



Assembly Health & Social Care Committee

Supplementary Submission for Inquiry into the Contribution of Community Pharmacy to Health Services in Wales

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1. Introduction

- 1.1 This paper is submitted as Supplementary Evidence by Community Pharmacy Wales (CPW) to the Assembly Health & Social Care Committee to inform their inquiry into the contribution of Community Pharmacy to Health Services in Wales. This Supplementary Evidence specifically deals with CPW comments on the operation of the community pharmacy contract in Scotland.
- 1.2 An exchange of information and experience on the operation of community pharmacy across the 4 devolved administrations is maintained by means of **quadripartite meetings** of the community pharmacy negotiating bodies. These meetings are held 4 times a year and are hosted by each country in turn.
- 1.3 Attendees at the quadripartite meetings are Community Pharmacy Wales (CPW), Community Pharmacy Scotland (CPS), Community Pharmacy Northern Ireland (CPNI) and, from England, the Pharmaceutical Services Negotiating Committee (PSNC).
- 1.4 This mechanism of quadripartite meetings assists in exchange of good practice across the 4 devolved administrations in an equal manner and can also prevent duplication of effort between countries where we can learn from experience of our pharmacy colleagues elsewhere. This takes advantage of devolution of health policy throughout the UK. It has also enabled CPW to be more aware of the operation of the contract in Scotland than we would otherwise have been.
- 1.5 CPW finds it useful to make comparisons between the operation of the contract in Wales and in Scotland as a fundamentally different way of organising community pharmacy to that used by the current England and Wales contract. It shows us that if a separate Welsh contract is developed the current England and Wales contract is not the only template within the UK NHS.
- 1.6 In this Supplementary Evidence CPW comments in particular on 5 aspects of community pharmacy in Scotland: structure and funding; minor ailments; public health service; chronic medication service and IT infrastructure.

2. Structure and Funding of Scottish Community Pharmacy Contract

- 2.1 The structure of the Community Pharmacy Contract in Scotland has two main characteristics that distinguish it from the contract as it operates in Wales: It is **commissioned nationally not at local level** and, it is a **mainstream part of health policy and delivery** in Scotland.
- 2.2 The **national nature of the Scottish contract** makes it more akin to there being a range of national enhanced services. This is what CPW has supported for many years. Cross party political support for common services that are delivered throughout Wales and are not subject to local differences has often been expressed in Community Pharmacy debates in Assembly Plenary sessions. The last two new community pharmacy services to be introduced in Wales: Emergency Hormonal Contraception in April 2011, and the Hospital Discharge Medicines Review Services in November 2011 have both been national services. The successful public health campaign in June 2011 on Type 2 Diabetes Risk Assessment was also run on a national basis for the first time. CPW see advantage in national community pharmacy services and the Scottish model is one way of achieving this.
- 2.3 The **mainstreaming of community pharmacy in delivery of health policy in Scotland** is evident in many aspects. There is a clear Government Vision for community pharmacy in Scotland that does not exist in Wales. The Chief Pharmaceutical Officer in the Scottish Government is of equal status to the Chief Medical Officer. In Wales the Chief Pharmaceutical Officer reports to the Chief Medical Officer. The resourcing of operating the community pharmacy contract within the Scottish Government is very substantial in terms of quality and quantity, whereas within the Welsh Government it is minimal. It is not possible to envisage the Welsh Government operating a full Welsh community pharmacy contract unless there is a reallocation of resourcing within the civil service. It is likely that the Welsh Government can benefit from work already done by the Scottish Government on a national community pharmacy contract, for instance on the ePharmacy infrastructure.
- 2.4 The funding of the Scottish contract is based on **global sum plus retained purchase profit**. CPW believes there is value in considering this as one option to take forward in Wales as opposed to the current funding basis of the England and Wales contract. CPW believes that the Scottish model has advantages as it enables a critical mass of services to be developed both across the country and for each pharmacy. While the Scottish contract is partly funded through retained purchase profit it is not transparently so on an annual basis.

- 2.5 CPW finds that the **overt inclusion of the so-called retained purchase profit element of the contract funding is an acknowledgment of the unique public-private sector partnership that community pharmacy constitutes**. Every year the retained purchase profit of community pharmacies in Wales has raised between £10 million and £11 million in income for NHS Wales. Since the 2005 contract was introduced this represents some £66 million NHS income in Wales alone. **For the first time, in November 2011, a service has been introduced in community pharmacy in Wales that is directly funded from these amounts**. The new Hospital Discharge Medicines Review Service is funded out of £3.6million of this money recycled back into community pharmacy.
- 2.6 **CPW calculates that if only half the retained purchase profit every year was recycled back into specific community pharmacy services on a regular annual basis then, over the 5 year life of this government, it would fund the seven steps to building a healthier Wales outlined in the CPW manifesto GOOD HEALTH: IECHYD DA**. The Best Medicine for Healthy Lives in Wales. This would include **a Welsh national minor ailments scheme; frontline public health services in community pharmacies; frontline social care services in community pharmacies; a Targeted Medicines Waste service; a Chronic Conditions Management Service; continuation of the Hospital Discharge Medicines Review and a network of Good Health/ Iechyd Da/Healthy Living pharmacies**. It is estimated that this, in turn would generate further potential savings of over £90 million.
- 2.7 The “recycling” of retained profit funds that has been used in Wales to establish the innovative Hospital Discharge Medicines Review Service, has also been used in England for a different New Medicines Service. However, this approach has not been used on a partially hypothecated basis in Scotland and we have recommended its advantages to our colleagues there for consideration.

