & Excellence
- the DoH expanding the list of 'Never Events'. Whilst we agreed with the sentiment, we found it difficult to support the specific details as we felt that they could not be classed as “never events” due to the expected frequency of these events and we disagreed with the reliance of remedial action on human behavioural and organisational culture changes rather than system interventions.
- the DoH consultation on NHS whistle blowing arrangements providing guides to organisations, managers and staff bodies on how to ensure concerns by individuals are addressed within the organisation and those individuals know how to raise concerns, what to do if ignored and importantly they are protected from any backlash.
- the NPSA RRR draft consultations on safer loading doses.
- the NPSA RRR draft consultations on ambulatory syringe drivers.
- the NPSA RRR on LMWH, which allowed us to express our concerns about the over-emphasis in the draft on weight and renal function rather than immediate treatment leading to potential clinical risk issues.
- the MHRA informal consultation on streamlining and reducing regulatory burdens
- the MHRA MLX 371: Proposals to allow student midwives access to the parenteral medicines that can be administered by registered midwives supporting the logical extension of parenteral medicines, authorised for midwives, to students in training under the direct supervision of registered midwives.
- the MHRA informal consultation on Patient Group Directions.

The change of Government has increased the numbers of high-level consultations for Council to address including one of the most radical changes to the NHS in its 60-year history when Andrew Lansley published his White paper “Equity and excellence: Liberating the NHS in July 2010, which then prompted a series of on-going consultations. The major immediate concern for GHP was the danger to the primary care pharmacy infrastructure and the senior specialist network built up around SHAs in England and the potential long-term privatisation of NHS commissioning. There is a real danger that we will lose the heritage built up over the last 10 years of clinical advice to prescribers and managers that is unbiased and delivered on the basis of patient benefit rather than commercial interest. Additionally with the announcement of the “demise” of the NPSA we continue to believe that it is important that the associated safety agenda is not lost and await developments in this area.

GHP supported many of the RPS’s principles on supervision and saw it as an opportunity for the RPS to modernise and lead the profession by supporting, empowering and developing pharmacists to improve the safety of patients. We continue to believe that the level of service provided to the public must be determined by the professional judgement of the pharmacist, centred around a risk based assessment, but this must be an individual professional decision not corporate one, recognising that medicines are not normal commodities. Any changes must improve pharmacy practice and importantly improve patient care across all sectors of practice. We would also want to improve patients’ safer access to medicines, not just at the point of supply, but also throughout the medication pathway (e.g. clinical supervision by senior practitioners of junior practitioners). In addition any system must maintain and improve the patients’ right of access to a pharmacist for

advice on medication related issues. Whilst as a trade union we will fight to protect members long term futures we accept there has to be a continuation of the updating and modernisation of the supervision position taking pharmacists forward not backwards in their professional practice.

The publication of the guidance on prosecution of dispensing errors was published in June 2010, whilst GHP has no problem with the criminal law being applied to pharmacists as with any other professional in areas of gross negligence, we believe it takes us no further forward. Although GHP noted that any prosecution of the NHS by the MHRA under the Medicines Act requires ministerial approval. While a review of the Medicines Act is underway we believe that all pharmacy professional support bodies must push for an earlier change to the law as the relevant sections 64 and 85(5) have no purpose in terms of dispensing errors. GHP has for many years campaigned against the inappropriate use of these sections of the Medicines Act to address dispensing errors that due to their strict liability nature does not allow an appropriate defence. Although we believe that decriminalising dispensing errors is a useful slogan, we believe the public would expect a fair blame process and that pharmacists or employers of pharmacists who wilfully or recklessly undertake negligent acts should be subject to the same criminal law as other healthcare professionals. As there are already criminal and corporate manslaughter provisions to deal with the serious negligence cases, these sections from the Medicines Act, which originated in the 1955 Food Act, should only be used to deal with deliberate adulterations and deliberate misleading labelling not dispensing errors.

Finally I would like to pay thanks to all my NPC colleagues for contributing to the debates, discussions, occasional disagreements but always working professionally and diligently to support our members and the wider profession.

**Graeme Richardson**

**Chair of GHP Practice**

# Responses to Consultations

Consultation Body	Consultation Title	Lead	Date submitted	Reason not submitted
CHRE	Draft Standards	Dave Miller	January 2010	
GPhC	Draft Rules 2010	Graeme/Barry	May 2010	
PSNI	Homoeopathic medicines	Sheila/Barry	July 2010	
PMCPA	Proposed amendments of ABPI Code of Practice 2008	Barry Corbett/Vilma Gilis	August 2010	
GPhC	Fees Rules 2011	Graeme Richardson/Barry Corbett	August 2010	
DoH	Safe Management of Healthcare Waste HTM-07/01	Barry Corbett	August 2010	
MHRA	MLX370 Intention to further amend the Medicines for human Use Prescribing by EEA Practitioners Regs 2008	Barry Corbett	September 2010	
PSNI	Supplementary guidance for pharmacists in Northern Ireland on provision of collection and delivery services	Sheila Maltby	Not submitted	Not applicable for GHP to respond
NHS Staff Council	Pharmacist On-Call consultation	Dave Thornton	September 2010	
Home Office	2010 Drug Strategy Consultation Paper	Trudi Hilton	Not submitted	Not applicable for GHP to respond
DoH	Liberating the NHS: regulating healthcare providers	Dave Miller	October 2010	
DoH	Liberating the NHS: Increasing democratic legitimacy in health	N/A	Not submitted	Not applicable for GHP to respond
DoH	Transparency in Outcomes: a framework for the NHS	Barry Corbett/Trudi Hilton	October 2010	
NHS Confederation	Liberating the NHS – Analysis and questions on the White Paper	Heather Weaver	Not submitted	Not applicable for GHP to respond
DoH	Equity & Excellence: Liberating the NHS White Paper Exec Summary	Dave Miller	October 2010	
DoH	Fitness to Practise Adjudication for Health Professionals	Dave Miller	Not submitted	Timing precluded a response
NPSA	RRR: Safer Ambulatory Syringe Drivers	Graeme Richardson	October 2010	

