

Hospital Expert Advisory Group Agenda and Outcomes

Thursday 28 May 2026 14:00-16:00 held virtually via MS TEAMS

HEAG members:

Roger Fernandes (RF) Chair, Richard Bateman (RB), Osman Chohan (OC) Vice-Chair, Melanie Dalby (MD), Oweikumi Eradiri (OE), Susan Gibert (SG), Gareth Kitson (GK), Lynsay Lawless (LL), Eilis Rahill (ER), Amandeep Setra (AS), and See Mun Wong (SMW).

In attendance:

Bijal Tailor (BT), Fiona McIntyre (FM), Laura Wilson (LW) and Dafydd Rizzo (DR).

Guest:

Jane Browning, Associate Director of Pharmacy, NHS Lothian; Rebecca Burgoyne, Senior Medicines Policy Manager, NHS England

Observers:

There were 7 observers.

Apologies: Ravijyot Saggu and Inderjit Singh.

1: Welcome, apologies and matters arising

Description	RF welcomed all attendees, guests and observers to the meeting. Actions and recommendations agreed at last meeting <u>Benchmarking Metrics</u> FM updated the group on the progress of an item which the HEAG has been focussed on, around a recommended refresh of the (former RPS) hospital pharmacy benchmarking metrics and consideration of closer working with the NHS Benchmarking Network. The Chair and Vice-Chair of HEAG has written to the National Pharmacy Advisory Council Chairs of the Royal College of Pharmacy with the recommendations. The letter has been acknowledged and anticipate response towards the end of the year. Any further updates will be shared with the group.
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2: Quality Assurance of Aseptic Preparation Services

Led by Dafydd Rizzo, Policy and Public Affairs Executive, RCPharm

Purpose	To share progress on the update of the QAAPS standards for HEAG members. DR gave a verbal update on progress of the project. The QAAPS standards were last updated in 2016, and this project brought together a number of working groups to revise each of the identified themes.
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	These working groups finished on target on 31st March. The project is now in the editing phase. Readers of the finished product will notice a new refreshed structure including a new section on injectable medicines. The standards will be published in a digital format, with a print version rather than a book. The standards were due to be published in August but due to the lengthy editing phase this will now be October including a 4-week public consultation period. The new publishing date now aligns with the new supervision legislation enactment. A companion guide of guidance will be published alongside the new standards. DR and RB took questions on the impact on inspections and on who can be the accountable person. The updated standards will affect all accountable persons and align with the new supervision legislation. The QAAPS standards apply UK-wide, however, the supervision legislation will not apply in Northern Ireland so that will be reflected in the standards. For inspections, there will be no expectation that units will comply with all of the standards immediately and anticipate a grace period where units will work towards the new standards – this will be taken into account during inspections. A companion guide to support unit staff to reconcile the old standards with the new will also be published to support self-assessment. In response to a question asking whether the new standards will be too expensive to implement and therefore close smaller units, DR and RB emphasised there is no intention to disadvantage or try to make NHS units obsolete. RB would expect a rapid update of the new standards in terms of processes and recognises that facilities and equipment may need an implementation phase. It was acknowledged that the IQAAPS system (SPS/NHS England) would need updating in a parallel piece of work once the 6th edition of the QAAPS standards was published.
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3: European Association of Hospital Pharmacy

Led by Laura Wilson, Director for Scotland/Lead for International, RCPharm

Purpose	To share developments as RCPharm becomes a member organisation of EAHP, discuss proposed relationship going forward, seek opportunities for collaboration with Guild of Healthcare Pharmacists and EAHP. The European Association of Hospital Pharmacists (EAHP) represents ~30,000 hospital pharmacists across ~37 countries. It promotes hospital pharmacy through research, education, best practice, and multidisciplinary working. It operates via a board, staff, committees, and runs events (Congress, General Assembly, topic-focused “Boost” events) and publishes the European Journal of Hospital Pharmacy. RCPharm supports an early career pharmacist to attend the Congress annually. The RCPharm President will attend the General Assembly in June.
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RPS has paid membership to EAHP for a number of years and within the last 2 years it transpired that RPS were not members but merely paying half of the Guild of Healthcare Pharmacists membership to support them to be members. So, this meant that RPS members couldn't access the EAHP resources unless they were also members of the Guild.

