

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 22

**Ymateb gan: | Response from: Cymdeithas Fferyllol Frenhinol Cymru |
Royal Pharmaceutical Society in Wales**



Russel George MS,
Chair, Health and Social Care Committee
Senedd Cymru

Consultation: Views on The Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

Dear Russell,

Thank you for this further opportunity to support the committee's ongoing work on waiting times backlog.

Now that the Welsh Government's programme for transforming and modernising planned care and reducing waiting times is published, it's only right that the committee revisits this area and allows stakeholders across health and social care to comment on the plan.

Overall, we welcome the programme and steps outlined by the Welsh Government. As recognised in the foreword, the scale of the task after two years of the pandemic is significant. With this in mind, the recognition that a fresh approach to planned care is needed to meet the increased demand is completely right.

We also agree with the overall aim of the plan:

"The aim is to accelerate health and care recovery in the short to medium term focusing on stabilising and recovering the waiting lists, whilst developing and embedding longer-term transformative and innovative change".

While the health service must do all that it can to accelerate access to treatment to those who have been waiting for care over the last two years, the scale of the challenge and pressures it will place on the health services necessitates exploring and developing new, more efficient approaches to planned care.

As we broadly agree with the principles in the plan, the points below are constrained to

- issues that have not been included in the plan and we believe merits consideration
- or where the perspective of pharmacists would be helpful for the committee.

Kind regards



Elen Jones
Director, the Royal Pharmaceutical Society's Welsh Pharmacy Board

Supporting the workforce

In our initial response to the committee's inquiry¹ we were clear that plans to meet the waiting times backlog must take into account the strain and pressures that the workforce has faced over the course of recent years. This means that we cannot keep asking the existing workforce to do more. We are clear that the key principles of pandemic recovery should be on working differently and smarter, while always ensuring that steps are taken to maintain a sustainable, resilient and supported workforce.

With these principles in mind, we're pleased to see the plan recognises the impact that the pandemic has had on workforce capacity and wellbeing and 'includes building a sustainable workforce' as an underpinning enabler.

The commitment to also "develop a focused workforce plan to underpin this planned care recovery plan" is crucial. Put simply, without such a plan to support the workforce in place, the aims for recovery will not come to fruition.

For pharmacy, priorities in such a plan are for:

1. All pharmacists must be given access to, and be enabled to take, appropriate rest breaks, both for the welfare of pharmacists and for patient safety
2. Pharmacists must have dedicated protected learning time within working hours
3. Investment is needed in the pharmacy workforce to train more pharmacy staff and upskill existing staff to work at the top of their competence
4. Pharmacists and their staff must have continued access to national wellbeing and occupational health support.

Further details on these points can be found in our initial written response to the inquiry and in our recently published statement on the needs of the pharmacy workforce².

Avoiding delays and complications through medicines optimisations

A key enabler for efficient and quick access to planned care that significantly reduces the risk of complications that can cause delays is to ensure a medicines optimisation process has taken place. This is not referenced in the plan but must be a central component of our approach to more efficient planned care.

Medicines optimisation is about ensuring that patients get the right choice of medicine, at the right dose, in a timely way, to get the best outcome in terms of disease/condition control and prevention of progression or secondary complications. By focusing on patients and their experiences, a further goal is to help patients to take their medicines correctly, avoid taking unnecessary medicines and improve medicines safety. Prescribing pharmacists based in hospitals, GP practices and community pharmacies, with their expert knowledge of medicines

¹ <https://business.senedd.wales/documents/s122261/WT%2031%20-%20Royal%20Pharmaceutical%20Society%20Wales.pdf>

² <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/workforce>

and their effects are well placed to lead on medicines optimisation across all conditions that require planned care e.g anticoagulation, heart failure, respiratory conditions.

In the context of planned care, effective medicines optimisation has two significant benefits:

1. Reducing the likelihood of a referral to specialist services: When a patient's medicines are not optimised for their treatment, they are much more likely to experience complications and to be referred to specialist services. Effective medicines optimisation at an early stage of treatment will negate this risk of referral, ease pressure on the system and create additional capacity for planned care.
2. Reduce the likelihood of complication before treatment/surgery: Medicines optimisation at an early stage after initial referral will significantly reduce the possibility of complications or side-effects emerging that will risk delaying a planned surgery and cause further delays and inefficiencies in the system.

