



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

Evidence from Community Pharmacy Wales – CP 12

FOLLOW UP INQUIRY ON THE CONTRIBUTION OF COMMUNITY PHARMACY TO HEALTH SERVICES

Community Pharmacy Wales (CPW) are pleased to accept the Committee's invitation to comment on progress on the implementation of the Committee's Recommendations to date and on any other issues. In this response CPW addresses the 8 Recommendations of the Committee's Report on its Inquiry on the Contribution of Community Pharmacy to Health Services in Wales published in May 2012.

Committee Recommendation One: *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.*

CPW Comment on Progress: CPW was pleased to see the comments on community pharmacy by the Welsh Government contained in the April 2nd 2014 published Public Health White Paper: "Listening to you: Your health matters. Consultation on proposals for a Public Health Bill" which recognise the central role that community pharmacy plays in health delivery for many local communities and the value to NHS Wales of maximising the use of this network.

"The community pharmacy is one such important community health asset. It plays a crucial role in fulfilling both a social and wellbeing function, often in the most deprived parts of Wales, providing shopping access, local employment and contributing to social capital. There is considerable public health benefit to be gained by fully recognising and extending the role of community pharmacies and the range and reach of the services they provide. ... There is now a greater realisation that the Welsh Government needs to identify and build on the strengths already present in people and the places in which they live. ... Over 90% of patient contact with the NHS takes place in primary care, provided by general practitioners, dentists, community pharmacists and optometrists. To be considered prudent health care, our local services must be effective, promote equity of treatment and be responsive to the needs of local people, whatever their circumstances and wherever they live. ... Community pharmacies have a pivotal and integral role to play in shaping and contributing to public health. There are 712 NHS community pharmacies in Wales, located on high streets, shopping parades, in supermarkets and GP practices in villages, towns and city centres across Wales. Many are open six and occasionally seven days a week. Community pharmacies are more likely to be located in the most deprived areas of Wales where health needs are greatest and are generally patients' first and often their most frequent point of contact with a healthcare professional. In Wales, around 70 million prescriptions (69.2 million in 2012-13) are dispensed in pharmacies every year. Furthermore, pharmacies are high street retailers, routinely visited by people who do not consider themselves to be ill. Each visit is an opportunity to engage with members of the public about their lifestyle and to make a contribution to improving their health. ... In addition to the services they provide, community pharmacies have been identified as one of the essential businesses that ensure economic prosperity in communities. Their ongoing presence on Wales' high streets is important in sustaining local communities, providing shopping access, local employment and building social capital.

CPW has also been pleased to see clear support from Welsh Government in the development of national services, especially the innovative Discharge Medicines Review service, the only national community pharmacy NHS 'flu vaccination service and a Common Ailments Service.

Committee Recommendation Two: *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.*

CPW comment on progress: CPW is not aware of any specific action to develop a distinct community pharmacy Chronic Conditions Service and we still support this happening as a potential service of major benefit to patients and optimising much of the existing work done by community pharmacy.

The Wales Audit Office has also recently published a Report into Chronic conditions services which concludes that they have improved but that more needs to be done. The Report focuses on the progress which has been made on improving chronic conditions services in Wales since the publication of a previous Auditor General report in 2008 and states "Despite reductions in relevant hospital admissions, health boards in Wales need to make more progress in expanding access to community based chronic conditions." The WAO comments and recommendations on chronic conditions are particularly pertinent for the Assembly Committee Recommendations on a Chronic Conditions Service. CPW looks forward to working with the Welsh Government to develop such an NHS Wales service.

The development of the Choose Pharmacy / Common Ailments service in the two Pathfinder areas of Cynon Valley and Gwynedd is still in its early days but is looking very promising.

Committee Recommendation Three: *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.*

CPW comment on progress:

CPW strongly supports the national specification of services including for reasons of cost effective delivery by contractors and reduction of confusion by patients seeing different services in different locations. Emergency contraception continues successfully as a national specified NHS service in community pharmacy.

The 'flu vaccination service during the winter season 2013-14 showed some of the drawbacks of nationally specified services that still have local delivery options. Although the service was nationally specified with over 8,000 NHS vaccinations being delivered by community pharmacy which helped to free up GP surgery time for these patients and contributed to the overall national targets. However, there were still separate Patient Group Directives for each of the 7 Health Boards which resulted in some differences in patient eligibilities, different costs for pharmacies delivering the service, different procedures for applications for pharmacies and individual pharmacists within pharmacies. CPW are in discussion with the Welsh Government to move towards national PGDs in the next winter season for 'flu vaccinations in community pharmacies.

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

CPW comment on progress: CPW believe the Committee meant here to recommend registration, and patient record access, for pharmacies and for particular named pharmacists in those pharmacies. CPW supports this approach and has found it is working well in the Common Ailments Service, in Discharge Medicines Reviews and in 'flu jab service. Thus the patient registers with a particular pharmacy for delivery to them of a particular service, such as CAS. A named pharmacist in that pharmacy should then be able to access the medicines part of the patient record. The IT platforms for this form of operation are being developed successfully by WG. In fact, Wales is probably the most advanced of the 4 UK countries in the use of NHS IT connectivity in community pharmacy.

