

Network News



**Royal
Pharmaceutical
Society**
of Great Britain

Issue 3: January 2005

Future thinking on services provided by the branches

In 2004 the Royal Pharmaceutical Society launched its Future Branch pilot project, in which nine branches received special funding to run branch services in line with objectives set down by the Society. At the branch and regional secretaries' meeting in October 2005 the secretaries of three of the branches involved were asked to share their experiences. The same three now share their thoughts with readers of Network News.

Clwyd

Involvement in the Future Branch initiative has enabled the Clwyd branch to revitalise some of its activities and implement new activities. Having additional funding of £3,000 in 2004 has obviously been helpful and Clwyd has concentrated on ensuring that there is a vibrant, local infrastructure.

A full committee was appointed at the branch annual general meeting in January 2004. Appointments included a bilingual public relations officer, who has attended the Society's media training and has been busy establishing links with the local press. A new webmaster was appointed and has made considerable effort in updating the branch website (www.clwydpharmacy.org.uk). Two new sections have been added to the site – continuous professional development (CPD) and pharmacy development groups (PDGs).

Supporting the CPD needs of branch members is a priority for Clwyd, and initiatives are planned to inform and assist members' understanding of CPD and to explain that CPD is not an onerous task. A dedicated meeting using the CPD toolkit has been arranged for January 2005.

The branch is also promoting the establishment of pharmacy development groups (PDGs) and information about these is on the website. This is another priority since it is important that local pharmacists (from all sectors of practice) contribute to a pharmacy strategy/action plan. This will inform the planning and commissioning mechanisms both the local health board (LHB) and the trust. Pharmacist members of LHBs have been invited by the branch to establish PDGs (with financial support being offered by the branch).

The branch accounts have now been merged with the Society's accounts in what is known as unified banking. This involved closing two local bank accounts (business and social) and transferring the funds to the Society's central bank. This may sound problematic and our initial impression was one of



At the branch and regional secretaries' meeting, left to right, John Gentle, Council member Nicola Gray, Jonathan Burton and David Morgan

suspicion. In practice, however, the transfer went smoothly with no particular snags. The central banking initiative has not meant any loss of financial independence for the branch as we still have our own cheque book! We commend central banking for consideration by other branches.

We hope to continue to improve the format of our thrice-yearly newsletter and include more local features. We will endeavour to work jointly with the Welsh Centre for Postgraduate Pharmaceutical Education, the College of Pharmacy Practice and the neighbouring Gwynedd branch in delivering an educational, professional and social programme to meet the needs of members. Engaging members may be problematic but if the branch can offer a useful programme of activities, then the future should be secured. — *David Morgan, secretary, Clwyd branch.*

Shropshire

Most branch secretaries consider attendance at meetings of 10–15 per cent of the local mem-

bership to be a good result. The Shropshire branch saw a danger of complacency setting in on achieving such a level. The branch committee resolved to try to change this by using technology and communications to drive their aims forward.

The branch is now in regular contact with about 40 per cent of its members via e-mail (up from about 10 per cent a year ago) and uses every opportunity to encourage this form of communication. For speed and ease of communication it is unrivalled and enables the committee to have more regular contact with members. Although not everyone yet has access to e-mail, the large numbers who do make it possible to use this medium more and more. The Shropshire branch continues to send traditional mailings to members on a regular basis (stuffing envelopes is surely every branch secretary's favourite job) but the cost of doing so precludes the issue of monthly mailings.

All relevant branch information is available on our website, and links to other relevant sites fulfil an aim to make the branch a venue for signposting members to places of interest, both pharmaceutical and other.

The information that the branch communicates to members is as important as how often it does so. Shropshire regularly circulates Society information that had previously only been available to branch secretaries. This will help members to see the Society as more than just a tax collector and policeman!

Network News is produced by *The Pharmaceutical Journal* in association with the Royal Pharmaceutical Society's public relations and membership unit as a service to members of the Society resident in Great Britain.

Concluded on page four

Branch programmes, January to June 2005

The Royal Pharmaceutical Society's membership unit has compiled the following provisional programme of branch meetings during the first half of 2005 to help members plan their meeting attendance. Members should note that the details of some meeting are still to be finalised. Additional and revised information will appear in the Diary section of *PJ Online* (www.pjonline.com/noticeboard) and in

The Pharmaceutical Journal's weekly Diary column, which gives details of meetings for eight days from the Monday following the publication date of the issue.

Members should also note that they are normally free to attend meetings of any branch and not just the one to which they have been allocated or which they have chosen to join.

