

**National Assembly for Wales
Health and Social Care Committee**

Follow-up inquiry on the contribution of community pharmacy to health services

Evidence from National Pharmacy Association – CP 1



**Response to
National Assembly for Wales
Call for evidence of progress
The contribution of community pharmacy
to health services
in Wales
2nd May 2014**

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1. The National Pharmacy Association (NPA) is the body which represents the vast majority of independent community pharmacies (including independent multiples) in Wales and across the UK.

2. We welcome this call for evidence in relation to progress on the recommendations made in the 2012 National Assembly of Wales Health and Social Care Committee report on the contribution of community pharmacy services to health in Wales, we are pleased with the opportunity it provides us to reflect the experiences of our members across Wales.

3. As stated in our initial submission; community pharmacies remain the most accessible part of NHS Wales as they typically open for longer than other primary care health services and the pharmacist is available without the need for an appointment. Community pharmacies are located where people live and work and are to be found right in the heart of communities. They do not comply with the Inverse Care Law in that there are more pharmacies per head of population in areas of deprivation, where health needs are greater, than in other areas of Wales.

4. Whilst greater use is being made of community pharmacies since the initial inquiry in 2012, progress has been disappointingly slow and there is still much to be done to leverage the potential of community pharmacy to assist in improving the health of the people of Wales in an affordable and effective manner. Greater investment in sustainable community pharmacy services can reduce demand on other more expensive areas of the NHS, releasing capacity where it is most needed. Whilst in some areas the wider capabilities of community pharmacy teams are being better recognised, other Health Boards do not recognise the potential of their community pharmacy network and do not invest in the sector.

5. The Discharge Medicines Review Service (DMR) has already demonstrated that it can improve patient care whilst reducing avoidable readmissions. Over two thirds of interventions have identified errors and avoided unnecessary patient safety incidents and cost to NHS Wales. In Croydon this type of service with an additional risk assessment, to identify those most likely to be readmitted, is being delivered by pharmacists to people in their own homes and evaluation of the service shows a reduction in avoidable hospital admissions. Benefits include fewer exacerbations of illness leading to fewer hospital admissions for patients, reduced demand for emergency care, ambulance service, hospital care, and reduced demand on social care services rapid response teams to provide discharge support.

6. Governments in the rest of the UK are increasingly recognising the roles community pharmacy can play in reducing demand for other more costly primary and secondary care services, which is completely in line with the Prudent Healthcare agenda. Pharmacy services should not be viewed as a standalone services, outside of the NHS, but as an integral part of the NHS. Too often pharmacy services are viewed as services which need to be funded over and above 'traditional services' instead of being considered as part of the patient care pathway.

Recommendation 1

7. The Welsh Government improves the communication mechanism it uses to inform the general public about the services available at any individual community pharmacy. To this end we recommend that the Welsh Government makes it an obligation for all community pharmacies to place a prominent notice in their premises identifying the range of services provided in that pharmacy

8. The promotion of services within a pharmacy only informs those who actually visit the pharmacy. To make more effective use of its community pharmacy network and to encourage self care, the Welsh Government should invest in a wider public campaign to improve the public's understanding of the capabilities of community pharmacy teams and the services available. We would be happy to share our learnings from our *Ask Your Pharmacist* campaigns for this purpose.

Recommendation 2

9. The Welsh Government provides a clear national lead for the future development of community pharmacy services to ensure that the necessary policies and structures are in place to secure its delivery. This should include nationally agreed priorities for the service and a centrally agreed direction for its development

10. At the time of the initial inquiry, based on past experience, the NPA was concerned that responsibility for the development and integration of the community pharmacy network was being delegated to Health Boards. The experience of our members, who are delivering care to their patients and customers, is that we were right to be concerned. There has been little meaningful change generated by Health Boards over the past two years and we ask that the Health and Social Care Committee encourages the Welsh Government to take a more hands on, proactive role in the development of community pharmacy to maximise its potential as an important community asset.

11. In her response to the 2012 report the Minister said that '*the budget supporting the community pharmacy network has increased from £96 million in 2005 to £145 million in 2011-12 representing a 51% increase*'. However the experience of our members is that the commissioning of services has remained fairly static. In addition the Minister's response points to sum of £3.6 million being set aside for the establishment of the Discharge Medicines Review (DMR) service. We understand that less than 10% of this sum has been utilised. We would like the Committee to scrutinise the differential between the earmarked public investment and the actual public investment.

Recommendation 4

12. The Welsh Government promotes further enhanced services with a national specification for community pharmacy, including a national Chronic Conditions Service, and follows the incremental model proposed for the introduction of the National Minor Ailments Scheme to ensure robust monitoring, evaluation and improvement of services. The Committee recommends that where there are clearly *national* health conditions, the service should be *nationally* specified, but that some continuing scope should be allowed for volume and location of such services to be determined locally.