However, CPW has recently become aware that there has been some interpretation of this Recommendation of the Committee as meaning that patient records could be accessed by an individual pharmacist who may not be working in any particular pharmacy but may, for instance, be working as a locum in a range of pharmacies. The patient may then potentially have to go to whichever pharmacy the individual pharmacist would be working in. CPW does not support such an approach and believes it would have major implications for confidentiality of patient information and viability of the community pharmacy network. It may be part of the Committee's follow up to the original Inquiry that this Recommendation will become clearer.

There is valuable experience currently being built up since the publication of the Committee's original report with patient registration for the CAS service. In addition patient consent practices have been developed as required for the DMR service. This direction of travel has clear patient benefits and is supported by CPW. Discussions of modifications to a continued DMR service will also afford opportunity to develop arrangements for patient registration further.

Committee Recommendation Five: *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.*

CPW comment on progress: The NHS Wales contractual framework with community pharmacy requires pharmacies to run 6 public health campaigns each year which are organised by Health Boards. In 2011 the Health Boards agreed that 3 of these campaigns each year would be run as national campaigns and would be co-ordinated for the Health Boards by Public Health Wales. Some of these campaigns are also actively supported by a Wales based health charity which can provide significant added value. As contractual activities for community pharmacies these national campaigns constitute compulsory activity for all pharmacies.

In addition to the contractual community pharmacy campaigns, there will be other work and campaigns undertaken by PHW which have the potential for further outreach by involvement of the community pharmacy network and this does not always take place. CPW hope to see further involvement by community pharmacy in mainstream campaigns by PHW and that the timing of PHW campaigns can be aligned to the national community pharmacy PH campaigns.

There are other activities that constitute public health promotion and CPW would put 'flu vaccinations and smoking cessation services into this category. Thus CPW regretted that the Welsh Government did not undertake its previous high profile and well financed publicity campaign to promote widespread 'flu vaccination during last winter and we hope they will revisit this decision for the winter of 2014-15 and onwards. CPW has also proposed a national level 3 community pharmacy smoking cessation service to assist in meeting the Welsh Government targets and spread more widely the high quit rates achieved by this service.

Committee Recommendation Six: *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.*

CPW comment on progress: CPW supports further promotion of community pharmacy services by the Welsh Government. Regulations require community pharmacies to declare when a service is funded by the NHS, and to this end CPW has developed common branding for a suite of marketing materials to be used in stores. This includes the distinct medication capsule shaped CPW logo and the strapline "This community pharmacy service is funded by NHS Wales. Part of the Community Pharmacy Wales GOOD HEALTH:IECHYD DA initiative". To date this has been used in the materials produced for the national public health campaigns; in materials, including window stickers, produced and financed by CPW for the DMR service and the NHS 'flu jabs service. These materials are approved by WG and NHS Wales. It is intended that similar materials will be produced for each main service to assist patient awareness of NHS services available in particular pharmacies.

Committee Recommendation Seven: *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.*

CPW comment on progress: CPW is not sure why the Committee appeared to recommend capitation-based payment. This would be a very major change to a Community Pharmacy Contractual Framework that is not broken. We are aware that some of our contractors believe there would be fundamental dangers to the viability of the community pharmacy network if this move was to be pursued. CPW has not developed any modelling on its exact impact as we are not aware of any such proposal at present.

Committee Recommendation Eight: *The Committee recommends that the Welsh Government and Local Health Boards prioritise taking proactive action to address issues of co-*

operation 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 health 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.

CPW comment on progress:

Closer working between community pharmacy and other primary care professions has been taking place in 3 arenas:

1. CPW has met with GP representative organisations on a number of occasions since the publication of the Report. A meeting with Dr Paul Myers, Chair of RCGP was convened shortly after the publication of the Report to explore how best to approach GP representative organisations to open up discussions around some key issues such as access to patient records, electronic transfer of information between GP surgeries and community pharmacies as well as greater community pharmacy participation in the delivery of services such as common ailments and chronic conditions. This initial meeting was followed by a meeting on 10 July 2013, brokered by Welsh Government, involving representatives of GPC Wales, RCGP, CPW and Welsh Government to take those further the discussion. There was widespread agreement that such meetings were beneficial but would necessarily need to involve senior representatives of Welsh Government and Health Boards if there was to be meaningful progress. As a result the NHS Confederation, working with the BMA and others, arranged a meeting on 13 December 2013 which was attended by BMA, CPW, GPC Wales, RCGP, RPS Wales and the Chief Pharmaceutical Officer which discussed these issues in greater detail and also opened discussions about community pharmacy participation in the newly established GP Clusters. It was agreed that there is a need for these discussions to be taken further.
2. NHS services are being developed which require professions to work together for the benefit of patients. Three key examples of this are the DMR service outlined below; the community pharmacy NHS 'flu jab service which requires pharmacies to notify GPs when patients on their lists are vaccinated in pharmacies and the Common Ailments service where GPs surgeries in the Pathfinder areas are referring patients presenting with common ailments to local pharmacies.
3. Good partnership working has been established between community pharmacy and another healthcare profession: community based optometry. This is in large part due to the successful operation and legacy of the LOOK AFTER YOUR EYES national public health campaign in July 2013. This campaign itself has received UK wide recognition in being named as a Multidisciplinary Innovation Finalist in the Chemist & Druggist 2014 Awards. The Public Health Wales Evaluation of the campaign in January 2014 showed that nearly 2000 additional Medicines Use Reviews (MURs) had been carried out with people taking medication for eye conditions. In addition, 50% of optometrists reported receiving at least one referral from a pharmacy during the campaign with 15% stating that they had received 5 or more referrals. Regular meetings are now held between CPW and Optometry Wales to discuss common issues and CPW has a place on the Welsh Government's Eye Care Plan Implementation Group.

