



[Follow-up inquiry on the contribution of community pharmacy to health services](#)

Evidence from Royal Pharmaceutical Society – CP 7

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

30 April 2014

Dear Sir/Madam

**Follow-up inquiry into the contribution of community pharmacy to health services in Wales**

The Royal Pharmaceutical Society (RPS) welcomes the opportunity to contribute to the follow-up inquiry into the contribution of community pharmacy to health services in Wales

**About the Royal Pharmaceutical Society (RPS)**

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums. Its functions and services include:

- **Leadership, representation and advocacy:** promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.
- **Professional development, education and support:** helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.
- **Professional networking and publications:** creating a series of communication channels to enable pharmacists to discuss areas of common interest.

**1. General Comments**

1.1 We believe that overall the inquiry into the contribution of community pharmacy to health services and the recommendations made by the Health and Social Care Committee has created a platform to help stimulate change in the development of community pharmacy services in Wales. We are pleased to see that a number of steps have been taken at national and local levels to address the Committee's recommendations including the development of the national common ailments scheme, the ongoing roll out of public health campaigns through community pharmacy, and the emphasis on the role of community pharmacy in the recently published White Paper for Public Health. There are areas where further progress is needed however but overall we believe that two years after its publication, the Committee's report and recommendations have instigated positive action to increase patient benefit from access to community pharmacy services.

## **2. Access to patient information**

- 2.1 In our evidence to the Committee we highlighted that the lack of access for community pharmacists to patient information was creating a substantial barrier to the development and expansion of clinical pharmacy services in the community. We were pleased that this important issue was discussed by the Committee and a specific recommendation put forward for “access by community pharmacists to summary patient records where patients are registered with a community pharmacy” (Recommendation 7).
- 2.2 The introduction of the national common ailments scheme has created a solution which enables community pharmacists to access the patient demographic database and use this data to complete a record of the patient interaction and supply of medicines. Further progress is now needed to give community pharmacists routine access to a summary record of patient data as an important and incremental step to providing full access to patient information with patient consent and when clinically appropriate.
- 2.3 We appreciate that a great deal of work is being undertaken by the NHS Wales Informatics Service (NWIS) to develop the right infrastructure for exchanging information between community pharmacies, GPs and hospitals. The IT infrastructure for the common ailments scheme (CAS) is certainly a welcomed development in this respect. We are pleased that this IT solution enables pharmacists providing the scheme to access the Welsh Demographic Services for patient data and registration to access the scheme. We welcome further action by NWIS to establish pilots sites to provide access for community pharmacists to Medicines Transcribing and Electronic Discharge (MTed) information and believe this is a step in the right direction to improve patient care and reduce medicines errors as patients move around the health care system. The information will also support the delivery of effective Discharge Medicine Review (DMR) services for those community pharmacists providing CAS. We very much welcome the recent and positive evaluation of the Community Pharmacy DMR service and support the Welsh Government’s commitment to continue the scheme.
- 2.4 We are pleased to see the recent investment in NWIS projects to improve communication between community pharmacies and other parts of the NHS. Enabling hospital W10HP prescriptions to be printed electronically for example is a welcomed approach to help improve patient safety and facilitate an increase in the quality of prescriptions being presented at a community pharmacy and replacing hand written prescriptions. We advocate that this initiative should evolve further to enable the printing of the 2D bar code on hospital prescriptions as per their primary care counterparts.
- 2.5 Whilst we acknowledge progress in this area it should be noted that as IT is an ever changing environment there should be scope for further developments. We advocate that for pharmacy this would be e-prescribing and the replacement of systems that would enable this important development to be implemented. E-prescribing is a critical enabler for integrating medicines information between primary and secondary care systems and the sharing of information between health and social care.
- 2.6 We also understand and take on board the cultural components involved in creating the working relationships and trust to share parts of the patient record held by GPs with community pharmacists. These issues were raised during the inquiry and emphasis was placed on the need for cultural change among the professions to allow information sharing to become a reality. It would be helpful to understand what action is being taken across Wales at a Health Board level to help break down these cultural barriers.
- 2.7 As the professional leadership body for pharmacists we have been taking steps to help ensure Pharmacists and GPs can work together more closely and share patient information appropriately in the interests of patient safety, continuity of care and achieving better health outcomes. We have been working with the Royal College of General Practitioners (RCGP)

to help establish professional commitment to greater collaboration and to help resolve professional tensions. Building on the RPS/RCGP Joint Statement<sup>1</sup> we have agreed with the RCGP to the sharing of relevant patient information between community pharmacy, GPs and other parts of the NHS. Our joint statement on IT in 2012 stated:

“Both the Royal Pharmaceutical Society and Royal College of GPs in Wales are supportive of making patient care safer and more effective by making available the right information at the right place and at the right time. Timely access to relevant individual patient information is vital for clinicians to ensure the effectiveness of treatment and to improve the safety of patients. As clinicians we have a duty to safeguard, share and use patient information well, responsibly and in partnership with patients. Both organisations support the electronic transfer and sharing of relevant information between community pharmacy, general practice and other parts of the NHS.”

