

PC 28

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Cymdeithas Fferyllol Frenhinol

Response from: Royal Pharmaceutical Society

Health, Social Care and Sport Committee
National Assembly for Wales
Pierhead Street
Cardiff
CF99 1NA

5th of December 2016

Dear Sir / Madam

RE: Inquiry into primary care

The Royal Pharmaceutical Society (RPS) Wales welcomes the opportunity to respond to the Inquiry into primary care.

Our comments on the specific points in the Committee's inquiry are stated below:

1. How GP cluster networks in Wales can assist in reducing demand on GPs and the extent to which clusters can provide a more accessible route to care (including mental health support in primary care).
2. The emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).

We consider these first two points are dependent on one another.

We strongly believe that a multidisciplinary leadership team must be established within each cluster. We are aware that primary care clusters across Wales are at varying levels of maturity. In order for the potential of all the clusters to be maximised, a multidisciplinary leadership team will ensure better communication and sharing of information and resources between healthcare professionals in the network. It is important that mechanisms are established to encourage sharing of information and resources not only between healthcare professionals but also between health and social care professionals where appropriate.

Pharmacists should be an integral part of referral systems within the multidisciplinary team. Medicines are the most common interventions in the NHS today. It is essential for patients that their medicines and pharmaceutical needs are overseen and coordinated by a pharmacist at all points of the health and social care pathway to ensure they can benefit from their medicines and suffer no harm. We believe that where there is a medicine, there should be a pharmacist. Greater promotion and signposting to the role that pharmacists can play in supporting people during preventative and management phases of care in primary and community care settings is also needed to support patients.

Pharmacists could be referred to for common ailments, medicines advice and long term conditions support as well as signposting and referring directly to other health and social care professionals. Direct referral arrangements would allow GPs to focus on diagnosing and treating more complex conditions. This would also ensure the patient journey is streamlined, reducing duplication and improving cost effectiveness and efficiency of services.

3. The current and future workforce challenges.

A holistic approach to recruitment and workforce planning is needed for healthcare, taking into account the contributions of all professional groups across primary, secondary and tertiary care in Wales. It is vital that patients are supported by the right healthcare professional with the right skills and knowledge at the right time. We believe community pharmacists, primary care pharmacists, specialist clinical pharmacists and consultant pharmacists provide opportunities across the care pathway and are a key part of turning prudent healthcare principles into reality. The Welsh Government's national plan for primary care already refers to using the skills and expertise of the wider primary care team, including pharmacists. We welcome this reference to the role of pharmacists and the need for a more fully integrated multidisciplinary workforce within primary and community care.

We are supportive of the need to ensure a strong and sustainable medical workforce. A coherent workforce strategy including all healthcare professions across all sectors should be developed. This would ensure all professionals are working at the top of their registration - a key aspiration in the Government's primary care plan and one we believe should apply equally to all sectors. We believe that the workforce and recruitment strategy should be based on data that takes account of the current and future need of the health care workforce as well as new models including the roles of specialist and consultant pharmacists to provide care traditionally provided by medical practitioners.

The pharmacy profession makes a significant and unique contribution to the healthcare of the people of Wales. As the third largest professional group in the NHS there is increasing recognition of the benefits of extended clinical roles for pharmacists and medicines management roles for pharmacy technicians. Their inclusion in primary and secondary care multi-disciplinary teams acts as an enabler and catalyst to ensuring better patient care. With this inclusion comes the requirement for increased multiprofessional team working and opportunities for multidisciplinary education and training.

Community pharmacies in Wales should be fully integrated into models of care delivered by GPs and hospitals, treating and caring for patients across the care pathway and in the context of their daily lives. The Welsh Government's Efficiency Through Technology Fund investment in choose pharmacy provides a significant opportunity to deliver greater integration of the pharmacy profession into models of care. The IT platform which allows community pharmacists access to appropriate parts of the Welsh GP patient record has the potential to allow pharmacists to play a greater role in patient facing care. We ask that this investment is fully utilised and

built upon with the development of more services through community pharmacy to increase the services available to patients at a local level to support them with their medication and health needs. By focusing on the medication management of people with long term conditions for example, the pharmacy profession offers significant potential to help ease pressures on other primary care professionals, including GPs.