As EAHP only supports one country membership we have joined EAHP in our own right, forming a country-coalition with the Guild. From now on, any RCPHarm members who are Guild members will continue to access EAHP resources as before. Any RCPHarm members who wish to access EAHP resources may now do so, applying individually, and their RCPHarm membership will be verified by our membership team.

This workaround avoids data-sharing issues, as consent to share member data with third parties is not currently in place.

Looking for advice from HEAG on how to manage representation at EAHP committees, event etc moving forward to engage with their work.

RF thanked LW for overcoming the EAHP membership challenges for the benefit of RCPHarm members and emphasised the opportunity now available to HEAG and the RCPHarm in contributing to the work of the EAHP.

HEAG members displayed interest in any aseptic/production committees, potential for strategic alignment of HEAG workplan with EAHP priorities to maximise influence in benchmarking, hospital and QAAPS standards. There was acknowledgement of costs associated with travel to meetings held across Europe for GB attendees.

Action: RCPHarm Membership Team to send out details of the change and how to access EAHP resources.

Action: Invitation to be extended to EAHP colleagues to present on opportunities for collaboration and involvement at future HEAG meeting.

4. Single National Formulary

Led by Rebecca Burgoyne, Senior Medicines Policy Manager, Medicines Value & Access, NHS England

Purpose	To provide an update on the development work for a Single National Formulary in England Rebecca Burgoyne gave a presentation about the Single National Formulary (SNF) programme. The SNF originates from the 10-Year Health Plan and the Life Sciences Sector Plan. It is a 2-year project with a planned implementation of July 2027. The core objectives of the SNF are to reduce bureaucratic delays in patient access, address unwarranted variation in prescribing and free up staff time for frontline patient care. The key principle is that all NHS patients in England should have equitable access to the right medicines at the right time, regardless of location. The project will have a phased approach, looking for rapid and equitable adoption of clinically and cost-effective innovations e.g. generics,
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	biosimilars, support the shift from hospital to community care and deliver an evidence based prescribing guidance tool integrated into clinical workflows and prescribing systems which will have a pathway approach. In the first phase to be delivered by July 2027, there will be a focus on selected therapeutic areas with expansion over the following 3 years. Early adopter sites (approx. 50% of ICBs) launched in Summer 2026 with a view to local formulary standardisation by December 2026. The project is supported by a number of task and finish groups. Questions centred on how the SNF will work in practice, particularly around shared care, governance, and local implementation. It was recognised that while the SNF can support greater consistency, it will not fully resolve complex interface issues. HEAG highlighted the importance of clear ownership and national oversight, alongside uncertainty about how local decision-making structures may change. There were also concerns about implementation at system and Trust level, including the need for guidance, training, and resource, with emphasis on co-designing solutions with local teams. Overall, discussion reflected strong interest in ensuring the SNF is practical, well-supported, and effectively embedded across systems.
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5: East Region Formulary

Led by Jane Browning, Associate Director of Pharmacy (Specialist Services, Development and Innovation), NHS Lothian

Purpose	To hear reflections and share learning from the work undertaken in the East Region of Scotland to develop a regional formulary. Jane Browning provided an overview of the development and implementation of the East Region formulary across NHS Lothian, Fife and Borders. The work emerged following earlier, unsuccessful attempts to establish a national Scottish formulary, with the East region piloting a shared digital platform structured around conditions and clinical pathways rather than BNF chapters. The formulary is a web and app-based system, integrated with DM&D and linked to key prescribing resources (BNF, eMC, Stockley, Scottish Medicines Consortium), designed to support clinicians at the point of care. Development of the adult and children formulary took just over two years, involving strong clinical collaboration across Boards and a structured governance model with expert working groups, a central formulary committee, and Board oversight. Benefits highlighted included improved user experience, reduced duplication, greater consistency, and efficient use of limited pharmacy resource. Key enablers of success were collaborative working, central coordination, and pathway-based design, while challenges included workload, aligning different local practices, and initial concerns about loss of local control and financial impact. Early data shows strong uptake and usage, with further work underway on benchmarking and wider system integration. Discussion focused on timescales, scalability, and transferability of the model. The East region experience demonstrated that delivery within
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	~2 years is feasible, even with limited central resource. LL observed that experience from the West of Scotland reflected positively on adopting a similar model, noting the importance of central coordination alongside local clinical engagement as a key enabler, while acknowledging challenges in achieving consensus across multiple Boards. There was interest in ongoing governance and sustainability, including the use of small central teams funded collaboratively and the potential to redeploy local resources. Broader themes included the value of relationship-building to reach agreement, the benefits of regional approaches in reducing duplication, and the opportunity to extend collaboration beyond formularies into wider prescribing systems and guidance. Participants also noted uncertainty about how directly the Scottish experience is informing the NHS England SNF, with indications that approaches may differ despite some shared learning.
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6: Royal College Updates