Aberdeen to Bury and Rochdale

Branch	Date	Topic
Aberdeen and North Eastern Scottish	24 January	Breastfeeding
	21 February	Diabetes
	21 March	Men's health
	25 April	AGM
Ayrshire	8 February	New pharmacy contract
	26 April	AGM
Barnet	12 January	Alzheimer's disease
	16 February	CPD Toolkit
	22 March	AGM/Commission for Social Care Inspection
	3 May	Diabetics and diabetic retinopathy
Bath	12 January	Commission for Social Care Inspection and the role of pharmacists
	February	<i>to be announced</i>
	10 March	Concordance
	10 May	Supplementary prescribing
Bedfordshire	1 March	Pharmacist prescribing
	Mid-April	AGM and CPD
Bolton	13 January	CPD toolkit
	10 February	AGM
	10 March	Defibrillators
	5 April	<i>to be announced</i>
	12 May	<i>to be announced</i>
Bradford	18 January	Supplementary prescribing
	28 February	AGM/Pharmacy journalism
	5 April	Schizophrenia
	10 May	Wound care and maggots
Brighton	16 February	Hypertension
	9 March	Secondary prevention of ischaemic heart disease
	5 April	Heart failure
Bristol	19 April	AGM and CPD
	25 January	CPD toolkit
	23 February	CPD lifestyle training
	22 March	<i>to be announced</i>
Bromley	27 April	Drug misuse
	24 May	Crohn's disease and irritable bowel syndrome
	29 June	CPD
	17 January	Hypertension
	14 February	Heart failure
Buckinghamshire	14 March	CPD
	18 April	AGM
Bury and Rochdale	16 May	Teaching today's practitioners (including pharmacist prescribing and pharmaceutical care)
	18 January	Hypertension
	21 February	Pharmacist behind bars
Bury and Rochdale	21 March	Technician registration and accreditation of counter staff
	25 April	Medicines information services

Cardiff to Dudley and Stourbridge

Branch	Date	Topic
Cardiff and Vale of Glamorgan	22 March	AGM
	20 April	Address by the Society's President (Nicholas Wood)
Central Lancashire	7 February	AGM; hormone replacement therapy and osteoporosis
	18 April	How can social services and health work together better?
	21 June	CPD; epilepsy
Ceredigion	26 January	New pharmacy contract
Chelmsford	20 January	Informatics and CPD
	15 February	Sexually transmitted diseases
	17 March	Alcoholic issues
	26 April	Discussion of BRM motions
	19 May	AGM/POMs-to-PS
Cheltenham and Gloucester	21 June	Burns from minor to major
	25 January	Infertility
Cheltenham and Gloucester	15 March	Substance misuse
	3 May	Haematology
Clywd	24 January	AGM and business meeting
	27 January	CPD
Colchester	20 January	<i>to be announced</i>
Coventry and Warwickshire	11 January	Pharmaceutical care: looked-after children
	8 February	Secondary care treatment of children
	8 March	<i>to be announced</i>
Crawley, Horsham and Reigate	10 May	<i>to be announced</i>
	12 April	AGM
	2 February	Zoonoses
Croydon	8 March	New national contract for IT and its impact on pharmacy
	5 April	CPD: how to do it
	5 May	Chairman's evening
Derby	7 February	CHD risk factors, cholesterol lowering drugs
	7 March	Teenage sexual health issues
	4 April	Pharmacy technician registration
	25 January	AGM/Vitamin supplements
	22 February	CPD
Dorset	22 March	<i>to be announced</i>
	26 April	Cystic fibrosis
	14 May	Current affairs
Dorset	2 February	CPD
	13 April	Pharmaceutical care of the eye
Dudley and Stourbridge	8 March	<i>to be announced</i> (healthy eating)
	22 March	<i>to be announced</i>
	19 April	<i>to be announced</i> (clinical topic)
	10 May	AGM

AGM = annual general meeting
BRM = branch representatives' meeting
CPD = continuing professional development

