

Minutes of Vision Summit Steering Group (SG) Meeting, Saturday 17 November 2012

NH Hotel, Brussels Airport

Present:

- Roberto Frontini, EAHP President (RF)
- Cees Neef, EAHP Director of Education (CN)
- Juraj Sykora, EAHP Board Member (JS)
- Aida Batista, EAHP Board Member (AB)
- David Gerrett, EAHP Academy (DG)
- Jennie de Greef, EAHP Chief Operating Officer (JdG)
- Richard Price, EAHP Policy and Advocacy Officer (RP)

The meeting opened with a short presentation from RF setting out thoughts on the purpose and requirements of the proposed Vision Summit. This then opened to a general group discussion on Vision Summit aims and objectives.

Discussing the impact of the 2008 FIP Basel statements, a sense was expressed that whilst they effectively laid out the “what” of a vision for hospital pharmacy future, a clear means for achieving the statements had not yet been given: the “how”. Accordingly, to build on the FIP statements, the EAHP Vision Summit should have a strong practical angle. The main goal should be to achieve pathways for countries in Europe to achieve both levels of possible common practice, and best practice. Providing milestones in terms of practice achievement would be important in this regard.

DG expressed a concern that too often, on issues of future practise, pharmacists simply spoke to pharmacists, which is not an effective approach to making change happen: other stakeholders in the health system have to buy into the desired change. Accordingly, as well as creating pathways to best practice, the Vision Summit should also aim to strongly engage other groups in the creation of the European vision of the profession, and in so doing define, clarify and raise the profile of the exact roles of the hospital pharmacist (HP) in the health system, now and in the future. DG also identified an aim of the Summit as assisting the rank and file hospital pharmacist in seeing the bigger picture about which directions their profession is travelling, needs to travel, and their place within that.

Connected to this, other outcomes of the Summit should be:

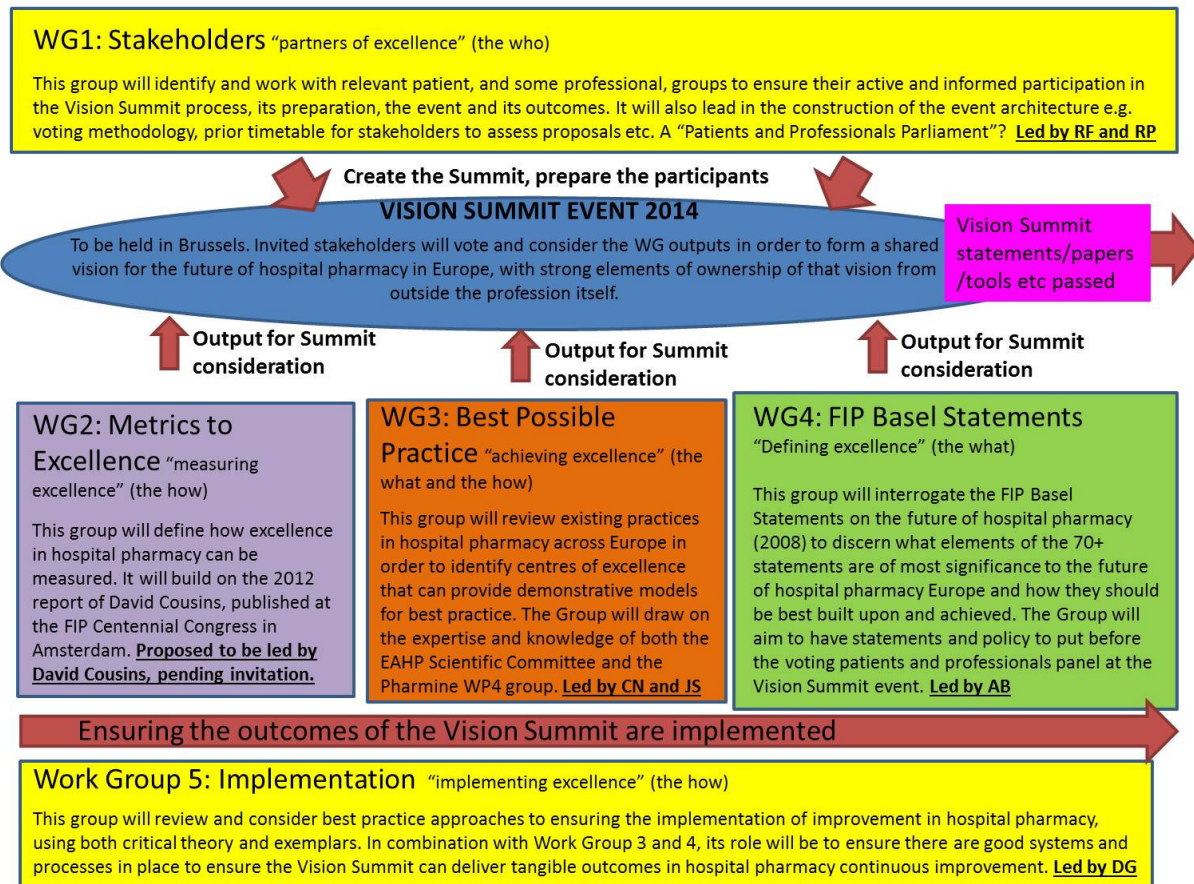
- to make all components of what the HP does more easily communicable to non-pharmacist audiences; and,