NPSA	RRR: Safer Loading Doses of Medicines	Graeme Richardson	October 2010	
MHRA	Review of Medicines Legislation Medicines Act 1968 exemptions for sale, supply and administration of medicines	Dave Miller	Not submitted	Timing precluded a response
NCAT	Draft Acute Oncology Measures for the Manual for Cancer Services	N/A	Not submitted	Intention was to support a BOPA response, but BOPA decided not to respond as some members were part of the draft measures
MHRA	MLX 371 Proposals to amend legislation to allow student midwives access to parenteral medicines	Barry Corbett	November 2010	
DoH	Expanding the list of 'Never Events'	Scott Savage	November 2010	
MHRA (1960)	Review of Medicines Legislation: Informal consultation on provisions of PGDs and other matters	Barry Corbett	November 2010	
DoH	Engagement exercises on views on possibilities for introducing Independent prescribing responsibilities for physiotherapists and podiatrists	Tony West	Not submitted	Timing precluded a response
RPS	Consultation on RPS Regulations	Barry Corbett	December 2010	
Faculty of Sexual and Reproductive Healthcare	Drug Interactions with Hormonal Contraception	N/A	Not submitted	Not applicable for GHP to respond
MHRA	Request to reclassify Radian B Ibuprofen 5% Gel 100G from P to GSL (1964)	Barry Corbett	Yes	December 2010
NICE	Draft web-pages on putting guidance into General Practice	Heather Weaver	Not submitted	Not applicable for GHP to respond
MHRA	Streamlining and reducing regulatory burdens	Barry Corbett	December 2010	

**Barry Corbett**

**Professional Secretary Support**

# Education and Development Report

With the much anticipated separation of the professional leadership and regulatory functions of the RPSGB into the forms that we now know, the RPS and the GPhC, there have been many opportunities to shape our clinical future in the NHS. In Northern Ireland, we have retained the PSNI and a new Professional Forum to spearhead professional development for practitioners is to be launched in January 2011.

## **Partnership working with the RPS**

The RPS co-ordinated a meeting with key partnership organisations early in 2010 to identify areas where we could work together to meet the needs of the profession of Pharmacy. Areas identified by the group and developed throughout 2010 included;

- Credentialing
- Virtual networks and communication (see RPS website for more details)
- Developmental and educational support (from formal HE qualifications to answering queries from individual practitioners).

## **Development needs of the hospital pharmacy workforce in NI**

A steering group of hospital and education based Pharmacy staff chaired by Dr Norman Morrow from across NI gathered to discuss and establish a career pathway for pharmacy technicians and pharmacists. The group reviewed current skill mix within NI as compared to the rest of the UK, pre-registration training and with consideration of a potential integrated pre-registration year. The Steering group hope to produce a 'map' to guide new entrants in the career of hospital pharmacy through the clinical, technical and managerial pathways. This group also considered the potential for development consultant pharmacist posts in NI to provide robust clinical leadership for future development and the need for Educational Technician leads for each of the Trusts in NI. This report should be published in early 2011.

## **Future directions for Pharmacy Education /Education Standards**

Over the past few years, the Modernising Pharmacy Careers group have debated the effectiveness of the traditional pharmacy course of 2 plus 2, i.e. 2 years of 'science-based' and then 2 years of 'practice-based' education followed by a pre-registration year. One concern is that the segregation of real-life practice into a pre-registration year post graduation does not provide enough integration to enable students to readily apply their learning in the workplace. To support a change to the structure and content of the undergraduate degree, the GPhC have issued their revised Education Standards for consultation, the closing date for comment is 7<sup>th</sup> Feb 2011.

With the changed political climate, it is unclear what the final proposed degree structure will be but all Universities will be expected to increase practice based activities throughout their degree in order to meet the demands of the new Education Standards from the GPhC.

## **GHP / UKCPA conference 2010 / 2011**

The conference in Leeds this year was a great success with speakers from across the UK showcasing developments in all aspects of managed sector Pharmacy and proved to be a great inspiration for attendees of all grades.

In 2011, the conference will be held in Nottingham, May 20-22<sup>nd</sup> and the theme is 'aspiring to clinical excellence'. I look forward to see you all there!

