



<b>National Assembly for Wales’ Health and Social Care Committee inquiry into the contribution of community pharmacy to health services in Wales- follow up</b>	
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<b>Contact details</b>	<p>This response has been prepared by the Pharmaceutical Public Health team (PPHT), Public Health Wales, on behalf of Public Health Wales</p> <p>Please direct any enquires to: [REDACTED]</p>
<b>Background</b>	<p>Public Health Wales NHS Trust was established on 1 October 2009 and has four statutory functions:</p> <ul style="list-style-type: none"><li>• To provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases;</li><li>• To develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters;</li><li>• To undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer</li></ul>

	<p>incidence, mortality and survival; and prevalence of congenital anomalies; and</p> <ul style="list-style-type: none"> <li>• To provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.</li> </ul>
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Public Health Wales provided written and verbal evidence to the 2012 inquiry into the contribution of community pharmacy to health services in Wales. We thank the Committee for the opportunity to contribute to this review.

### **Recommendation 1**

- 1.1 In 2012-13 the Pharmaceutical team, Public Health Wales, led a stakeholder engagement project to explore the pharmaceutical needs of people living in rural parts of Wales (Ceredigion and Powys). Views were gathered via a questionnaire sent to nearly 1500 citizens' panel members and at face-to-face meetings with 14 stakeholder groups.
- 1.2 The specific issue of home delivery of prescriptions and patients not knowing whether or not the service was available led to a broader suggestion from patients/ citizens that community pharmacies should advertise more clearly the services they offer and identify which are NHS services and which are private. These responses came after the publication of the HSCC's report and suggest that patients continue to have problems identifying the range of services available at a pharmacy.  
[Stakeholder engagement project report](#) – see also Appendix 1
- 1.3 Information on the services offered by community pharmacies is available via [NHS Direct Wales'](#) website, however patients and the public may not be aware of this resource and some may have difficulty accessing the internet. In addition, it may not be clear to patients which of the services offered are NHS services and those which are private services and paid for by the patient.

### **Recommendation 2**

- 2.1 As recommended by the Committee, maximising the contribution community pharmacy makes to improving the health of people in Wales requires leadership and drive from Welsh Government. Two

areas where this is particularly relevant are:

- Ensuring fit-for-purpose IT systems. The IT system must enable pharmacists to access sufficient patient data to deliver services safely and effectively and also facilitate payment, monitoring and evaluation of services.
- Establishing a 'fit-for-purpose' contractual framework for community pharmacy, so that pharmacy contractors are incentivised to deliver services that match the aims and priorities of NHS Wales.

2.2 Public Health Wales is mindful of the leadership offered by the Chief Pharmaceutical Officer in developing community pharmacy, but also of the limited resources available to take forward a task of this magnitude at the current time.

### **Recommendation 3**

3.1 We understand the Common Ailments Scheme pilot has adopted a system of patient registration, with pharmacies being remunerated according to the number of patients registered, rather than a fee per item, thus providing an opportunity to explore different payment models for community pharmacy.

### **Recommendation 4**

4.1 Public Health Wales supports the model adopted by Welsh Government in the development of the Common Ailments Service i.e. learning from published evidence and engaging with stakeholders to develop the service; commissioning a robust evaluation of the service at the outset; ensuring IT solutions are developed where required; evaluating the pilot areas so any lessons learnt can be applied prior to national roll-out.

4.2 We are not aware of any developments for a Chronic Conditions Service and are uncertain of what was being proposed, beyond the provisions already available through the contractual framework to support patients with chronic conditions, for example by signposting, supplying long term medicines, providing healthy lifestyle advice and offering medicines usage review .

4.3 Since the Committee's report, Welsh Government has provided leadership for the introduction of influenza vaccination through community pharmacy in Wales. An [evaluation](#) of the first year of

this service was published by Welsh Government.