Led by Bijal Tailor, Learning Delivery Pharmacist, RCPharm

Purpose	To hear updates and seek feedback from HEAG members on educational development Bijal Tailor provided an overview of the Royal College of Pharmacy's Education, Learning and Professional Development (EPD) offer, highlighting its focus on delivering practical, accessible and profession-relevant learning. Central to this is RCP Learn, a digital platform launched in 2025, which brings together e-learning, webinars and podcasts in a flexible, case-based and bite-sized format to support revalidation and day-to-day practice. The EPD team delivers both lifelong learning content and structured development programmes across all career stages. Current priority areas include women's health, cancer care, and medication safety, with recent modules covering topics such as insomnia, acute kidney injury, polypharmacy and paediatric abdominal pain. The programme has achieved strong engagement, with over 40 modules live, and positive user feedback emphasising its practical application. Future plans include expanding content, strengthening collaborations (e.g. with specialist organisations), and introducing more advanced, specialist-level learning over time. Members are encouraged to contribute ideas via a new content suggestion process. Discussion focused on development timelines, scope, and accessibility of the learning offer. It was noted that new modules typically take around six months to develop, involving subject matter experts and structured content design. Questions explored the level and accreditation of learning, with confirmation that current content is largely foundation-level, with plans to introduce more advanced and specialist pathways in future. There was interest in how the offer aligns with existing specialist education (e.g. hospital pharmacy, professional bodies), with reassurance that collaboration and differentiation are priorities to avoid duplication. Attendees also clarified that access is currently free for Royal College members, with potential future options
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	for non-members. Overall, feedback recognised the scale and value of the offer, alongside interest in how it could support specialist workforce development and accreditation going forward. Action: Circulate the new content suggestion form to HEAG members
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7: AOCB

Led by Roger Fernandes, Chair

Purpose	To provide an opportunity for HEAG members to bring up any other business. <i>Corridor Care Coalition</i> The group discussed whether the Royal College of Pharmacy should issue a separate statement/letter on corridor care, specifically highlighting the impact on medicines safety and access, as existing Corridor Care Coalition communications have focused more broadly on system pressures and have not incorporated pharmacy-specific concerns. Members strongly supported this proposal, emphasising risks such as missed time-critical medicines, reduced access, and negative impacts on patient outcomes, as well as the effect on pharmacy teams. It was also suggested that similar messaging could be considered across England, Scotland and Wales reflecting the devolved nature of healthcare. In addition, there was consensus that alongside external advocacy, there is a need for practical action and guidance to support safe medicines management for patients being treated in non-standard settings (e.g. corridors and ambulances). This includes supporting multidisciplinary teams and mitigating safety risks in current conditions. Action: FM to feedback to Country Directors <i>First Royal College of Pharmacy Council meeting scheduled for 4 June.</i> <i>Ongoing GPhC consultation on overseas pharmacist education and training, with members invited to contribute feedback.</i>
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8: Summarising Key Actions

Led by Roger Fernandes, Chair

Purpose	To summarise key action points and identify agenda items for next meeting. To be followed up by email.
	Next meeting: 15 Oct (14:00 to 16:00)

**Relevant upcoming events and
webinars**
<https://www.rpharms.com/events>