Durham to Hereford

Branch	Date	Topic
Durham	18 January	Putting CPD into practice
	15 February	National programme for IT, e-pharmacy and new contract <i>to be announced</i>
	22 March	AGM
East Cumberland	19 April	AGM
	2 March	Local counter fraud
East Kent	30 March	AGM
	1 February	Drink, drugs and driving
East Metropolitan	1 March	Diagnostic testing in pharmacy
	12 April	Medicines management
	15 March	Cardiology
Edinburgh and Lothians	19 April	Drugs in sports
	Jan/Feb	Delivering the right medicine in community pharmacy
Enfield	Spring	Delivering the right medicine: the new primary care
	April	AGM/Clinical meeting
Epsom	May	Hot topic meeting
	10 February	ADD/ADH
Fife	8 February	The charity Amazon Ferry
	19 April	AGM
Glasgow and West of Scotland	10 March	Unravelling the origins of modern drugs (annual Todd Lecture)
	14 April	AGM
	19 May	<i>to be announced</i>
Gwent	10 May	<i>to be announced</i>
Gwynedd	25 January	Gastrointestinal cancers
	2 February	AGM
	23 February	Hormone replacement therapy
	28 February	Wound management
	16 March	Thyroid disorders
Halifax	20 January	AGM
	3 February	Pharmacy in the prison service
	10 March	Cardiology
	21 April	CPD (facilitated session)
Harrow and Hillingdon	13 January	Sports injuries
	8 February	Mental health
	2 March	Palliative care
	15 March	Error reporting and task management
	26 April	AGM/PCT update
Hastings	3 February	CPD toolkit presentation
Hereford	24 February	Nutrition, obesity, cardiovascular disease and diabetes
	9 March	Interventions and clinical issues
	6 April	Pharmaceutical care in diabetes

Hertford to North Hampshire

Branch	Date	Topic
Hertford	18 January	CPD: putting it into practice
	1 March	Medication errors
	27 April	AGM/Genetics
Hounslow	3 February	Evidence based medicine
	3 March	Mental health medicines
	7 April	Proton pump inhibitors
Ipswich	3 February	Current issues
	10 March	Professional indemnity insurance
	13 April	Diabetes management
	10 May	CPD
Isle of Man	10 January	Visit to the new Nobles Hospital pharmacy
	13 April	Pain relief
Isle of Wight	13 January	Sports injuries
	8 February	Mental health
	2 March	Palliative care
	25 March	Error reporting and risk management
	26 April	PCT update
Jersey	1 March	Ophthalmology
Lanarkshire	10 February	CPD national and local support
	10 March	<i>to be announced</i>
	14 April	AGM
Lancaster	8 February	Current affairs
	12 April	AGM
	7 June	Management of diabetes using insulin
Leeds	26 January	AGM/Counterfeit drugs
	23 February	CPD
	16 March	Looking after patients with sight difficulties
	20 April	Safe medication practice
	18 May	Effect of the Shipman Inquiry
Leicestershire	11 January	Short presentations on pharmacy initiatives
	8 February	Herbal and complementary medicines
	8 March	Primary-secondary care interface
Macclesfield	18 January	AGM
Manchester, Salford and Trafford	27 January	Shipman Inquiry
	Feb/March	Nutraceuticals
	21 April	Local pharmacy practice research update
Medway	24 January	The Society, society and the pharmacist
	7 March	<i>to be announced</i>
	16 May	<i>to be announced</i>
Mid Glamorgan East	19 April	Industrial visit (<i>to be confirmed</i>)
Moray and Banff	11 January	<i>to be announced</i>
	8 February	<i>to be announced</i>
	8 March	See Northern Scottish
	12 April	AGM (<i>to be confirmed</i>)
North-East Lancashire	Late Jan/early Feb	<i>to be announced</i>
	Late Feb/early March	Heart failure/epilepsy/continence
	March	Shipman Inquiry
North Hampshire	23 March	Nutraceuticals

AGM = annual general meeting
BRM = branch representatives' meeting
CPD = continuing professional development

North Staffordshire to SW Metropolitan

Branch	Date	Topic
North Staffordshire	13 January	AGM
	10 February	CPD
	17 March	Technician registration
Northamptonshire	2 February	Smoking cessation
Northern Scottish	11 January	Devolution
	1 February	Dermatology, part 2
	8 March	Address by Rob Darracott, Society's Director of Corporate and Strategic Development
	19 April	AGM and discussion of BRM motions
Norwich and Norfolk	3 February	Update on University of East Anglia school of pharmacy
	17 March	Mandatory CPD
Nottingham	10 January	Defibrillators in the community
	14 February	Cytochrome P450 involvement in drug interactions
	14 March	Right staff, right numbers
	18 April	AGM
Oxfordshire	12 January	Interpreting biochemical tests
	8 February	Preterm babies into the community
	8 March	Opportunities with Reading University/CPD
	19 April	Antibiotics: prudent use
	10 May	AGM and electronic prescribing
Penfro	2 February	New pharmacy contract
Portsmouth	1 February	Dermatology update 2
	19 April	CPD part 2
Reading	20 January	New pharmacy contract
	23 February	Acute pain management
	16 March	Dementia
	19 April	Alcohol and the liver
Sheffield	12 January	Supplementary prescribing
	3 February	Local antibiotic resistance patterns
	2 March	NSF for children
	7 April	Maggots in wound disinfection
	12 May	Anticonvulsant therapy
Slough	25 January	Travel health
	15 February	Rheumatoid arthritis
	14 March	Medication errors
	11 April	Contraception
11 May	Palliative care	
Solihull	9 February	Use of drugs in sport
	9 March	Treatment of osteoporosis
South Cheshire	26 January	Shipman Inquiry
	22 February	Local minor ailments pilot study
	15 March	AGM/Dermatology
	20 April	The expert patient team
South East Metropolitan	12 January	AGM
	16 February	Supplementary prescribing
	6 April	Single point assessment of the elderly and medicines management
	18 May	Communicable disease control
South Essex	20 January	AGM/Pharmacist prescribing
	1 March	Treatment of infertility
South Staffordshire	2 February	Paediatric medicine
	8 March	Pharmacy in the prison service
	13 April	Antimalarial drugs
	10 May	CPD toolkit
South West Metropolitan	8 February	Accident and emergency care
	9 March	Dermatology

