National Assembly for Wales
Health and Social Care Committee

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

Evidence from Royal College of General Practitioners– CP 6

Royal College of General Practitioners Wales
[redacted]

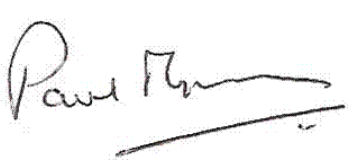
Committee Clerk
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

30 April 2014

RE: Follow-up Inquiry into the contribution of community pharmacy in Wales

Please find attached comments from RCGP Wales on the follow-up inquiry into the contribution of community pharmacy to health and wellbeing services in Wales.

Yours sincerely



Dr Paul Myres
Chair
RCGP Wales

Response to the follow- up inquiry into the contribution of community pharmacy to health services in Wales.

The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 49,000 members, with around 1,900 in Wales, who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

The Royal College of General Practitioners in Wales (RCGP Wales) welcomes the opportunity to contribute to this inquiry.

1. There has undoubtedly been slow but steady improvement in the raising of public awareness with regard to services available in community pharmacies through the likes of the 'Choose Well' campaign, signposting from the GP out of hours services and agencies such as NHS Direct. Patients, however, still remain confused as to the services offered by individual pharmacies and the level of signage is very variable with a distinct lack of bilingual usage in some places.

2. The delivery of the influenza inoculation programmes through community pharmacies highlighted service availability to the public. However, this would be enhanced by joint planning with GP colleagues and a central stock and ordering system.

3. There does, however, remain significant variation in the services available and the uptake of locally enhanced services depends on the lead taken by the individual Health Boards and the interaction within the local community of primary care service providers. Facilitation by Health Boards remains poor and service planning and discussion in locality networks or clusters has been slow to develop but hopefully will gain impetus this year with the QOF changes in the GP contract and the need for Health Boards to promote locality working. At present, in many areas there seems to be little encouragement for community pharmacies to be involved in cluster, network development.

4. The long term use of locums rather than resident pharmacists in some practices leads to slow service development and should be discouraged.

5. The vision of a 'seamless primary care' service is still far from realisation. Inter professional difficulties came to the fore with the aforementioned influenza campaign with duplication of effort and patients being 'targeted' despite already having appointments booked with their own GP surgery. Due to the impact of the service change on GP surgeries, worries were created over being able to offer a viable service with planning of stocks of vaccines and running of clinics causing some friction between the professions. Risks to dispensing practices were previously highlighted and still remain a concern for many practices who appreciate that dispensing was not meant to bolster other health service provision, but face the reality that this is exactly what has occurred.

6. Difficulties with I.T. and access to records still exist and this leads to problems for the Pharmacist and the GP as there is failure to update both ways. The medication use review was seen as a way to cut down on wastage and to contribute to a patient's self management of their condition with suitable health education advice being supplied where appropriate by the Pharmacist. Sadly, the areas in which this may have been most valuable, i.e. those in a 'care environment' or patients resident in their own homes and housebound, was not part of the requirement and therefore was a missed opportunity. Duplication of effort and referral back to GP for further input, advice and correction of prescribing did little to improve relations

7. The GP contract and QOF framework required GPs to undertake medication reviews for their patients on the chronic disease registers – sensible co-ordination and acceptance of a single medication review, wherever done, would have facilitated closer working practices. However, where done sensibly and sensitively there has been benefit for all: patient, GP and Pharmacist. RCGP Wales and the Royal Pharmaceutical Society in Wales have called for a strategy to enable improved sharing of patient information which is essential if community pharmacy is going to work.

8. Discharge medication reviews have been useful and ensure safety of the patients where this is done effectively. However, in fairness, the problem still lies with the quality of any discharge information provided by our colleagues in secondary care. A computerised print out or electronic communication to both GP and Pharmacist would greatly enhance safety and continuity of care. These advanced services still retain the potential for great benefit to the Health services and patients.

9. There is little to show that locating appropriate services within community pharmacies could provide an opportunity to reduce inequalities and support increased access to services for those living in more deprived areas. Many small GP practices are located in these areas and continue to try and provide the bridging services required. We are not aware of an audit of cost-savings for the NHS or any statistics showing reducing pressures on other areas of the NHS. There is a lack of evidence currently supporting the transfer of care from the secondary to the primary and community sectors due to the contribution of community pharmacies.

10. Use of the 'consulting' room or protected area in pharmacies allows for provision of enhanced services and these appear to be popular with patients. Confidentiality and anonymity are usually secured for the patient but this can lead to some fragmentation of the holistic record and treatments for some patients. Smoking cessation services are useful but notification to the GP needs to be ensured in order to avoid further duplication of work.

11. The hope that the transfer of some services from general practice to community pharmacy could reduce GP workload has sadly not been realised. Minor ailment services have been beneficial in allowing patients to see Pharmacists initially and cut down on some of those approaching GP services but follow up reviews and substitution of other service requirements has ensured that any free time from this has rapidly been utilised

12. Emergency Hormonal Contraception Service remains popular but needs to be seen as an educational opportunity rather than simply a service provision if we are to try and reduce sexually transmitted disease and unwanted pregnancies that occur, especially among younger women.

13. Needle and syringe programmes have been difficult to implement, with many pharmacies shying away from the issue due to the security requirements. Similar problems also occur with the supervised consumption of methadone.

14. Health promotion programmes need to be carefully thought through to ensure public confidence. The diabetes awareness campaign resulted in extra work load for GPs but was successful in targeting previously undiagnosed patients at risk. t On the other hand, the cholesterol checking in pharmacies resulted in no risk profiling being undertaken and patients opting to go to their GP to get their medication (statins) rather than buy the over the counter variety, resulting in much of this stock being unused. There needs to be an holistic approach to the delivery of health promotion services in primary care.

15. Pharmacists remain poor at identifying carers and their roles in regard to collecting and dispensing medication. Recognition of those with hearing or visual impairment seems to have improved but problems still occur when dealing with patients with learning difficulties.

16. Records of prescription repeats should allow identification of failures to collect and notification to surgeries where issues of concern may arise.

17. Accessibility is still patchy in many locations with a lot of pharmacies shutting in advance of the local surgeries or not offering services during the out of hours period. Greater clarity of an 'on call' community rota would also ensure that patients had the opportunity to access Pharmacists' advice rather than using the GP out of hours services or the local A/E department.

18. The prescription delivery service offered by many pharmacists is an invaluable community service with many of the drivers becoming a 'point of contact' for the elderly and housebound and many pharmacists offering same day delivery, even late in the afternoon when contacted by the GP.

19. Our community pharmacy colleagues do offer excellence in their roles– repeat dispensing; the safe disposal of unused medicines or medication waste; the promotion of healthy lifestyles; sign-posting to other health professionals; support for self-care and clinical governance; providing a high quality advice service to patients and patients' views on services are captured and their complaints heard.

20. We do believe that our Pharmacist colleagues are dedicated, hardworking professionals whose main aim is to provide the full range of essential services to the best of their ability but that the expansion into advanced and enhanced services is limited by capacity issues and needs more Health Board support.

21. In summary, there remains significant variation in the services available throughout Wales. The uptake of locally enhanced services depends on the lead taken by the individual Health Boards and the interaction within the local community of primary care service providers. The RCGP in Wales is committed to improving collaboration between GPs and Pharmacists to help maximise the contribution of community pharmacy to health services in Wales.

Dr. M.A. O' Donnell
Vice Chair (Policy and Public Affairs)
RCGP Wales

RCGP Wales is happy for this response to be made public.