**Roisín O'Hare**

**Chair of Education**

# Organisation Report

## **National Professional Committee (NPC) Meetings**

In 2010 we held four NPC/ Council meetings and had a two day strategy meeting in July. All meetings were held in London except for the May meeting which was held at the conference venue in Leeds.

The NPC invites representatives of external bodies to council meetings where there is a need to discuss collaborative working or topics of mutual concern.

The July strategy day gives NPC a chance to look at its work plan for the coming year and is particularly useful for new members of council.

I am grateful to Amanda Cass at Unite who organises the venues and accommodation for these meetings.

## **Group Secretaries Meeting**

Once again a successful day was held in November. This gave those attending a chance to be briefed on the work of the NPC and for them to express their views on the work. This November there was a particular emphasis on the on-call negotiations.

This meeting will be held again in 2011 on November 24<sup>th</sup>.

## **Election Process**

Following the election process at the end of 2009 we welcomed a number of new members to the NPC. All new members have been given a 'buddy' to help them through their first year on the NPC who they can contact if they have any questions about the council processes and procedures.

We were unable to recruit into the Yorkshire and London vacancies and these are now being covered by the Northern and Eastern regional members respectively. Due to other commitments Neil Caldwell resigned from the North West/ Mersey regional seat in September and we are actively looking for a replacement to co-opt until the next election process.

## **Professional Secretary Support**

In May the NPC took the decision to overcome the lack of financial support for a Professional Secretary post by Unite by paying for support using Guild funds. We have been able to call upon the services of Barry Corbett who has prepared responses to consultations and taken minutes at NPC meetings.

## **Bye-laws**

Our bye-laws were written and ratified in 2007 and now need to be reviewed and amended.

## **Vilma Gilis**

## **Organisation Lead**

# Recruitment Officer's Report

A goal of the Guilds 5 year plan, published in 2001, was to increase membership to 3000 by 2006. This target was exceeded in both numbers and timeframe with membership reaching 3000 in September 2003. Membership continued to rise to a peak of 4122 in January 2004, and since this time the membership has fluctuated within a few percent of 4000 members.

## Recent Developments

- A welcome letter from the President is now sent to new members on joining.
- A survey of recent new members has occurred to gain an understanding of their experience with the application process, with a view to improve the process where possible.
- This e-mail capture system installed on the GUILD website continues to provide additional value. This facility means that the contact details of potential members who expressed an interest in joining through the GUILD website can be harvested and enquiries made as to why they did or did not join. With this knowledge we have discovered that some new members have not been assigned to the GUILD when joining through the UNITE centralised web based application system. I am helping to correct these as they occur, and endeavouring to further improve the application process.

**Martin Pratt**

**Recruitment Officer**

# Communications Officer Report

In the past year we have continued our collaboration with Clinical Pharmacist and produced four editions of Guild Matters, although one was considerably reduced due to lack of space in the journal ( an expanded version did appear on line).

The President is now producing a monthly 'blog' of the activities that he, and other NPC members, takes part in and Barry Corbett, who is providing professional support to NPC, is adding relevant items to the 'Latest News' section of the GHP website. The NPC is, as always, grateful for the contribution which Jim Bannerman makes as webmaster.

We have also entered into a collaboration with the Chemist and Druggist who are sending out an electronic newsletter and will add any contributions we wish to make.

**Vilma Gilis**

**Communications Officer**

# International Committee Report

## **EAHP survey**

The regular EAHP survey was produced by a small working group, and sent to all chief pharmacists in the UK. This considerable document was a challenge to complete given the complexity of healthcare across Europe. The accuracy of our contacts lists was improved considerably for this piece of work. The return from the UK was poor and more work needs to be done for next time to improve the take up by UK pharmacists. We await the results.

## **Membership**

We have agreed with the RPSGB to share EAHP membership fees (as EAHP is the leadership body for hospital pharmacy). This began in 2010 and we look forward to working more closely with RPSGB going forward on European matters

## **FIP statements**

A total of 75 consensus statements represent the outcome of the Global Conference in Basel in 2008. They have been widely published and also translated into several languages. They represent a great deal of work and we are keen that they continue to be implemented around the globe. They can act as a check list against your current practice and because they are acceptable around the world they can be used to argue for changes where they are not standard practice at present. Much of their content is common practice within the UK. We plan to discuss the implementation of these with RPSGB in the first instance.

**Richard Cattell**

**Chair of International Committee**

# Treasurer's Report

The National Professional Council continues to manage three accounts, as detailed below. The main source of income during the year arose from the Annual National Conference 2010 in Leeds, plus monies owed from previous conferences. The only regular expenses incurred during the year relate to the ongoing support for the website and professional secretarial duties.

## Account Details

### Instant Access Account

Date	Description	Expenditure	Income	Balance
24/12/09	Opening balance			£0.52
		Nil	Nil	
31/12/10	Closing Balance			£0.52

### 14-Day Notice Account

Date	Description	Expenditure	Income	Balance
24/12/09	Opening balance			£53,674.32
	EAHP costs	£5,275.06		
			£29.99	
31/12/10	Closing balance			£48,429.25

### Current Account

Date	Description	Expenditure	Income	Balance
24/12/09	Opening balance			£4,337.01
		£7,932.13		
			£20,894.75	
31/12/10	Closing balance			£17,299.63

### Overall financial summary

Date	Description	Expenditure	Income	Balance
24/12/09	Opening funds			£58,011.85
		£13,207.19	£20,924.74	
31/12/10	Closing funds			£65,729.40

Copies of all reports to the National Professional Committee can be made available upon request.

