

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 04

Ymateb gan: | Response from: Company Chemists' Association





Response

Welsh government

Scrutiny of Digital Health and Care Wales

September 2022 - closing date Friday 23rd Sept

Respond via email: SeneddHealth@Senedd.wales

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Submitted on behalf of the organization
Evidence is not confidential

About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 378 pharmacies in Wales, which represents over half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 80 million NHS Wales prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.

Executive Summary

The CCA welcomes the establishment of Digital Health and Care Wales (DHCW). We are very keen that the establishment of DHCW also heralds a shift in approach to the provision of digital healthcare, one that is both efficient and responsive to the needs of the user.

As end users, we are aware of many of the shortcomings of existing IT systems in Welsh pharmacy. We call upon DHCW to engage with pharmacy businesses, to ensure they are aware of both the strategic and operational requirements of the sector.

As the role that community pharmacy plays within the NHS in Wales evolves from supply to service, the sector needs the enabling digital solutions to underpin change. This can only happen if DHCW take a collaborative approach to system design and development.

Questions

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

The Company Chemist Association has welcomed the establishment of DHCW as a special Health Authority, replacing the National Wales Informatics Service. However, creating a new body and moving the same people across does not necessarily make a more efficient and responsive organisation. A fundamental shift of approach is also needed.

We are very supportive of the work of the Digital Medicines Transformation Portfolio to transition to electronic prescriptions in Wales, and we also welcome the agenda to eventually move to the modern FHIR (Fast Health Interoperability Resources) infrastructure. The challenges of EPS transition make it imperative that DHCW work closely with stake holders and recognize the complexity of a paperless system.

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

The 5th Senedd Public Accounts Committee recommended that the Digital Health and Care Wales receive regular progress reports, detailing progress on their recommendations and whether further scrutiny is required.

Further detail from Fifth Senedd Public Accounts Committee reports includes concerns about;

- modernising or increasing the number of data centres rather than investing in cloud based solutions,
- IT outages,
- failing out of date hardware,
- software out of support and
- increasing costs.

Whilst we welcome the exciting future advances on the Digital Medicines Transformation Portfolio Programme to develop the Electronic Prescription service, Shared Medicines Project and Patient Access project, it is also imperative that current projects continue to develop.

The Choose Pharmacy platform needs development to ensure all Community Pharmacy Services are operated on the same system. Currently community pharmacies are having to use several different systems to operate and be remunerated for individual services. CCA member companies find it frustrating that despite repeated requests, they are unable to pull down real time management information for all their branches. For companies to be able to support individual branches, this management information needs to be at different levels for it to be manipulated, in real time and linked to individual patients.

Currently this information is only available at each branch location. In addition, the system slows considerably, or stops all together, during times of increased usage such as the Flu Season or during Common Ailment incentives.

CCA member companies operate 378 pharmacy contracts in Wales. It should be a basic requirement that each contractor organization is able to pull down the data relevant to their business in real time in a user-friendly format.

The current Community Pharmacy Contractual Framework (CPCF) results in community pharmacies funding the bulk of the costs for Choose Pharmacy.

IT is a crucial enabler for the delivery of new care services for patients. There is a risk that without developments to Choose Pharmacy, future service developments will overtake the capacity of the system, limiting the care community pharmacy can offer.

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

DHCW receives considerable direct funding from Pharmacy contractors in Wales. We would like 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.

Choose Pharmacy functionality varies considerably and is often slow, which adds further to the workforce pressures being experienced on the pharmacy frontline. Day-to-day operational issues experienced include;

- Inability to open links in NHS emails.
- Inability to print off attachments, such as emergency prescriptions from NHS 111
- Inability to use NHS SharePoint as their NHS Wales systems cannot cope with it.

We need a system we can trust to operate consistently without hold-ups to support community pharmacy to deliver services.

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

CCA relationship with DHCW regarding pharmacy has improved considerably. Meetings to discuss Microsoft 365 licenses have been open and helpful, with DCHW always looking to develop a solution to resolve any issue.

