



The National Assembly for Wales’ Health & Social Care Committee

Inquiry on the contribution of community pharmacy to health services

Follow-up inquiry on - Evidence of progress in relation to the recommendations made in the 2012 Report, and where progress is still required.

Recommendation 1

The Committee recommends that 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 driven direction for its development.

Feedback:

- 1.1 The direction in 2012 from the Chief Medical Officer to include community pharmacies in the delivery of NHS influenza vaccinations was a clear lead regarding the part that pharmacies can play in contributing to the Welsh NHS. To support the influenza vaccination service, national documentation was issued, which allowed for some element of local implementation. The only other service prior to this which was established nationally was the Emergency Hormonal Contraception (EHC) enhanced service.
- 1.2 National lead on agreed priorities where pharmacies could make a contribution to the health and wellbeing of the population would be welcomed by this University Health Board. The caveat however, is that where nationally identified priorities are directed for community pharmacies, consideration must also be given to the funding necessary to implement any additional national enhanced services.

Recommendation 2

The Committee recommends that 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 the volume and location of such services to be determined locally.

Feedback:

- 2.1 The Influenza vaccination service is an example of central promotion of a new enhanced service. This started in a limited way for the 2012/13 flu season (17 Pharmacies in Hywel Dda) but increased considerably in the 2nd year of the service to 43 Pharmacies. It is anticipated that the number of Pharmacies participating in 2014/15 flu season will further increase.
- 2.2 Aware that there is a national common ailments scheme being tested within a limited number of Health Boards. Little feedback received on progress of common ailment scheme testing to date.

- 2.3 There is agreement that where there are national health conditions, which result in the introduction of supporting services within Pharmacies these should be specified nationally. However the provision to allow for local adaptation in respect of volume and location for any such enhanced services must be afforded to Health Boards.
- 2.4 All new national enhanced services include the requirement to input data (to allow for monitoring, evaluation and claiming) via the National Electronic Claim and Audit Form (NECAF). This is an important element of any service and is welcomed by Pharmacists. However, many existing services e.g. Just in Case boxes continue to require paper claims, as no priority has been given to transferring long established services onto NECAF. Progress on this would be welcomed by Hywel Dda (and our Community Pharmacists)

Recommendation 3

The Committee recommends access by community pharmacists to summary patient records where patients are registered with a community pharmacy.

Feedback:

- 3.1 Not aware of progress to date on this recommendation.
- 3.2 Having access to summary patient records is a vital step in developing innovative services that can be delivered by Community Pharmacies e.g. Independent Prescribing schemes.

Recommendation 4

The Committee recommends that the consistent participation of community pharmacies across Wales is secured for the next round of public health campaigns, whether national or local. Close monitoring of community pharmacy's participation is required by Local Health Boards to ensure that those failing to deliver on their contractual obligations are called to account for their non-compliance.

Feedback:

- 4.1 Three national campaigns have been supported annually by Hywel Dda University Health Board over the last few years. The level of participation by Community Pharmacies has improved over time, but without a consistent means of capturing participation it is impossible to confirm that all Pharmacies comply. Some of the national campaigns have required completion and submission of a paper feedback form, some have been measured by an increase in claims for a particular service e.g. MURs, and some have not required completion of any data forms. A consistent form of feedback for national campaigns could be developed using the NECAF model by requiring Pharmacies to acknowledge receipt of their campaign materials and to input data into a set feedback page electronically.
- 4.2 Since Public Health Wales have taken a coordinating role in developing and sourcing materials for national campaigns, there has been far more consistent participation. Three national and up to three local campaigns is the appropriate balance of public health campaigns. Feedback is sought from Pharmacies by the Health Board on local public health campaigns.
- 4.3 Participation has improved due to increased promotion of both national and local campaigns at the start of the year and in the quarterly Pharmacy newsletters produced and circulated by the University Health Board.

Recommendation 5

The Committee recommends that the Welsh Government improves the communication mechanisms 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 available in that pharmacy.

Feedback:

- 5.1 Since the introduction of the 2006 NHS Pharmaceutical Contractual Framework, Pharmacies have been required to have available a pharmacy leaflet outlining the services that it offers. As services are likely to change over time, leaflets can quickly become out of date. The NHS (Pharmaceutical Services) (Amendment) (Wales) 2011 Regulations brought into effect revised Clinical Governance requirements for Community Pharmacies which added a requirement that Pharmacies must publicise the NHS services available at the premises.
- 5.2 Much work has been undertaken by NHS Wales Shared Services partnership in developing the All Wales Pharmacy Database, which details all Community Pharmacies in Wales and the services they are accredited to provide. From early 2012 the database has been accessible to NHS Direct Wales for use in enquires from the public.

Recommendation 6

The Committee recommends that the Welsh Government should take the opportunity afforded by the recently announced national minor ailments scheme to consider changes to the way in which community pharmacies are remunerated, including a transition to capitation-based payments, underpinned by a patient registration system.

Feedback:

- 6.1 This recommendation is far reaching in its ambition, and would require an extensive overhaul of the current remuneration system. Progress on this is not expected in the short to medium term due to the scale of change required.
- 6.2 However, until a greater proportion of a Community Pharmacies income is generated from means other than prescription activity there is no incentive for Pharmacies to invest in their infrastructure and equipment to deliver more innovative enhanced services. Staff mix within Pharmacies and the role of accredited Pharmacy Technicians is also an important factor in the development of future enhanced services.

Recommendation 7

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 pharmacist and GPs, both in rural and urban areas.

Feedback:

- 7.1 Not aware of progress on action nationally to address issues of cooperation.
- 7.2 Locally the University Health Board has been working with Community Pharmacy Wales representatives and GP Locality Leads to develop means of joint working. As a result of an initial meeting in 2013 between both parties, the University Health Board is facilitating the establishment of GP-Pharmacist Working Groups in each of the seven localities. Each group has been allocated a specific topic to explore and problem solve and will be supported by a University Health Board Medicines Management representative and the Primary Care Locality Development Manager. Although the establishment of these Groups are in the early stages, it is the first steps to facilitate greater joint working and understanding of issues from different perspectives.
- 7.3 A pharmacy based TB Medication Compliance service has been recently established in Hywel Dda which has enabled direct links between hospital respiratory departments and community pharmacies. This has established closer working arrangements between community pharmacies and secondary care and highlighted the contribution that Pharmacies can make to medicine compliance and care closer to home.
- 7.4 Initially the introduction of NHS influenza vaccinations via Community Pharmacies increased tensions with GPs, but now that the service is established and on a small scale compared to the levels undertaken by GPs, a greater level of cooperation and signposting of patients has been evident.