**Simon Mynes**

**Treasurer**

# National Secretary for Northern Ireland Report

GHP-NI continues to be active. There were four scheduled meetings during the year. The AGM has been postponed twice due to inclement weather and has been rescheduled for January 2011.

## **Guild Medals**

It was time for celebrations in Northern Ireland as the Guild's Gold Medal went to Professor Michael Scott and the Silver Medal to Dr Séan O'Hare! Again congratulations to them both, GHP-NI was proud and delighted that two pharmacists from Northern Ireland were recognised in this way. Séan unfortunately couldn't make it to the GHP/UKCPA meeting in May to receive his medal instead a presentation was held in November when friends and colleagues gathered to congratulate him on this significant award.

## **Agenda for Change.**

The AfC review process is still not completed in Northern Ireland. During the year many pharmacists received their review outcomes with some notable success but for others gradings remained unchanged. Many pharmacists currently remaining at 8A and above have been requested to complete JAQs as part of the review process. The NHS staffing and vacancy survey 2010 shows that the Northern Ireland grading profile for pharmacists to be skewed towards band 6s and 7s compared to the rest of the United Kingdom so it is doubly disappointing that some review outcomes left gradings unchanged.

In May 2010 pharmacy network leads and some individual pharmacists, headed up by Peter Beagon met with Kevin McAdam, Unite Regional Officer, to discuss a strategy for a way forward with the AfC process. It was agreed that any evidence of misapplication of process would be forwarded to Kevin. Subsequently some members applied under Freedom of Information for their AfC papers and a few pharmacists were found to have been matched to the wrong job description and were offered a new review process. GHP-NI lead by Peter Beagon and Des Gourley continue to work with Kevin on discerning whether or not there have been misapplications of the AfC process within Northern Ireland.

GHP-NI has also undertaken a membership survey regarding AfC. The majority of pharmacists who responded said there were not content with the AfC process and felt that it had affected morale within the workplace. This survey has aided the development of a strategy to deal with AfC issues within Northern Ireland.

## **Pharmaceutical Society of Northern Ireland**

### *Professional Forum*

The Professional Forum in some ways mirrors the creation of the Royal Pharmaceutical Society.

Following the consultation concerning the creation of a Professional Forum GHP-NI has now been given a place as of right on the Forum Board along with other pharmacy organisations in Northern Ireland. Anne Friel has represented GHP-NI during preliminary discussion on the formation of the Forum. GHP-NI encouraged members to vote in the Election which has been held to fill the remaining places on the Board. The outcome of the election will be known in the New Year. No

hospital or primary care pharmacists put themselves forward for election so the remaining Forum Board members will be drawn from community pharmacy.

#### *Professional liability insurance*

The Society held an evening meeting with representatives from the various pharmaceutical organisations offering PLI, the NPA, PDA and Unite. An underwriter from the Unite insurers gave an informative talk.

Also at this meeting PSNI held a discussion on proposed changes to the Society's bye-laws. One amendment proposed setting the quorum for a special AGM at fifty members. Hospital members attending objected stating that this was too high a number to be achieved by hospital members. The amendment failed and the quorum remains at twenty.

#### **On-call negotiations.**

Northern Ireland, consisting of five Trusts, is the unit for on-call negotiations.

GHP-NI have convened a working group which is gathering information on current EDC arrangements within NI trusts so as to advise the Unite representatives who will be negotiating on behalf of members regarding the new on-call arrangements.

#### **Educational event**

In May 2010 GHP-NI organised an educational event "Pharmaceutical care – from the cradle to the grave". Dr Norman Morrow, Chief Pharmaceutical Officer, DHSSPSNI, gave the keynote address. Other speakers were drawn from GB and locally speaking on various related topics. The pharmaceutical industry sponsored the event which was organised by the younger members of GHP-NI.

#### **Consultations**

PSNI – Guidance for pharmacists in Northern Ireland on the provision of homeopathic products within a pharmacy, April 2010.

GHP-NI contributed to the NPC response to this consultation from the PSNI.

It has been a busy year for GHP-NI, a year still dominated by AfC. Many thanks to all the members who have given support and continue to show an interest in GHP-NI.

**Sheila Maltby**

**National Secretary for Northern Ireland**

# National Secretary for Scotland Report

Agenda for Change (AfC) is still rumbling on in Greater Glasgow & Clyde and Lothian Health Boards. Advice has been given on reviews, the process and completion of Job Analysis Questionnaires to members in these Boards. I assisted with job matching on the Greater Glasgow & Clyde Review panels in the early part of the year.

The review of pharmacy production / provision of unlicensed medicines in Scotland was completed last year and a group has been set up to produce the outline business case. There have been several meetings, but other commitments have meant I have been unable to attend all of them. Staff at both Tayside Pharmaceuticals and the Western Infirmary Pharmacy Production Unit have been kept up to speed with developments and the process.