In addition to addressing progress on the 8 Recommendations of the Committee Report, CPW would like to address one other issue at this stage.

Evidence of substantial contribution by community pharmacy to the health services of Wales

One of the challenges the Committee found during its original Inquiry into the contribution by community pharmacy to the health services of Wales was the lack of verifiable evidence of the perceived benefit brought by community pharmacy services. During the period of the Inquiry the Welsh Government announced agreement with CPW on the use of retained surpluses from community pharmacies for the introduction of an innovative Wales-only medicines reconciliation service when patients come out of hospital or otherwise change care settings. Named Discharge Medicines Review (DMR) and often known as the Home From Hospital service, this service is aimed at reducing the numbers of patients that are readmitted to hospital due to medication problems, as well as at increasing patient understanding of the use of their medicines and so increasing adherence. This innovative DMR service, which addresses an internationally

recognised challenge, was started in Wales in November 2011. As part of the agreement with the Welsh Government, CPW commissioned the first evaluation research study into a Wales-only community pharmacy service. We commissioned an experienced and reputable Research Consortium from the Universities of Bradford, Cardiff and South Wales to evaluate the DMR service. The Consortium has now concluded its research which it is intended will be published in appropriate academic journals so making it publicly available. The evaluation was presented by CPW to the Minister for Health, who subsequently announced on 28th April that DMR "will continue in Wales after an independent evaluation revealed it benefits patients and can prevent A&E visits". Some of the main findings are instructive to the Committee's wider consideration of the contribution of community pharmacy to NHS Wales:

- resources valued at around £3 million were freed up as a result of the DMRs having avoided A&E attendances, hospital admissions and drug wastage;
- This represents an attractive return on investment in the order of 3 to 1 so that for every £100,000 spent on DMR £300,000 is saved by NHS Wales;
- The Report shows an impressive estimated gain of 693 Quality Adjusted Life Years (QALYs);
- The research found a medication error rate of 28.7%, some of which were serious and some even potentially lethal;
- This means that lives have been saved by the use of the DMR service and that an extension of the service would save more lives;
- DMR effectively links secondary and primary care;
- DMR also has the potential for better links with social care, especially through its reablement responsibility;
- DMR puts the medicines reconciliation expertise of community pharmacy, together with our professional colleagues of GPs and hospital pharmacy, and produces a service shown to be beneficial to patients and to NHS Wales;
- The professional partnership between pharmacy and GPs, as well as between secondary and primary care pharmacy can be further strengthened in a continued service;
- Over 17,000 DMRs have been completed up to end April 2014.

OUTLINE OF DISCHARGE MEDICINES REVIEW SERVICE IN COMMUNITY PHARMACY

The **HOME FROM HOSPITAL (DMR) service** consists of a series of steps which the community pharmacist will go through with the patient, as well as the GP and the hospital pharmacist. This is all to reduce the chances of the patient having to go back into hospital due to any medicines problems. There are often at least 2 consultations around 10 days apart.

Step 1 - Tell your pharmacy you are home from hospital or ask a relative, friend or carer to tell them.

Step 2 - Give your pharmacy the letter you were given in hospital ready to come home - if you are not able to get to the pharmacy then a relative, friend or carer can do it for you - or you can have a confidential phone consultation with the pharmacist.

Step 3 - the pharmacist will speak to you about the medicines you were on before you went into hospital and any changes made when you were in. This is to ensure you have all the medicines you need and that you have stopped taking any you no longer need. The pharmacist will also explain what your medicines do and how you can get the best results from them.

Step 4 - The pharmacist may then also speak to your GP and to the hospital. This is to make sure your next prescription is accurate.

Step 5 - The pharmacist will speak to the patient for a second time 10 days or so after they have got home. This is to ensure the medicines are continuing to work safely for them.

CPW is happy for this Response to be made public and to answer any further queries from the Committee.

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