The CCA would like to hold more regular and outcome focused meetings with DHCW around both strategic and operational requirements. We feel that previous IT projects have suffered from very tight timelines, resulting in less consultation and engagement. This has led to decisions being made without an understanding of the specific issues that may effect CCA Members.

Appropriate engagement, particularly in the early stages of a project, irons out potential issues, prior to them becoming embedded in the process. This is best illustrated by a recent EPS meeting on the 30th August 2022, which was arranged for contractors and suppliers.

After introducing the project outline, it was opened to questions which highlighted many potential issues and concerns from contractors and IT suppliers in respect of the development and roll-out of EPS in Wales.

This is in sharp contrast to the engagement with the Choose Pharmacy team where progress is not where we would want it to be. We believe there would be benefit in setting

up a Community Pharmacy IT Group, like that in England, in order to improve engagement, share best practice and improve transition.

- **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

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 is needed. This should include, but not be limited to, how community pharmacy teams capture the right clinical records to enhance the benefits of multidisciplinary team working. This work has already started through 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 can capture outcomes in a format that enables other healthcare professionals to efficiently understand the clinical work the pharmacy team has completed.

The development of community pharmacy services has demonstrated the benefit and future potential in supporting urgent care needs. This means an understanding and awareness of the interventions provided by community pharmacy are becoming ever more important to ongoing patient care.

Captured outcomes must supported by structured data standards; 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 strongly advocate Welsh Government continuing to engage with the UK PRSB's work to adopt the required data standards.

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

Difficult to assess or measure progress, without more clarity of the DHCW objectives for Community Pharmacy. It is essential that DCHW's work plan, with timelines, is published to support scrutiny.

To ensure the work of DHCW is effective it is essential that the priorities agreed match those 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 such as medicines supply, medicines optimisation, self-care, vaccinations. Community pharmacy also 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 with wider health system.

With an ever-increasing level of clinical care being delivered from community pharmacy, in future, patient outcomes from any pharmacist consultation, that are entered in the pharmacy systems, should seamlessly flow into, and update, the patient record without manual intervention. This can be achieved through having technical, security and data standards and will ensure clinicians who are also caring for the same patient have up to date information of care received to provide optimal services to patients.

As digital systems improve services will become more consistent. Although the majority of DMR's are electronic (eDMRs) through Choose, many more arrive on paper from the local GP surgery or Care Home. Making the system 100% electronic will improve compliance, and flow of digital information to patients' records.

Data standards provide the foundation to ensure seamless flow of information between health and care systems and patient records. The PRSB has produced UK wide standards for health and care data to enable interoperability. We strongly encourage Welsh Government to continue its engagement with the PRSB and its 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.

Conclusion

Further development of Choose Pharmacy is essential, the system does not currently cover all services offered. It fails to produce management information at a head office level and remains slow or completely down. We are concerned that while much of the funding for Choose Pharmacy is provided by Community Pharmacy, it is seen by the sectors as a frustration and a barrier to service engagement rather than an enabler.

The continued development of the system is even more pertinent since the implementation of the new CPCF, which is directing pharmacies away from dispensing prescribed medicines, and towards the delivery of care services.

We welcome the exciting future advances on the Digital Medicines Transformation Portfolio Programme to develop the Electronic Prescription service, Shared Medicines Project and Patient Access project.

We are encouraged by the fact that pharmacy contractors and pharmacy system suppliers were recently invited to an early-stage EPS meeting. The meeting detailed several issues and concerns which can be carefully considered prior to project development with obvious funding implications. It is important to be aware that whilst some concerns may be common to all community pharmacies, others may be specific to the small independent businesses or large multiple providers, making it essential that all are involved at an early stage.

The CPCF has modernised pharmacy in Wales, making us all proud to deliver on NHS service development, improving the health and wellbeing of the people of Wales.

Such progressive thinking is helping to make the Welsh CPCF the most advanced in the UK. To continue to make this happen we will need the support of DHCW to develop state of the art IT systems. This will only happen with early stakeholder engagement on new systems, as well as continual development of existing systems.