In May I attended the Annual GHP/UKCPA Conference in Leeds. Some useful discussions with Chief Pharmacists and chairs of the RPSGB Boards were held over one lunchtime.

The Pension Choice exercise started early in the year, was completed by 30th June and resulted in 130,000 staff staying with the existing scheme and 2036 staff moving to the new scheme. The exercise raised a lot of queries about current pension schemes. Pension changes have also been the subject of a number of queries from members, although there is little concrete information and unlikely to be much until the publication of Lord Hutton's report.

The year has been dominated by the current financial situation and the measures being taken to ease pressures. The Government has told Health Boards to reduce senior management costs by 25%. The Labour opposition have queried why there need to be so many health boards and suggested that all of the special health boards be scrapped as separate entities and absorbed into National Services Scotland. They have also proposed that some of the smaller health boards amalgamate to reduce their numbers. The former could be done quite easily, but the latter would need primary legislation before it could happen.

In March, Dave Thornton, Michael Fuller R.O. and I met with civil servants from the Health Department to discuss the national recruitment and retention premium proposal for pharmacists. It was a useful meeting and it was agreed a further meeting would be held when the results of a vacancy survey carried out in January were available. No meeting has yet taken place.

I have continued to attend and contribute to the series of meetings of senior representatives with Regional Officer Michael Fuller. They are very useful for information exchange and networking and I hope that they continue to be held after Michael retires in March 2011.

Scotland is yet to have a meeting to discuss the changes to on-call. This is due to the fact that management are keen to have a solution which applies to all staff within NHS Scotland, rather than a different agreement for each health board. I have put my name forward to be a member of a Unite reference group on on-call which should inform the Unite delegates to the subgroup of the Scottish Terms And Conditions Committee (STAC) which is involved in the negotiations

The ghpscot emailing list for GHP members has been in frequent use to inform members in Scotland about important matters as soon as possible.

**Colin Rodden**

**National Secretary for Scotland**

# National Secretary for Wales Report

## Group Meetings

The North Wales group have been active in 2010 having had three meetings. Lis Dubourg is elected Chair and Ian Baker continues as Secretary. Two meetings discussed the new pharmacy structures in Betsi Cadwaladr University Health Board (BCUHB), which covers the whole of North Wales. The third meeting disseminated information from Guild Council with regard to preparing for local negotiations for on-call services. The opportunity was also taken to update members about Professional Liability Insurance which is available through GHP/Unite and covers individuals for locum work.

In South Wales there has been renewed interest for an AGM particularly from members in the West. Steve Bowden (Cardiff & Vale UHB) continues to keep members updated as Secretary and there was an on-call meeting in December in South Wales.

Many on-call pharmacists across Wales submitted comments to the consultation on the NHS Staff Council Draft Principles for On call, often co-ordinated by local GHP members.

## Re-structuring in Wales

Since the formation of the 7 Health boards in Wales in 2009, the structure of pharmacy departments in the managed sector seems to have changed more rapidly in the past 12 months. Primary and secondary care are fully integrated with professional leads having responsibility for both areas.

The only NHS Trusts that remain in Wales are Velindre NHS Trust (cancer care) and the Welsh Ambulance Service. Where there were previously 16 Chief Pharmacist posts in Wales, these have been replaced by 7 Clinical Directors for Pharmacy and Medicines Management posts at Band 9 (the Cardiff and Vale post remains to be filled, though interviews are imminent). There has been a loss of 4 experienced former Chief Pharmacists from the service who have chosen to retire or take early release during the re-structuring. There will be fewer higher grade posts in future. The structure of each evolving Health Board is quite different with regards to directorates and so is the means of influencing the Executive Team. In some organisations appointments have been made below the grade of the old Chief Pharmacist/LHB lead (at Tier 4 and 5), while progress in other organisations is slower getting started.

There will potentially be much to do going forward as some pharmacy colleagues currently have their jobs placed at risk with others to follow. They may require pay protection or other support as new roles develop. Local Unite Representatives have given support to a small number of specific enquiries to date.

## Oncall

Local Negotiations are on an 'All Wales' basis with our Unite member for Wales being one of 5 trade union representatives on the All Wales Negotiating Group. Pharmacist views have regularly been shared with Steve Sloan, Unite Regional Officer for Wales, most recently at a negotiating training day where Robin Benton (ABM UHB), Steve Bowden (C&V UHB) and Lis Dubourg (BCUHB) attended.

## **National Assembly for Wales**

The new Chief Pharmaceutical Officer, Professor Roger Walker takes position on 1<sup>st</sup> February 2011. There has only been the opportunity to meet informally at a pharmacy careers meeting to date.

GHP are represented on the National Programme Board for Medicines Management by Bob McCartney (Cardiff & Vale UHB) and on the Welsh Committee for the Professional Development of Pharmacy by Alwen Nicholson (BCUHB).

## **The future**

At conference I had opportunity to join a meeting with a member of the Welsh Board of the Royal Pharmaceutical Society and our President. Communications have been made to the Director of the Welsh Pharmacy Board to update the RPS in Wales about on call and other uncertainties facing pharmacists in the managed sector at present. An open invitation has been given for GHP to update the Welsh RPS at a board meeting.