As experts in medicines, pharmacists want to ensure that the NHS in Wales fully utilises their skills, as a part of a patient's multidisciplinary care team. The role of the pharmacist as a clinician has been strengthened by the development of prescribing rights, providing opportunities for independent prescribing. Opportunities need to be created to enable pharmacist prescribers to practice in a way which supports the patient and the wider primary care team.

In order to make prudent healthcare happen in Wales it is essential that our highly-educated and skilled health professionals are used appropriately, spending time on work that cannot be undertaken by other, less expensive members of staff.

4. The funding allocated directly to clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients.

With the current shortage of GP and nurse practitioners, pharmacists are ideally placed to work alongside their fellow professionals as part of a multidisciplinary team, ensuring the NHS is making the most effective use of all skills and resources and ensuring everyone works at the height of their clinical competence as stated in the principles of the prudent healthcare agenda.

Many of the clusters have funded new clinical roles for pharmacists to work alongside their doctor and nurse colleagues in general practice (we would welcome the opportunity to discuss examples of this practice). These new models not only provide new opportunities for patients to access support for their medicines but also provide new ways of working for healthcare professionals which could be very appealing in the recruitment of GPs, knowing that they will have the opportunity to work in a multidisciplinary team, where they will have the capacity to focus on what only they can do.

General comments

We welcome the Committee's inquiry into Primary Care and believe it is vital to take an important step to review the future direction for primary care in Wales. We are somewhat disappointed that the committee has referred to cluster groups as 'GP clusters' as opposed to 'primary care clusters' which is how they have been referred to by Welsh Government since the publication of 'Our plan for a primary care service for Wales up to March 2018'. We believe that the term 'primary care cluster' is far more inclusive, ensuring the expertise of the whole multidisciplinary care team are used in providing improved local health and wellbeing and reduced health inequalities. RPS Wales is encouraged by the focus on primary care by the Welsh

Government and supports the remodeling of care to ensure greater integration of the fullest range of skills available to patients. We believe that patients in Wales should benefit from the full integration of a pharmacist's clinical expertise within primary care settings.

There is currently a lack of multi-disciplinary educational funds to facilitate learning programs across healthcare teams which we envisage would encourage multidisciplinary working. We appreciate current educational funding streams from WEDS are available but are concerned these are only accessible by the managed hospital sector for both pharmacists and pharmacy technicians and there is no investment in up-skilling the community pharmacy team to enable new professional services to be offered to patients. We are also concerned that primary care clusters are not releasing educational funds to pharmacy. We recommend that either a directive to ring fence monies or to re-allocate the funds to WEDS or a similar body would provide a helpful solution to enable the community pharmacy team to be incorporated into funding streams for multidisciplinary training. GPs and pharmacists must be given the opportunity to develop specialisms that support the complexity of conditions within their clusters. There is currently no central funding to provide protected time for community pharmacists to further develop their skills in offering new clinical services for patients.

As with other professions, pharmacy also faces recruitment challenges, particularly in rural and deprived areas of Wales. It is vital that patients are able to access high quality primary care services in rural areas and that steps continue to be taken to attract the right professionals to those areas. We are supportive of new and innovative approaches to attract high calibre healthcare professionals to Wales and feel that this should be done on a multidisciplinary basis.

On a final note, we believe it is vital that Primary Care Clusters invest in language provision across primary and community care. As the first point of contact in the healthcare system, primary and community care services must be able to deliver services through the medium of Welsh and support people with languages other than English wherever practicable. We are aware of pockets of excellent practice where Welsh language services are being offered routinely and we believe this element of service provision should be proactively planned for and invested in across Wales and via Cluster Groups. It is also important that Welsh speakers are able to make working in primary and community care a career choice.

I trust this information is helpful and would be very pleased to elaborate on any of the issues raised here at an oral evidence session Please do not hesitate to get in touch if you require any further information.

Yours sincerely



Suzanne Scott-Thomas, Chair, Welsh Pharmacy Board

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.