13. In response to this recommendation, the Minister talks enthusiastically about a national stop smoking service from community pharmacy. However over two years later there is still no national stop smoking service from community pharmacy and over half the population of Wales are being denied access to this service from their community pharmacy. In the NPA's response to the initial inquiry, we highlighted that the Welsh Government would struggle to reach its target of reducing smoking to 16% by 2020, if the additional capacity provided by a community pharmacy stop smoking service was not brought on board. Betsi

Cadwoldwr Health Board recognised the potential of community pharmacy and has introduced a community pharmacy stop smoking service and as a direct result, has trebled the number of stop smoking interventions it has provided. No other provider can offer this degree of additional capacity. The service, which was evaluated by Public Health Wales, showed that not only did the community pharmacy service handle the highest level of interventions, it also delivered the highest quit rate and a lower cost per quit than other providers.

14. The World Health Organisation states that *'tobacco use is a leading cause of preventable premature death in the world today'* and with stop smoking support remaining the most cost effective health intervention that can be made by any health system, the lack of provision in some areas is contrary to the principles of evidence based healthcare and also contrary to the ambitions of Prudent Healthcare. The NPA would hope the inquiry would arrive at a conclusion that a national, fully integrated, community pharmacy stop smoking service should be introduced in all areas of Wales before the end of 2014.

15. The community pharmacy influenza vaccination service was an exciting development with over thirty percent of community pharmacies in Wales signing up to deliver it. However, feedback from our members has been very mixed. In some areas Health Boards have recognised the potential of the service and supported it wholeheartedly; whilst in other areas implementation by Health Boards has been characterised by less than enthusiastic support, unwelcome barriers and restrictions on provision. Flu vaccination by community pharmacy has proven elsewhere in the UK to improve uptake, increase patient choice and reduces demand for health and social care support.

16. The Minister's response also mentioned that *'we are looking at the role of community pharmacy in supporting our Programme for Government commitment to deliver the 50+health checks'*. Since the initial inquiry we have witnessed a somewhat 'soft' launch of the service. Meaningful communication to pharmacies by the Government, on the role they can provide in support of the service, has yet to happen. It is clear to the NPA that our members can provide valuable support in the establishment of this service and in doing so, to ensure that those without the equipment or confidence to undertake an on-line assessment can benefit from this national service.

17. The Minister mentioned that the Chronic Conditions Service proposed in the report would need to be costed. We are disappointed in the apparent lack of progress with this service. The demand on GP services from people with chronic conditions is continually increasing and GPs are struggling to manage this growing workload. A well designed community pharmacy chronic conditions service could not only improve patient's morbidity and mortality but also reduce pressures on GPs and secondary care services. The approach in Wales contrasts with the approach in Scotland where the Scottish Government has a well established national chronic conditions service from its community pharmacies.

18. This inconsistent approach to the development of proven pharmacy services clearly demonstrates the weaknesses in the current approach to pharmacy service development. If the Committee wishes to maximise the potential of community pharmacy then more central development of services is the recommended way forward.

Recommendation 6

19. The Committee recommends that the Welsh Government and Local Health Boards prioritise taking proactive action to address issues of cooperation and joint working between community pharmacists and GPs, both in rural and urban areas. We believe that better leadership from within the professions in this context is vital to securing the stronger relationships between key professionals which are needed for the successful integration of community pharmacy services and the delivery of the Government's ambitions for primary care in Wales.

20. The Minister, in her support for this recommendation, encouraged the professional bodies to progress the initiative. This challenge was picked up by the NPA, who in partnership with the BMA and GPC Wales initiated high level talks between the two professions. One of the outcomes from the first meeting was to ask the Welsh Government to establish, as a matter of urgency, a national working group focussed on improving integration and collaboration amongst primary care providers. The NPA asks that Health and Social Care Committee to ensure that this historic opportunity is supported and the group is established with the minimum of delay.

Conclusion

21. The above response draws attention to the many areas where progress is still required; however, it would be unreasonable to leave the Committee with the feeling that there has not been some progress over the last two years. The launch of the Flu Vaccination Service and the Common Ailments Service have been important steps forward and community pharmacy is now receiving recognition, if not always a seat, at the table when new primary care developments are being discussed. Working relationships with Welsh Government officials have improved considerably and this has resulted in more meaningful engagement on key developments.

22. In this response the NPA seeks only to draw attention to those areas where progress has been less than we would have hoped and to encourage the Welsh Government to take a more strategic approach to the development of the network and to inject a greater degree of urgency into the delivery of agreed activities.

23. The NPA is content for this response to be made public and is happy to provide further evidence to the Inquiry.