I have been reminded of the Mike Tarr Award open to members in Wales. This is awarded to the best poster or oral presentation in the area of production and aseptic services (though other areas of research will be considered). The prize is to attend the annual national conference. This needs to be further promoted to junior pharmacists as funds are currently available to encourage them along to conference.

As you can see, there remains a strong network of active colleagues across Wales, a few of whom are named above. This year has been a steep learning curve for me since taking up the vacant regional member post for Wales and I have been grateful for their support.

The committee members of the South Wales GHP group suggest spring 2011 would be a good time to revitalise the group with new officers via an AGM. I would encourage you to come along and be part of the discussions and welcome the idea of rotating the meeting venue to facilitate more members attending.

**Michele Sehwat**

**National Secretary for Wales**

# Primary Care Representative's Report

As I write this report I have been reflecting on the significant changes in primary care over the last 8 months many of which are happening right now. During the year as these changes have been announced and put into action I have been regularly briefing council members about the issues specifically affecting primary care members.

Primary care members are concerned about the changes following the publication of the white paper, with respect to their jobs, roles and responsibilities. Members have been vital to the commissioning of health services in new ways for over a decade now and should be proud of the work that has been achieved. Going forward GP commissioning consortia and other bodies will need those skills.

Feedback from members clearly indicated that the changes announced in the white paper are affecting different parts of the country at a different pace within the national time scales. It has been helpful to understand this impact in individual members. As part of this work I have been working with other organisations seeking to support primary care pharmacists. The RPSGB arranged a working group set up to sign post primary care pharmacists to information sources and the GHP was part of this group.

In recent months regional representatives have held local meetings for members including a presentation for primary care members about the implications of the changes to ensure these are understood by all.

I have enjoyed meeting primary care members during the year and hope to meet more at the conference in May 2011.

**Heather Weaver**

**Primary Care Representative**

# Information Technology Joint Interest Group with United Kingdom Clinical Pharmacy Association Report

## Committee

George Gannon (Chair)	Jim Bannerman (Treasurer)
Onye Chigbu (Secretary)	Garry McCrea (FDBE Award)
Graeme Richardson (GHP Council Representative)	Stephen Goundrey Smith
Howard Goatley – UKTC forum Representative	Neil Kirby
Judie Finesilver - Articles/ PR	India Hardy – Consultations
Ewan Maule – Pan Pharmacy IT Representative	Cheryl Way - Articles/ PR
Jean Fairhurst – Administration	

## Committee meetings

- Annual Away Day, 25<sup>th</sup> February 2010
- Annual Seminar, 6<sup>th</sup> October 2010
- Various teleconference sessions

## Overview

The joint Guild of Healthcare Pharmacists and UKCPA Information and Technology Group, was re-formed in 2006 from the Guild of Healthcare Pharmacists ITIG. The remit of the group differs from the original ITIG and from other UKCPA Groups in that it seeks the participation of practitioners across all clinical specialities, rather than aiming to enrol pure I&T specialists. In fact, this diversity of membership is essential for the continued functioning and success of the Group and we are continually trying to broaden the diversity as technology and its application advances.

The Joint GHP/UKCPA Information and Technology Group aims to channel expert opinion from clinical practitioners and I&T specialists to best inform and influence policy decisions related to the introduction of new technological advances, and also to increase awareness amongst clinical practitioners of key technological changes on the horizon and their likely impact. The information side of the title relates to the way in which technology may be used to enhance the quality of information available to practitioners in influencing clinical and operational decision making. This may relate to anything from immediate availability of test results to aid clinical evaluations, through to the use of key performance indicator data to better inform decisions on where service priorities lie.

## GHP/UKCPA Joint Annual National Conference 2010

Cheryl Way (National Pharmacy and Medicines Management Lead, Informing Healthcare, Wales. ITIG Committee Member) ran a workshop at the GHP/UKCPA Joint Annual National Conference on behalf of the Joint GHP/UKCPA IT Group. The workshop looked at IT and Clinical Pharmacy, working in partnership to demonstrate how IT systems can support the management of patients' medicines and how these IT systems may affect future clinical pharmacy practice. Although not well attended the session was well received by those who attended.

## Annual Seminar 2010

The Joint GHP/UKCPA IT Group held the fourth annual seminar on 6<sup>th</sup> October 2010. It welcomed just over a 125 delegates with a mixed range of backgrounds to the Hilton Metropole Hotel in Birmingham and also had a very well supported exhibition. The focus of the seminar was on achieving efficiencies through the use of IT with an emphasis on the QIPP agenda on a number of areas including: the latest developments in ePrescribing in Birmingham, the implementation of Cerner (Pittsburgh version) in Newcastle upon Tyne Hospitals, driving change using IT with a dispensary management system at UCLH, decentralised automation Guy's and St Thomas's, using existing Pharmacy systems (EDS, JAC) to support patient level costing, presentation of the FDBE

award winner for a project on e-Discharge, improving Pharmacy Quality Management with Q-Pulse in the Royal Liverpool & Broadgreen University Hospital NHS Trust and an update on the use of IT in City Hospitals Sunderland.