3. Minor Ailments

- 3.1 The national Minor Ailments service in Scotland is a helpful comparator for a potential national scheme in Wales, as advocated in the Programme for Government. The successful scheme currently operating in Torfaen would be a good pilot on which to build for a national scheme.
- 3.2 To take this forward CPW would favour a **Task & Finish Group being established by the Welsh Government in early 2012 with a tight remit and timetable to determine the implementation of a national Minor Ailments scheme in Wales.** Elements of the Torfaen scheme, as well as the Scottish scheme, should be considered for incorporation, as well as the work done by CPW and WAG in 2006/07 to implement the then government's commitment to NHS Pharmacy based Drop-In Centres. This Group should report in July 2012. It is important that this Report is published so that it has a public status, unlike the final report of the Pharmacy Task & Finish Group in 2010 or the draft Community Pharmacy Welsh National Action Plan in 2008. After required preparations, including any additional accreditation and Directions, a Welsh National Minor Ailments Service should be able to be introduced in April 2013.
- 3.3 **Registration of patients** is a key part of the logistics of the Scottish National Minor Ailments scheme. Payment to contractors is per capita based on registration rather than fee based per patient visit as in the Torfaen scheme. There are some advantages in registration including in safe access to the patient record. It is worth considering the advantages and disadvantages of registration in Wales.
- 3.4 At a time when GPs and secondary care are under increasing pressure from an ageing population it makes no sense for Government and Health Boards to continue to resist the transfer of this service to pharmacies where equal clinical and professional healthcare skills exist and are being under used.
- 3.5 CPW noted that the Royal College of GPs in their recent evidence to the Committee supported community pharmacies taking on minor ailments services.

4. Public Health Service

- 4.1 The national Public Health Service in Scotland is also a part of the core contract and so plays a completely different role in the national health vision and policy of Scotland than do the public health contracts which are part of the core contract in Wales. **Characteristically the Scottish approach to public health is proactive and campaigning**, whereas the Welsh approach is passive and often little more than a few posters and leaflets. Evaluation of Welsh public health exercises tends to be on the basis of numbers of posters and leaflets produced and distributed rather than clinical assessment of impact on the national health.
- 4.2 **CPW notes that Diabetes UK Cymru, in its current evidence to the Committee Inquiry, recommends that the diabetes risk assessment public health campaign run in all Welsh community pharmacies for two weeks in June 2011 should be run throughout the year.** This would begin to be a proactive public health campaign along the lines of the Scottish model. CPW would support Diabetes UK Cymru's recommendation, although in Wales at present it might require a new national enhanced service to be developed as it would go beyond the minimal contractual requirements of the current community pharmacy contract.

5. Chronic Medication Service

- 5.1 **Patients with chronic conditions are, in many ways, the perfect demographic to benefit from community pharmacy services.** They are not ill as such, but they have a long term condition, such as asthma or diabetes, which they manage with medication. They do not necessarily need to attend at the GP surgery frequently and yet should maintain regular contact with a healthcare professional. In particular, they need to understand what their medicines are meant to do, how they work and how to use them to get the best out of them – that is, they need structured access to a medicines expert.
- 5.2 CPW is aware of a degree of frustration among Scottish colleagues that the national Chronic Medication Service was not swifter in development and implementation. So also in Wales there has been no Government action on the proposed Chronic Conditions Management scheme put forward in 2007.
- 5.3 CPW favours introduction of a national Chronic Conditions Management scheme in Wales, learning from the extensive experience in Scotland.

6. IT Infrastructure

- 6.1 IT infrastructure for pharmacies progresses in Scotland. We know our colleagues there are frustrated that they were partially held back by the tardiness of the labourious and over specified IT plans in England. In Wales most pharmacies now operate 2D bar code transfers of prescription information, and recent new services incorporate electronic payment claims for pharmacies.

- 6.2 There may be more that is relevant to Wales in the Scottish roll out than there is in the English experience where delivery in practice has been some way behind either Wales or Scotland. Committee members might be surprised at the clash of cultures that takes place in many Welsh community pharmacies where modern retailers communicate with their customers by text messaging, but where the NHS services are still stuck with slow paper based mechanisms.

7. Conclusions

- 7.1 CPW knows there is much that Wales can learn from the Scottish experience of community pharmacy and we appreciate our close working ties with our colleagues in Community Pharmacy Scotland. Neither would copy the work of the other in its entirety, but working together eases the load of developing and operating innovative services and so benefits our patients and healthcare services in both countries. CPW also appreciates the time and effort put in by CPS in giving evidence to this Inquiry of the Welsh Assembly.
- 7.2 CPW often covets the prominence given to community pharmacy in Scotland. We know that the people of Wales, as well as Welsh community pharmacy contractors, would benefit if this prominence was afforded in Wales for a critical mass of community pharmacy services that fit the healthcare needs of the Welsh population. Although CPW also recognises that Scotland had a slightly different growth of health services prior to the devolution watershed of 1999, as there was a separate original NHS Scotland Act in 1948.
- 7.3 In looking at what may be needed if a national contract was to be set up in Wales, CPW is mindful of the extensive support within Scottish Government for the contract, and also of the effectiveness of widespread partnership working between professionals and other agencies in much of Scottish community pharmacy. We are also mindful of the helpful check list of aims of a new contract that was used in Scotland after 1999.
- 7.4 As an indication of the extent and requirements of the community pharmacy contract, CPW commends to the Committee that members look at copies of the next monthly Drug Tariff that comes out. The 1st December 2011 Drug Tariff will also be of interest to Members as it will include full required information of the new Hospital Discharge Medicines Review Service.

CPW is content for this response to be made publicly available, and to respond to any further questions that Committee members may have on this or other evidence.