Southampton to Worthing and West Sussex

Branch	Date	Topic
Southampton	20 January	National Service Framework for Children
	22 February	Medicines management
	14 March	Heart failure
	18 April	AGM/Food and drink for poorly people
Stirling and Central Scottish	20 January	IT skills (interactive workshop)
	21 April	AGM/Speaker (<i>to be confirmed</i>)
Stockport	31 January	Community pharmacy: guide to biochemical testing
	28 February	National Patient Safety Agency
	4 April	AGM/Diabetes and the new contract
	9 May	Learning needs of pharmacists (interactive workshop to plan CPD)
Sunderland	19 January	AGM
	March/April	Three meetings on the heart
Swindon	7 February	Palliative care
	18 April	CPD: the next steps
	11 May	AGM
Teesside	February	CPD (hands-on with laptops)
	March	Primary care trust star ratings
Thames Valley	9 March	CPD records: hints and tips
	19 April	AGM/Supplementary prescribing
Torbay	10 February	Diabetes
Weald of Kent	3 February	AGM/Lymphoedema and compression therapy
	17 March	Pharmacy contract: an update
	19 May	Future developments in medicines
West Cumberland	12 January	AGM
	9 March	How the Society spends our money
	13 April	<i>to be announced</i>
West Hertfordshire	24 February	Child health, over-the-counter treatment
	March	<i>The Pharmaceutical Journal</i>
	7 April	AGM/Asthma
April	Dermatology	
West Metropolitan	26 January	Medicines management/CPD toolkit
	13 April	Mental health
	18 May	AGM/Acupuncture
West Surrey	8 February	CPD
	8 March	Complementary medicines
	12 April	<i>to be announced</i>
	10 May	ADHA
Wigan	March	Future of the new contract
Wirral	20 January	AGM/ Speaker (<i>to be announced</i>)
Worthing and West Sussex	25 January	Supplementary prescribing
	10 March	Eyes
	12 May	AGM/Herbal and complementary medicines

AGM = annual general meeting
BRM = branch representatives' meeting
CPD = continuing professional development

No programme information was received from the following branches: Birmingham, Bro Myrddin, Cambridge and District, Chesterfield, Cornish, Doncaster, Dumfries and Galloway, Dundee and Eastern Scottish, Grimsby, Guernsey, Harrogate, Huddersfield, Hull, Lincoln, Liverpool, Mansfield, Morgannwg, Northumbrian, Plymouth, Powys, Scottish Borders, Sefton, Shropshire, Somerset County, South Cumbria, South Lincolnshire, Southampton, Walsall and Wolverhampton, Warrington, Wirral, Worcester, York.

Concluded from page one

The Shropshire branch recognises that setting aside some meetings for topics in line with ideas from the Society is a sensible thing to do. However, the branch also values its independence. It is talking to local pharmaceutical advisers and in 2005 will try to align some of its educational meetings with the PCT agenda. We feel that this could boost the relevance of some meetings in the eyes of our members leading to a rise in attendance.

The branch is breaking down perceived barriers with the local pharmaceutical committee and it wishes to work more with other local health care organisations, sharing costs, building bridges and raising the profile of the branch and the profession locally. — *John Gentle, secretary, Shropshire branch.*

Stirling

At the beginning of the 2003–04 branch season, the Stirling and Central Scottish branch committee met to decide how the branch would develop in line with other local phar-

macy organisations, such as the Scottish Centre for Post Qualification Pharmaceutical Education) and locality development groups.