*Sadly at the seminar Jean Fairhurst, the ITIG administrative assistant resigned from her position after many years of service. Jean will be a big miss for her ability to organise and keep the group in order at both the seminars and our meetings. The committee and I would like to wish Jean well for the future.*

### **Other contributions**

The group continues to directly provide, and facilitate input into, a number of national projects including:

- Pan Pharmacy IT Group meeting attendance.
- NHS United Kingdom Terminology Centre Implementation Forum.
- The Pharmacy Business Technology Group a sub-group of the National Pharmaceutical Supplies Group (NPSG).

### **Planned Activities for 2011**

- This year's Joint GHP/UKCPA ITIG Seminar is being planned for Tuesday 11<sup>th</sup> October 2011 at the Hilton Birmingham Metropole Hotel and Convention Centre near the National Exhibition Centre Birmingham, although the date and venue have yet to be confirmed. An away day is planned in April 2011 to finalise the date and venue, and plan the content.
- Through the course of 2011, the group will continue to look to establish a database to log the implementation of electronic systems across UK in the managed sector.
- Through the course of 2011, the group will continue to look to respond to IT related consultations with a Pharmacy theme.

### **Awards**

First DataBank Europe (FDBE) presented the joint UKCPA/GHP Information Technology award in 2010 to the winners Mark Peppernell and Nilesh Patel from Southampton University Hospitals NHS Trust for their work on an e-Discharge system. This is the last award supported by FDBE and the committee would like to thank FDBE for their generous support over the last 8 years.

The joint UKCPA/GHP ITIG is proud to welcome Mawdsleys as the new sponsors of the joint UKCPA/GHP Information Technology award in 2011. The aim of the annual award continues to be to encourage, support and promote information technology initiatives and best practice in the use of IT in Pharmacy. The award has been modified for 2011, in that the value of the award has been divided as follows; £1500 for first prize and £1000 for the runner up. Interested applicants can find details on the GHP website [www.ghp.org.uk](http://www.ghp.org.uk).

Entries for the 2011 award will close on 30<sup>th</sup> June 2011, judging will take place July/August 2011 with the award being presented at the Joint ITIG Seminar in October 2011.

### **Communication**

#### ***UKCPA InPractice and Guild Matters***

The ITIG has yet to contribute to the Guild Matters or In Practice other than to publicise the seminar, but it is hoped that this will be utilised in 2011 to improve communication.

#### ***UKCPA Newsgroup***

There are currently 92 members subscribed to the IT Group message board.

#### **Graeme Richardson**

**Guild Council Representative on Information and Technology Group**

# Leadership Joint Interest Group with United Kingdom Clinical Pharmacy Association Report

## **Current Committee**

Chairperson: Cathy Mooney

Committee Members: Graeme Hall, Philip Howard, Richard Cattell, Pippa Roberts, Chris Green, Catherine Duggan, John Quinn, Scott Savage

The LDG is a joint group between the UKCPA and GHP with the key purpose of facilitating the development of leadership in all areas of practice and at all levels.

## **Group members**

There are 167 members registered for the UKCPA e-mail network.

## **Committee meetings 2010**

May 2010 – Hinkley

Nov 2010 – Daventry

## **Activity and Achievements**

Links with third party organisations/associations – RPS: development of Mentoring database

## **Publications**

The committee members have been actively publishing on leadership matters. These include:

In Practice: Jan 2011

Pharmacy Magazine: Sept 2010 – Delegation – Chris Green.

## **GHP/UKCPA Joint Conferences and UKCPA Symposium 2010**

May 2010 – Hinkley: Court case – pharmacist on charge; the power of Neurologistic Programming – understanding the study of excellence; QIPP/QPC – what's it got to do with pharmacy?

Nov 2010 – Daventry: Personal development for directorate pharmacists: Understanding Yourself; Aligning yourself in the organisation; Working with others – managing performance to deliver priorities

## **Targets for 2010/11**

- Delivery of 3 workshops on leadership development at both symposia
- Launch the Directorate Pharmacists Pack

## **Sponsorship secured from the industry for the group**

Leadership award sponsored by GSK.

## **Group projects in progress**

- Mentoring database with RPS.

**Philip Howard,**  
on behalf of the Leadership Development Group Committee

# Procurement and Distribution Interest Group

## Background

The QIPP agenda and poor financial status of the NHS has increased the level of importance of effective medicine procurement and supply chain management. It is becoming more critical for individual trusts to have high calibre procurement experts as a resource to ensure maximum savings opportunities. The pressure which we are increasingly put on suppliers as a consequence to reduce prices could, however, lead to poor relationships with the NHS and worsening practices.

The role of PDIG is to increase the understanding of critical procurement issues for both procurement staff and Chief Pharmacists within the NHS through educating those involved at twice yearly symposia.

## Main Events

The PDIG committee organised two national symposia during the course of 2010. These symposia were arranged on the 10<sup>th</sup> June and the 11<sup>th</sup> November 2010.