Harnessing the skills of hospital based pharmacists

When discussing how the plan aims to transform the way planned care is provided, it's stated that "a wider range of health professionals will help you to stay well and remain at home". We support this priority but would also advocate for a wider range of health professionals from across the multidisciplinary team to be a more central part in leading planned care, particularly hospital-based pharmacists.

With a significant number of hospital pharmacists qualified as independent prescribers, there is huge potential for their expert clinical knowledge and skills to be better utilised and add additional capacity in planned care and to reduce waiting times. Already in Wales there are examples of hospital-based consultant pharmacists and their teams leading specialist mental health and renal care clinics. Meanwhile there are numerous examples of pharmacists taking a lead on medicines management and optimisation in various clinical specialities.

However, in order for all patients to benefit from the expert clinical skills of hospital pharmacists, all specialty multi-disciplinary teams providing planned care must include a hospital pharmacist and their medicines expertise. This should certainly be the case for those specialities identified in the plan as having the greatest number of people waiting for treatment (trauma and orthopaedics, ophthalmology, ear nose and throat (ENT), urology and gynaecology). The result of this will be safer and more effective use of medicines, while reducing the risk of complications and delay to treatment.

Prehabilitation

We were pleased to see that prehabilitation is a strong focus in the proposals to build sustainable planned care capacity. For patients, this is a vital part of making sure that they are in the best possible physical and mental state to get the best outcomes from their treatment. While for the NHS, effective prehabilitation has the benefit of reducing cancellations on the day of treatment and allow theatres to operate at full capacity

This is another area where the skills of pharmacists can play an important role within the multidisciplinary team³. They are well placed to take a holistic view and to work with patients; providing them with an optimisation bundle which consists of medication reviews, screening checks and any lifestyle interventions to ensure maximum benefit from their treatment and for their recovery.

Community Pharmacy's Role

In our first written evidence to this inquiry¹ we stressed the important role of community pharmacists and their teams in helping to reduce waiting times and pressures on the system. We're pleased that the Welsh Government plan also recognised this role and pledges to continue to promote community pharmacy as an alternative to urgent care services via the newly introduced national clinical community pharmacy service.

Again, as mentioned in our first evidence, to make the most of the new clinical service, ongoing funding community pharmacists to complete independent prescribing training will be required.

Social Prescribing

We note the plan commits to "develop a national framework for social prescribing to embed access to prevention services and wellbeing activities into our pathways. To make full use of these services and pathways, the role of community pharmacists must be a central part of this framework.

As the most accessible health professional on the high street, community pharmacists develop a strong relationship with their patients and are extremely well placed to identify people who could benefit from social prescribing. Furthermore, their training means they also possess the required communication and interpersonal skills for social prescribing.

Keeping people healthy & off waiting lists

Of course, the most effective ways to manage waiting times, is to keep people healthy and not be in need of treatment in the first place. We welcome the commitment of a more targeted approach to the causes of avoidable ill health and death in the plan.

Through smoking cessation services and in providing health coaching and behavioural advice, community pharmacy teams already play an important role in helping people to avoid preventable illness and stay well. However, pharmacy in Wales has signalled its intention to build on its public health role. In the profession's 10 year vision; Pharmacy: Delivering A Healthier Wales, there is a commitment to:

³ <https://www.rpharms.com/wales/pharmacy-delivering-a-healthier-wales/putting-pdahw-into-action#5>
(Prehabilitation pharmacy: Preparing patients for their cancer recovery by Marian Jones, Prehabilitation Pharmacist, Cardiff South West cluster)

“increase our focus on health, wellbeing and prevention with all community pharmacies becoming health and wellbeing hubs”⁴.

Regional Treatment Centres

At RPS, we consistently support the principle that systems should be designed to allow patients to receive their care as close to home as possible. This principle is also reflected in the Welsh Government plan with the exception of the proposal to:

“develop a network of regional clinical teams and centres flexibly to meet local demand. For some services, treatment centres or centres of excellence may be the best option. The development of green or cold sites will be considered for many routine procedures, which may mean that people will have to travel to access care in another health board”.