(DG saw linkage in this respect to the work of David Cousins in developing metrics for pharmacy to help measure the impact of the profession)

- to show all stakeholders that hospital pharmacy is about much more than supply of medicines

DG related that, whilst a patient knows the question they ask to a Doctor (“*Doctor, what’s wrong with me?*”), they remain uncertain as to the question they are supposed to ask a pharmacist. The Vision Summit should aim to tackle this issue.

The SG agreed that patients needed to be a central focus of the Summit’s work and developed the following structure for taking forward the event:



The Steering Group agreed to aim to hold the Summit in May 2014. This could usefully influence FIP’s review of the Basel statements, to take place in the Autumn of 2014 e.g. EAHP to publish and present results and outcomes.

Brussels was considered a good venue for the Summit in respect of its geographic proximity to the HQs of many of the desired stakeholder groups. Amsterdam was also suggested as a possibility because of its good airport links.

Day One of the Summit would involve representatives of the WGs with papers/statements to present to the stakeholders for vote, meeting and preparing for Day Two.

Day Two of the Summit would involve presentation of WG outputs to the stakeholders, and votes taking place.

The Steering Group then discussed each of the Working Groups in turn:

WG 1: Stakeholders

The Steering Group envisaged a panel of stakeholders being created in the order of around 40 to 50 persons, mostly representative of patient interests, to ratify and support the Vision Summit's conclusions and outcomes. This would give the process a strong sense of legitimacy to the outside world: that the Summit's outcomes were forged in the patient interest, rather than exclusively the professional interest.

Groups and persons to be involved, alongside the patient groups, include medics, nurses, and technicians. These individuals are to be identified and invited on a criteria i.e. they must have a sense and appreciation of the wider political issues facing European health systems now and in the future.

The WG would develop the desired participant list for the stakeholder panel, the nature of their prior engagement with Summit activities, and the mechanisms by which voting, and potential amendment tabling, will take place. It was recognised that each patient participant will bring a certain amount of individualised perspective depending on what element of the patient community they represent/have experience of. The aim would be to have enough breadth of participation in this regard that any individual biases in perspective are evened out.

Methods used to configure the stakeholder panel should be transparent in order to assist the legitimacy of the process. A process would also be required to raise the levels of understanding of participants about hospital pharmacy e.g. potential site visits etc.

Consideration should also be given to the status of "observer participants", as opposed to "voting participants". A stakeholder such as PGEU might be classed in the former category, for example.

The voting process must take account of whether participants are asked to vote on behalf of a particular organisation, or on behalf of themselves as an individual with recognised knowledge and stake in the subject. The SG suggested that the voting process should be anonymous and via button technology.

The aim of the patient and stakeholder participation is to be legitimately able to verify that the outcomes of the Vision Summit passed an independent test as being in the best interests of patients.

This Group will also handle and manage aspects of media and marketing related to the Summit, and consider any requirements for outsourced assistance with the event in these areas.

This WG will be led by Roberto Frontini and Richard Price.

WG 2: Metrics

David Cousins will be invited to lead this group, building on his work with EDQM, authoring a report entitled "[Policies and Practices for a Safer, More Responsible and Cost-effective Health System](#)", which suggested global measurement tools for pharmacy.

It will likely be a small group of 4 or 5 persons, charged with the role of developing a useable range of indicators and measures for hospital pharmacy in Europe to be used as an outcome of the Vision Summit.

ACTION DG: DG to speak with David Cousins about his potential involvement in leading a Metrics WG for the 2014 Vision Summit.

WG 3: Best Possible Practise

This group will review existing practices in hospital pharmacy across Europe in order to:

- identify centres of excellence that can provide demonstrative models for best practice; and,
- highlight models for achieving excellence (“pathways and milestones to excellence”)

In doing so, the Group will need to consider what constitutes a “centre of excellence”. This may not always involve expensive/state-of-the-art facilities for example. Centres of excellence might be very disease specific, or related to how to make best use of resource.