The symposia were considered well attended. The last symposium in November 2010 had over 320 delegates at the event, the largest number of NHS delegates to date. A letter which was promoting PDIG was circulated by e-mail to Chief Pharmacists reminding them about the importance of maintaining CPD for their staff in procurement and the medicines supply chain. The event was CPD accredited by the new RPS.

The PDIG committee led by Tony West, also organised a workshop on at the GHP/UKCPA Annual Conference jointly with the UKCPA Leadership group and presented a mock trial. The trial involved accusing a Chief pharmacist, a dispensary manager and an experienced clinical pharmacist of not following standard procedures with respect to the management of unlicensed medicines. The workshop stimulated much debate and clarified areas of risk and concern and where improvement could be made. There have been requests to repeat this very popular session in the future.

## Subjects of interest covered by the PDIG symposium in 2010 include:

1. NHS Finances – Can we afford medicines? The grim reality
2. Collaborative clinical medicines procurement – Getting Value for Money
3. E-homecare
4. Should we receive professional procurement training?
5. Unlicensed medicinal products – Under scrutiny!
6. Centralising procurement and distribution in the NHS
7. The British Association of Pharmaceutical Wholesalers
8. The Future of the NHS – QIPP Developments
9. How can the Pharma Industry assist the NHS in constrained times?
10. Patient Access Schemes – Strategic Overview
11. Patient Access Schemes - Clinical Pharmacist View
12. Patient Access Schemes - Procurement View
13. NHS Commercial Medicines Unit and the Commercial Support Units
14. Procurement in England – Update
15. The National Advisory Board for Manufacturing
16. Generic Substitution and Licensing

## **PDIG Committee**

Allan Karr (Chair)	Jarred Livesey
Eamon Mullaney	Martin Anderson
Margaret Dolan (Vice-chair)	Howard Tebby
V'lain Fenton-May	Jean Fairhurst (administrator)
David Cook	Dennis Lauder
Phil Deady	Alison Ashman
Tony West	Julie Mathieson
Danny Palmer	

The Steering Committee met four times during the year and welcome three new members; Dennis Lauder, Jarred Livesey and Danny Palmer. Roger Miles retired from the committee in Nov 2010

## **Other Committee Activities**

### **(a) Encouraging Research and development – PDIG Award**

A critical role for the PDIG committee is to also encourage research and development within the medicines supply chain. The method to develop improvements used by the committee is the yearly £1000 PDIG award for “Pharmacologistics”. The PDIG Award, which was funded by Pfizer, was presented at the November 2010 symposium. The winning research project due to be completed during 2010/11 was entitled “Assessing the Impact of a Change Management Procedure on Homecare Medicine Patients”. The award winner was Michael Butterfield and Jane Kelly, Leeds Teaching Hospital NHS Trust.

### **(b) Supporting for Education and Training**

The PDIG committee have further increased the funding of the number of delegates that have been funded for advanced procurement courses that will lead to membership of the Chartered Institute of Purchasing and Supply (CIPS). To date there are over 20 NHS staff who have benefited from funding towards their educational costs. Additional funding of has also been contributed by Unichem and enabling 5 more students to participate in studies during 2010. Anyone interested in completing this training should contact [alison.ashman@pro-cure.nhs.uk](mailto:alison.ashman@pro-cure.nhs.uk)

### **(c) Promoting Excellence – “The David Samways Award”**

The PDIG committee has enhanced its role in the last few years to include the promotion of excellence in the field of the medicine supply chain. The committee’s yearly award called the “David Samways Award” is to celebrate the life of David Samways, a regional procurement specialist who died at a relatively young age. The Award is given to a person who, in the view of the committee, has contributed significantly towards the development of this specialist pharmacy service. The previous award winners were Peter Sharott, John Sithers and V'lain Fenton-May.

The “David Samways” award winner for 2010 was Howard Stokoe.

### **(d) Funding Support for Attendance**

The PDIG committee became aware that many trusts were experiencing difficulties funding delegates despite the low cost of the attendance fees. AAH has kindly agreed to fund the attendance costs of 16 delegates across the UK in order to address this issue. The PDIG committee agreed to fund their travel expenses up to a maximum of £100. It was agreed with AAH that the selection of these funded delegates would be up to the committee to decide. The PDIG committee have distributed these places equally to the Regional Procurement specialities to decide based on pre-agreed criteria and local need.

**Allan Karr**  
**Chairman, PDIG**

# National Professional Committee Attendance Report

	Meetings
Dave Miller (Chair)	4
Wazim Baqir	4
Neil Caldwell	4
Richard Cattell	4
Vilma Gilis	5
Trudi Hilton	3
Peter Leslie	5
Duncan Livingstone	2
Sheila Maltby	4
Robert McCartney	1
Simon Mynes	4
Roisin O'Hare	3
Martin Pratt	5
Graeme Richardson	5
Colin Rodden	5
Scott Savage	4
Michelle Sehrawat	5
Dave Thornton	5
Heather Weaver	4
Tony West	2

## Notes:

1. Data is based on February, May, September and November meetings and the July strategy day. The maximum number of attendances is therefore 5.
2. Duncan Livingstone was adopted as regional member at the July strategy meeting.
3. Neil Caldwell resigned from the committee after the September meeting.

## **Vilma Gilis**

### **Organisation Lead**