The branch had developed a successful working relationship with SCPPE and was holding joint meetings covering clinical continuing education topics regularly. However, it was thought that although this guaranteed good attendance there was a risk that merging activities with other organisations would result in loss of the branch's identity as a distinct and different provider of learning and networking opportunities for pharmacists.

The gaps in the market that the branch was ideally suited to deliver on were identified as: professional development; Royal Pharmaceutical Society issues; service development; models of practice; local peer support (eg, for CPD); and information sharing

It was decided that purely clinical offerings should be left to SCPPE and local primary care/secondary care meetings. This was difficult because such meetings are popular, but the committee decided that duplication of other providers was not an option and the branch

needed to find its niche. It was hoped that the advent of mandatory CPD would provide an opportunity for the branch to expand on several of the roles listed above, particularly peer support and information sharing.

It has been a good few months for the Stirling branch and meeting topics have covered areas such as the introduction of CPD portfolios, the Society's draft new Charter, the new community pharmacy contract and practical aspects of training to be a pharmacist prescriber. Future meetings include an interactive information technology workshop that will cover a range of skills from basic e-mail and online CPD through to using GP practice systems. This is the type of meeting where local colleagues will help each other overcome hurdles to expanding their practice, building on the theme of peer support. Only time will tell whether this new approach is favourable for local pharmacists, but the value of trying different approaches to enable members to get the most out of the branch cannot be underestimated. — *Jonathan Burton, secretary, Stirling and Central Scottish branch.*

It can be a risky business running a Society branch

The risk management problems brought to light by high profile cases such as the Enron scandal may seem far removed from the Society's branches, but the fallout has had implications that

impact across the Society's work. *Network News* asked the Society's legal adviser, **David Gomez**, and the head of information technology, **Andy Langer**, to offer some of their views on managing risk.

The Society vs the branches

In assessing the risk profile of the Society, the purpose of the organisation must first be considered, says David Gomez, who examines the relationship between the Society and its branches.

The Society's Byelaws and model rules set out the purpose for the branches. These state the objects of the branch shall be to "further the interests of the Society and its members". This includes "co-operating with the Council generally in the work of the Society" (rule 2(2)) and "promoting a corporate spirit among members and securing the observance of such standards of professional conduct as will uphold the dignity of the Society" (rule 2(3)).

The new Charter, under Article 7, further underlines the role of the branches where it states that the Council "may, by regulation establish, regulate and dissolve . . . branches . . . of the Society for the purposes of meeting the needs and requirements of the Society and the profession . . ."

The governing instruments under which the individual branches are set up make it clear that they have a dual role — first, to further the interests of the Society and, secondly, to further those of the members of the profession.

The branches are the local face of the Society. It is therefore important to ensure that any views publicly expressed are in line with the policy published by the Council.

Minimising risk within the fast changing IT environment

It may be tempting to try to avoid risk by simply maintaining the status quo. But by avoiding new ways of doing things there is the potential to miss out on real opportunities for innovation, says Andy Langer, who considers ways of minimising risk in the fast changing environment of IT.

The speed of change within IT means that the risk of standing still is just as dangerous as moving forward too quickly and the aim should be to chart a middle course of adopting well-accepted technology.

On-line risk

Branch websites provide a fast and effective way of communicating with members, but every internet presence carries a risk element. This can vary from simply not keeping the content up to date, to publishing incorrect, libellous or misleading information.

Another risk is that of security. The hacking and defacing of websites is unfortunately all too common and a problem that will probably never go away. To help minimise the risk in this area the Society has appointed a new company to host both the branches' and the Society's websites. This will improve the level of security by ensuring that the servers are now managed continually and that any necessary changes are made to the systems to minimise the risk of attack.

The improved capabilities of the server also mean that the Society will be able to

offer greater functionality in the future to allow you to further develop your websites.

Sharing data

The retention, use and circulation of personal data provides a large potential risk for the Society in terms of loss of credibility as well as issues with the Data Protection Act 1998 and the Freedom of Information Act 2000. Great care is therefore taken to minimise any risks associated with these issues.

One area that generated a great deal of comment from branches last year concerned the collection and use of members' e-mail addresses as a means of contact. Although e-mail is an effective method of communication, the ease with which addresses can be hijacked and used to help generate unwanted spam messages means that the risk of using them is high. Nevertheless, a suitable way for collecting and using members' e-mail addresses is currently being explored by the Society and more details of this work will be made available during 2005.

Risk assessment

The branch secretaries' meeting scheduled for 16 March will provide an opportunity to discuss risk issues more fully. In the meantime, branches that have concerns about any areas of risk should contact the Society's membership team, who will look to provide help and advice.