The Group will draw on the expertise and knowledge of both the EAHP Scientific Committee and the Pharmine WP4 group.

This was considered by the SG to be the most challenging group, perhaps requiring as many as 30 people to be involved in its work to ensure the availability of requisite knowledge of hospital pharmacy practice centres across Europe.

To resolve the problems experienced with advising on best practice in Europe, namely the fragmented and diffuse variation in practice standards across countries, WG3 would operate within concepts of a “step wise” approach to best practice e.g. Step One towards best possible practise is...Step Two is...

DG also identified linkage between the work of WG3 on best possible practice, and proposals for a New Academy: an online learning system. In this sense, the development and launch of the new Academy could be timed as a product of the Vision Summit.

WG3 will also consider the need for improving the “teach the teacher” concept.

ACTION DG: DG to correspond with a contact at the Royal Pharmaceutical Society (UK) in relation to work that organisation is conducting into the topic of centres of excellence.

The SG considered that a method for WG3 to acquire the information it needs in the first instance is a survey. The results of this survey could be the basis for the first meeting of the group. DG envisaged such a survey might identify around 50 centres of excellence (i.e. more than one in every country).

A good starting basis for the membership of WG3 may be to make use of the previously existing Pharmine WP4 group.

The 11 January EAHP Scientific Committee could be an opportunity for an initial meeting of people to work on this aspect of the Summit project.

ACTION JS: JS to work with JDG in finalising a list of people to invite to a January meeting and ensuring an invitation is sent without undue delay.

This group will be led by Cees Neef and Juraj Sykora.

WG 4: FIP Basel Statements

This group will interrogate the FIP Basel Statements on the future of hospital pharmacy (2008) to discern what elements of the 70+ statements are of most significance to the future of hospital pharmacy Europe and how they should be best built upon and achieved. This will include discerning which of the statements have most relevance in relation to patient care and considering the roadmap to achieving these in the European context.

The Group will aim to have statements and policy to put before the voting patients and professionals panel at the Vision Summit event.

The SG considered that this group needs practitioners that understand what is possible in terms of the FIP statements and may have useful thoughts about how to recreate the statements in a different way e.g. chief pharmacists. It would also be useful to involve individuals who had involvement in producing the 2008 Statements. The participants list for the 2008 event in Basel should therefore be reviewed for potential invitation to membership of WG4.

Consideration should also be given to “friends of pharmacy” from other disciplines, to offer advice as objective outsiders. AB had some ideas in this regard, including a Professor and former Portuguese Health Minister. The nature of the WG’s activity will have political elements so individuals with awareness in this area were recommended.

FIP to be involved in the Group, and encouraged to take a feeling of ownership in the process.

This group will be led by Aida Batista.

WG 5: Implementation

This group will review and consider best practice approaches to ensuring the implementation of improvement in hospital pharmacy, using both critical theory and exemplars.

In combination with Work Group 2, 3 and 4, its role will be to ensure there are good systems and processes in place to ensure the Vision Summit can deliver tangible outcomes in hospital pharmacy continuous improvement.

The WG will be influenced by approaches to implementation such as Gunn’s 10 statements of why implementation can fail (e.g. there is imperfect communication etc), recognised methods of systems improvement, and case studies of implementation.

This group will be led by David Gerrett, with contributions from a small number of other individuals e.g. Callum Rosenbloom (?).

ACTION ALL: The Steering Group agreed that the leaders of each Working Group should report back to the SG with a brief draft plan of how they intend to take forward the activity of their WG **by 1 December 2012.**

This plan should include details of:

- What they envisage their group doing
- Who will be in the group

- How it will conduct its work (e.g. number of meetings etc)
- A timeline for delivery of its expected outputs from December 2012 to May 2014.

As this stage, such a plan could simply consist of 1 to 2 sides of A4.

To reduce costs, the WGs should make use of online meeting technologies where sensible and appropriate (e.g. Webex etc).

ACTION JDG: JDG to create Working Group sections on the members-only section of the EAHP website, where documents can be shared and discussed.

An interim timeline for the entire Vision Summit project is to be well placed to present proposals for the Summit at the 2013 General Assembly (June). This would mean having material to share with GA delegates by end of April 2013 e.g. “early visions”, “early thoughts”.

The next meeting of the Vision Summit Steering Group could take place at the EAHP Congress in Paris, March 2013. A meeting thereafter is likely in October 2013.

ACTION RP: On the basis of the SG meeting, and the draft plans from WG leads to be provided by 1 December, RP will redraft the proposals for the Vision Summit to allow the EAHP Board Meeting of January 2013 to effectively scrutinise and give advice on the project.