- 4.4 Public Health Wales recommend the use of needs assessment/ pharmaceutical needs assessment to identify local and national health needs and as such welcomes the proposal in the Public Health white paper (April 2014) to require Health Boards to undertake pharmaceutical needs assessment as a means of determining the pharmaceutical services needed locally. As each Health Board publishes their pharmaceutical needs assessment, national issues will become apparent and can become the focus of national enhanced services. Currently the requirement for national services is not always easily identifiable. Many of the enhanced pharmacy services suggested are offered by other providers, e.g. nurses, GPs, hospital outreach clinics and third sector organisations, so lack of pharmacy services may or may not equate to inadequate service provision to meet the clinical need depending on the alternatives available.
- 4.5 Public Health Wales also recommend that any proposal for a national enhanced service is supported by a literature review. The speed and extent to which new models of service delivery are implemented should be influenced by the body of evidence supporting the intervention. Where the evidence is weak, a slower pace and a greater requirement for evaluation are appropriate. In comparison, areas such as smoking cessation, where there is robust evidence for the effectiveness of a community pharmacy intervention, could be rolled out more rapidly. Community pharmacy smoking cessation services can help health boards in the delivery of tier 1 smoking cessation targets. This is a good example of how a community pharmacy-based service with a sound evidence-base could help to meet NHS Wales' priorities.

## **Recommendation 5**

- 5.1 Public Health Wales co-ordinates and evaluates up to three national public health campaigns through community pharmacy each year, on behalf of the Health Boards. To date, the following national campaigns have been undertaken and the full reports can be accessed via the hyperlinks:
- 5.2 Theme: [Diabetes risk](#)  
Campaign date: June 2011  
Pharmacy return rate: 73%

5.3 Theme: [Education programmes for patients](#) (EPP)

Campaign date: April 2012

Pharmacy return rate: 52%

5.4 Theme: [Stroke/ diabetes risk](#)

Campaign date: September 2012

Pharmacy return rate: 86%

5.5 Theme: [Love your lungs](#)

Campaign date: November 2012

Pharmacy return rate: 82%

5.6 Theme: [Stroke](#)

Campaign date: May 2013

Pharmacy return rate: Pharmacy contractors were not asked to record or return specific information regarding the number of contacts they made during the campaign. Instead it was agreed that the change in the number and proportion of MUR consultations for the target group would be measured from MUR claim data submitted to the NHS Shared Services Partnership. (The rationale for this can be found in the full report). Pharmacists completed 10,059 MURs with people taking specified medication which indicated that the individual was at increased risk of stroke during the campaign representing just under 47% of all MURs in that period. Analysis of MUR claim data indicated that there was a statistically significant increase in the proportion of MURs for the target group when compared with the four months immediately preceding the campaign and with the equivalent month in the previous year.

5.7 Theme: [Look after your eyes](#)

Campaign date: July 2013

Pharmacy return rate: Again, pharmacy contractors were not asked to record or return specific information regarding the number of contacts they made during the campaign. It was agreed that the number and proportion of MUR consultations for the target group would be measured. When submitting claims for MUR consultations undertaken during the campaign period pharmacists were invited to indicate (by way of a tick box) whether the MUR was prompted by the public health campaign. During the campaign period 17,701 MUR consultations were undertaken, of these pharmacists indicated that 1,933 (10.9%) were

with people taking medicines for eye health conditions such as glaucoma and ocular hypertension. Pharmacists were more likely to identify actions to improve the use of medicines during an MUR prompted by the NHS Wales campaign than they were with other MURs during the campaign period.

- 5.8 Pharmacy return rate provides an indication of the extent to which pharmacies in Wales participated in the campaigns. Some pharmacies may have participated but failed to return paperwork for evaluation.

### **Recommendation 6**

- 6.1 In July 2011 the Royal Pharmaceutical Society and the Royal College of General Practitioners published a [joint statement](#) detailing how GPs and community pharmacists can work together to improve the care provided to patients in the community. We are unaware of further developments to promote cooperation and joint working between community pharmacists and GPs however Local Health Boards and Welsh Government may be able to comment further.

### **Recommendation 7**

- 7.1 Currently only those patients participating in the Common Ailments Scheme pilots are registered with a community pharmacy for NHS services.
- 7.2 Access to summary patient records is critical for pharmacists to deliver a wider range and higher quality services. For example, supporting a patient to take their medicines is difficult when the pharmacist does not know the indication for which the patient is taking the medicine. Many medicines are licensed for multiple indications therefore without the summary patient record the pharmacist is left guessing, for example some antidepressants and some drugs used to manage epilepsy are also used to treat pain.
- 7.3 Another situation where access to summary patient records of a non-registered patient would enhance patient safety is that of a patient requesting an emergency supply of medication, for example if the patient has come away from home and forgotten their medicines.
- 7.4 As the health improvement role of pharmacy develops, pharmacists will increasingly wish to refer patients to other services and in some instances the ability to refer a patient requires access to the patient

record, for example referral to the National Exercise Referral Scheme (NERS).

