

**Cafodd yr ymateb hwn ei gyflwyno i'r ymgynghoriad ar y cyd a gynhelir gan y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) a'r [Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus](#) fel sail i'w [gwaith craffu ar Iechyd a Gofal Digidol Cymru](#)**

**This response was submitted to the joint consultation held by the [Health and Social Care Committee](#) and the [Public Accounts and Public Administration Committees](#) to inform their [scrutiny of Digital Health and Care Wales](#)**

**SDHCW 01**

**Ymateb gan: | Response from: Fferylliaeth Gymunedol Cymru | Community Pharmacy Wales**

---





## Community Pharmacy Wales response to the Health and Social Care Committee's

# **Scrutiny of Digital Health and Care Wales**

Date: September 2022

Contact Details  
Russell Goodway  
Chief Executive  
Community Pharmacy Wales  
3<sup>rd</sup> Floor, Caspian Point 2  
Caspian Way  
CARDIFF, CF10 4DQ

## Part 1: Introduction

Community Pharmacy Wales (CPW) represent community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales are the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy-based NHS services and to shape the community pharmacy contract and its associated regulations, to achieve the highest standards of public health and the best possible patient outcomes. CPW represent all 710 community pharmacies in Wales. Pharmacies are in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

In addition to the dispensing of prescriptions, Welsh community pharmacies provide a broad range of patient services on behalf of NHS Wales. These face-to-face NHS Wales services, available from qualified pharmacists and Pharmacy Technicians, six and occasionally seven days a week, include, Pharmacist Independent Prescribing Services, contraception services, Discharge Medicines Reviews, Smoking Cessation, Influenza Vaccination, Palliative Care Medicines Supply, Emergency Supply, Substance Misuse and the Common Ailments services.

CPW are pleased to have the opportunity to respond to this important consultation as we have recently agreed a forward thinking and ambitious new contract that is the envy of other parts of the UK, and which has the unanimous support of all political parties in Wales.

It was recognised by both CPW and Welsh Government, throughout the negotiations, that we would need to put in place improved digital support for community pharmacy contractors if we were to really leverage the full potential of the new contract.

In recognition of this pharmacy contractors across Wales have given up four hundred thousand pounds from their contract, on a repeating annual transfer to Digital Health and Care Wales (DHCW) to fund the programming support necessary to achieve this. Based on the national average wage for programmers this is enough to fund a team of eight programmers dedicated to the development of community pharmacy digital support. It is therefore of great concern to CPW that our contractors are getting increasingly frustrated with the current speed of development, particularly in relation to the Choose Pharmacy system, as they



unanimously and quite understandably view the system as extremely slow and clunky, and it is becoming universally recognised as a barrier to service development. CPW is aware that these frustrations are also shared by the health board pharmacy teams. CPW has supported the funding of DHCW in principle, however the governance of this expenditure and the level of communication with DHCW is not in line with our needs or the magnitude of the funding provided.

## **Part 2: Observations on the specific areas raised**

### **The process of establishing DCHW and progress in the first year, progress achieved and outstanding challenges.**

While the response to the development of today's systems leaves something to be desired, we welcome the work of the Digital Medicines Transformation Portfolio to transition to electronic prescriptions in Wales and support the agenda to eventually move to the modern FHIR infrastructure.

### **Progress on recommendations of Fifth Senedd Public Accounts Committee reports.**

The report called for *a radical rethink in terms of the Welsh Government's approach to Informatics in NHS Wales and for open and honest reflection on the current state of play*. CPW would wish to see this approach applied to the development of community pharmacy.

The purpose and role of the Choose Pharmacy platform needs to be reassessed as community pharmacists find themselves having to operate other NHS systems to provide simple data that should be able to be pulled from the Choose Pharmacy system. Surely the whole point of developing an NHS Wales community pharmacy digital platform was to plug community pharmacy into the NHS systems.

With only 700 pharmacy contracts in Wales it should be a basic requirement that each contractor should be able to pull down the data relevant to their business in real time in a user-friendly format. NHS Wales has a contract with each of these contractors and it is not unreasonable for each contractor to see how they are progressing against their contractual requirements. Instead CPW has to invest significant resource into extracting data and re-presenting data to contractors to meet their needs. This is a clear example of the needs of the network not being understood or provided for.

### **Prioritisation and manageability of the work programme and change agenda, including workforce, skills issues, cybersecurity and any areas of particular pressure or concern.**

Given the size of the direct funding of DHCW by community pharmacy contractors CPW would wish to see a greater priority placed not only on supporting the community pharmacy agenda but in dealing with the day-to-day operational problems that seem to frustrate the network. These are an immediate problem to contractors and to often find themselves on the bottom of a DHCW to-do list.

CPW faces digital barriers regularly and is left to try to find solutions to frustrating issues, recent examples include:-

- Community pharmacists not being able to open links in NHS emails.
- Community pharmacists not being able to print off attachments as community pharmacists are considered a security risk (hospital pharmacists are not) so that they have to send copies of emails to personal computers to print off documents. Emergency prescriptions from NHS111 have recently been subject to these same totally unacceptable barriers.
- Community pharmacy contractors are unable to use NHS SharePoint as their NHS Wales' systems cannot cope with it.

**Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patients and patient groups.**

CPW would welcome more regular and outcome focussed meetings with DHCW around both strategic and operational requirements. CPW represents the end user of DHCW systems and is not always engaged in discussions where the views of the end user should be a key consideration. Sometimes decisions are taken without appropriate consultation and engagement and this can result in decisions taken that may be simpler for DHCW to achieve but may not meet the needs of commissioners or end users. This is extremely unhelpful and can lead to less-than-optimal decision making.

When appropriate engagement occurs things often work more smoothly, for example in relation to the introduction of EPS we have been really pleased to date by the collaborative approach that DHCW are taking in respect of the development and roll-out of EPS in Wales and this is in sharp contrast to the engagement with the Choose Pharmacy team where progress is not where we would want it to be.

**Workforce and skills capacity within other health and care bodies; whether they have sufficient capacity to engage and potential impact on delivery of DHCW priorities.**

The implementation on an electronic prescription system in Wales will mean a significant change in processes for pharmacy teams, patients and GP surgeries. The large-scale change in operational process, training, patient behaviour and GP-CP relationships should not be underestimated and clear and measurable

milestones will need to be set. Other departments will need to be involved at the appropriate time to ensure clear messaging to patients.

As community pharmacy becomes more digitally integrated into the wider healthcare system, and delivers more clinical services, further training of the existing wider pharmacy workforce needs to include how community pharmacy teams capture the right clinical records to release the benefits of multidisciplinary team working. This work has already started through the training of pharmacist independent prescribers.

Community pharmacy will be pivotal in future for acute care with service outcomes required to be shared with other healthcare professionals, it is essential that pharmacy teams have are able to capture outcomes in a format that enables other healthcare professionals to efficiently understand the clinical work the pharmacy team has completed.

### **Assessing the impact of DHCW's work and whether it's achieving its objectives.**

CPW would welcome clarity of objectives in relation to community pharmacy so that progress can be jointly measured and barriers overcome. For the work of DHCW to be really effective it is essential that the priorities agreed cover off the priorities of community pharmacy contractors on the ground and not just revolve around high level objectives.

### **Data transparency, accessibility, quality, and comparability with health and social care data and key performance indicators across the UK**

Community pharmacy is a fundamental part of primary care in Wales providing a wide range of services to patients through medicines supply, medicines optimisation, self-care and vaccinations and has expanding roles in minor illness through the Common Ailments Service and independent prescribers, who are also offering sexual health services. The growing role of community pharmacy shows the importance of the sector being digitally connected to the wider health system. With an ever-increasing level of clinical care being delivered from community pharmacy, in future, patient outcomes from the pharmacist consultation that are entered in the pharmacy patient record should seamlessly flow into, and update, the patient record without manual intervention. This caused significant frustration last winter when information on community pharmacy immunisation was not able to flow automatically into surgery patient records as although an e-Summary is sent this arrives in the patient's record as a clinic letter adding administrative workload to GP practices. This can be achieved through having technical, security and data standards and will ensure clinicians who are caring for the same patient have up to date information of care received to provide optimal services to patients

Data standards provide the foundation to ensure seamless flow of information between health and care systems and patient records. We applaud the work of the UK Professional Records Standards Body (PRSB) who have produced UK wide standards for health and care data to enable interoperability. We would strongly advocate Welsh Government continuing to engage with the PRSB's work to adopt the required data standards as is being done across the rest of the UK.

Adoption of UK PRSB standards by healthcare apps will enable information to be captured from wearable devices (blood glucose level, blood pressure etc) to feed into the patient record in real time to enable clinicians to make better decisions about a patient's care.

### Part 3: Conclusion

There is a significant and direct investment being made by the community pharmacy network into digital developments and yet the community pharmacy network remains frustrated by a slow and clunky Choose Pharmacy system and a raft of operational problems that really need to be addressed if the potential of the community pharmacy network to deliver enhanced care to patients is to be realised.

CPW wants Choose Pharmacy to be an enabler of improved patient care, to support community pharmacy in delivering Clinical services and to release capacity elsewhere in NHS Wales. Unfortunately it is often seen as a barrier that serves to slow processes down.

The recent launch of the new Community Pharmacy Contract is something that has united the ambitions of the community pharmacy network across Wales, NHS Wales and the Welsh Government and is now the most advanced community pharmacy contract in the UK. It is something we can all feel justly proud of and we simply cannot let all this good work be frustrated by less-than-optimal digital support.

CPW agree that the content of this response can be made public.

CPW welcome communication in either English or Welsh.

For acknowledgement and further Contact:

Russell Goodway  
Chief Executive  
Community Pharmacy Wales  
3<sup>rd</sup> Floor, Caspian Point 2  
Caspian Way  
CARDIFF, CF10 4DQ