While recognising that this is not ideal, the situation post-pandemic does require new approaches and we accept that the evidence cited for high volume surgery centres is persuasive and will likely lead to a reduction of waiting times of treatment at a quicker rate.

As discussed in the document, communication to explain the rationale for this change in approach to the public will be important and that patients with travel challenges receive appropriate support.

Additionally, further information from the NHS/Welsh Government on the geographical coverage of these new regional centres would in the coming weeks/months and of the skills mix within teams working in this new model would be welcomed. From our perspective, we would stress that each regional centre should benefit from the expert skills and medicines knowledge of pharmacists within their multidisciplinary teams.

E-advice for primary care

When discussing steps to help reduce unnecessary referrals into secondary care, the plan references the newly introduced “e-advice” function. It states that:

We have introduced e-advice; this new functionality allows primary care to e-mail the specialist team and access immediate advice about how to treat the individual.

Despite stating that this new functionality is now in place for primary care, at this stage it has not been extended to community pharmacy, nor to our knowledge to the other primary care contracted professions (optometry and dentistry).

Considering the accessibility of community pharmacy and the high volume of patient engagement, access to this functionality would be a huge benefit to both pharmacists and their patients. For community pharmacists to be better integrated within the NHS and have access to specialist support and advice - the absence of which our members constantly tell is a source of huge frustration and a feeling of professional isolation. Meanwhile for patients they will be

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<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/Pharmacy%20Vision%20English.pdf?ver=2019-05-21-152234-477>

pointed in the right direction for their care at the point of their first interaction with the health service, regardless of whether the issue requires specialist input or not.

While not relevant for waiting times for planned care, we would encourage exploration by Welsh Government, Digital Health and Care Wales and the contractor bodies as to whether this functionality could be used for communication between community pharmacies and GP practices. This would be a much-needed solution to resolve prescription queries seamlessly, without pharmacists waiting on the phone to surgeries for extended periods of time or having referring patients back to surgeries with those problems.

Referrals

We share the concerns outlined in the plan around “potential missing referral of patients that are expected to present with their systems over the coming months”.

Community pharmacy is uniquely placed to help identify those people who would benefit from referral to specialist care but may not have been appropriately referred over the course of the pandemic. As the only health setting that remained open throughout Covid-19, pharmacists and their teams will have monitored their patients carefully through this period and will have spotted decline or changes in both their patients’ physical or mental health that indicates a referral is required.

However, despite being the most accessible health professional group with such regular interaction with patients, at present, community pharmacists are not able to directly refer patients to other parts of the health service. In circumstances where a referral could be safely and appropriately managed by the pharmacy team, they can only suggest and signpost patients to see their GP. This results in patients always having to take an extra step themselves before they get the care they need, rather than it being facilitated for them by the health service.

In addition, pharmacist prescribers working in primary care and hospital settings should also have referral rights with an agreed clinical pathway. This is for situations where they may not be able to progress a patient along the pathway and would be particularly important in extreme circumstances and in order to maintain patient safety (e.g. red flagging).

To streamline referral processes, we recommend that formal referral protocols/pathways should be developed for pharmacy teams to make direct referrals to other services. Their aim should be to remove burden from patients themselves and allow them to move through the health system more rapidly and efficiently. These protocols/pathways should be developed with input from across multidisciplinary team and patients’ representatives so that they are tailored to what patients need and expect.

Measuring & Monitoring progress

One aspect currently missing from the plan is reference to how progress will be measured and reported. In a situation where new ways of working are being developed, some new initiatives

will work better than others. It's therefore important that we're able to identify the most effective initiatives in meeting demand efficiently and providing the best possible outcomes for patients.

From a pharmacy perspective, as a growing number of pharmacists are now using their prescribing skills across all settings, having means to measure and identify where their skills in medicines optimisation are having the most effective impact is important. Such evidence can then inform workforce planning across all health boards and ensure that examples of new practice and ways of working that is proven to be effective can be replicated consistently across Wales.

This may be something that committee wishes to explore in any further reports or communication with the Welsh Government.

Adopting best practice

Health systems across the world will be facing similar challenges with treatment backlogs to those that we're facing in Wales. We would hope that this plan remains flexible and able to adopt any initiatives from other UK countries or internationally that have proven to be especially effective in meeting reducing waiting times for planned care.