- 2.8 At an organisational level therefore we are pleased to have reached an agreement with the RCGP on community pharmacist access to relevant aspects of the patient record. We are concerned however that at a practice level, significant steps are needed to make the routine sharing of appropriate patient information between GPs and community pharmacists a reality. Harnessing the skills of community pharmacists in the overall care of patients, particularly for patients with chronic conditions, high risks and complex needs, can only become a reality if key aspects of the patient record are made available to community pharmacists. Making this happen at a local level is now the challenge and progress is still required. It is unclear however what the key levers are at a local level to create this change.
- 2.9 One lever that we previously suggested could help move this forward was through formalising the relationship between patients and community pharmacists in the management of medicines and establishing primary care service models which more fully incorporate community pharmacy. We are currently exploring ways in which these formal relationships can be established as part of a wider piece of work on the future of pharmacy in Wales that we are taking forward in partnership with the Welsh Pharmaceutical Committee and the Wales Centre for Pharmacy Professional Education.
- 3 National enhanced services**
- 3.1 We were pleased that the Committee put forward the recommendation to develop national enhanced services including a national chronic conditions service, based on the incremental model for the introduction of the national common ailment scheme (Recommendation 4). We maintain that the development of national enhanced services is one of the most important and exciting drivers for change that is currently available under the provisions of the Community Pharmacy Contractual Framework.
- 3.2 We very much welcome the proposal in the Public Health White Paper to amend the NHS (Wales) Act 2006 to require Local Health Boards to prepare pharmaceutical needs assessments for their respective communities to ensure decisions about pharmaceutical services are made on the basis of the needs of local communities. Not only do we welcome this proposal but we would like to suggest it is used as a mechanism to shift the focus of community pharmacy services to health outcomes and to support the development of more agile community pharmacy services as part of primary and community health services. We would also like to suggest the pharmaceutical needs assessment is used as a mechanism to inform the development of national enhanced services, ensuring a standardised approach to health care delivery by community pharmacies wherever accessed in Wales.
- 3.3 We would like to see more progress made in developing a national enhanced service for chronic conditions management. Community pharmacy can play a far greater role in

---

<sup>1</sup> <http://www.rpharms.com/public-affairs-pdfs/RPSRCGPjointstatement.pdf>

routinely managing chronic conditions, not only in reviewing a patient's medication and supporting patients to get more from their medicines by taking them properly, but also by prescribing medicines. The Welsh Government committed to investing in training pharmacists as independent prescribers in January 2006 but yet these skills are vastly under-utilised in community pharmacy settings. We appreciate that using independent prescribing in community pharmacy will require the correct IT infrastructure and service specifications but believe the common ailment scheme should provide the foundation for the principles for the treatment of chronic conditions in community pharmacy.

#### **4. Collaboration between GPs and Community Pharmacists**

- 4.1 We welcomed the Committee's recommendation that Local Health Boards take proactive action to address issues of cooperation and joint working between community pharmacists and GPs (Recommendation 6). We are pleased to see a general shift in the planning and commissioning of services by Local Health Boards which appears to be creating greater opportunities to utilise the skills of the community pharmacy workforce in the development of primary care services.
- 4.2 It is particularly encouraging to recognise that Health Board annual business plans over the past two years have articulated their vision for new models of care in the community which harness the skills of all relevant professionals and which transcend traditional organisational and professional boundaries. A great deal of the Aneurin Bevan University Health Board Annual Plan 2013/14 for example has outlined how the development of Neighbourhood Care Networks across the patch could help to shift the emphasis of care delivery into the community using the skills of the entire primary care team, including community pharmacists. Similarly Cardiff and Vale University Health Board has identified the importance of Primary Care Neighbourhood Networks and Cwm Taf Health Board is pushing the development of primary care services on the basis of GP cluster populations.
- 4.3 We believe community pharmacy has an important role in the new models of primary care being developed by Health Boards, providing new opportunities for patients to access clinical pharmaceutical care in the community. Community pharmacy has a critical role to play in neighbourhood or campus models of health care and we look forward to progress at a local level to put in place plans for local multidisciplinary primary care services which fully utilise the skills of the community pharmacy team.
- 4.4 We are pleased to see that in some Health Board areas active steps are being taken to improve collaboration between GPs and community pharmacists. We are aware of developments for example by Hywel Dda Health Board in determining key areas where GPs and community pharmacists can collaborate and in exploring joint training on medicines management issues such as the use of monitored dosage systems. These are positive steps that we welcome but we are unaware as to whether similar activity is taking place in other Health Board areas.
- 4.5 For our part we have continued to strengthen relationships with GPs by working closely with the RCGP. We took proactive steps in 2013 for example to agree a joint position on flu vaccination in Wales in order to help reduce professional tensions in the delivery of flu vaccination services and to help increase uptake of flu vaccination, particularly for at-risk categories. In a joint letter to Health Boards and the Welsh Government we advocated that plans for the flu vaccination programme in Wales should aim to deliver a joined-up service which overcomes professional tensions and competition through the complementary use of the GP and community pharmacy contractual frameworks. This was part of the continued commitment of the RCGP Wales and the RPS in Wales to work together to improve patient care in Wales.
- 4.6 We have also produced professional standards and guidance for our members over the past two years to help contribute to the professional development of pharmacists in Wales.

Our professional standards on Public Health<sup>2</sup>, hospital care<sup>3</sup> and transferring care<sup>4</sup> provide a clear patient-centred focus and aim to help contribute to greater collaboration between the pharmacy profession and other health professions, in the community and in hospital settings. We appreciate the cultural change that is needed to improve collaboration and our professional standards and guidelines aim to support the pharmacy profession in this important process.

## **5. Participation of community pharmacies in public health campaigns**

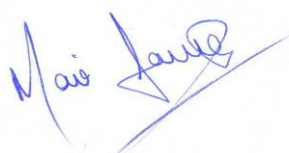
5.1 We are very supportive of the Committee's recommendation for the consistent participation of community pharmacies in public health campaigns (Recommendation 5). We continue to support community pharmacies in their active participation in public campaigns such as stroke awareness, eye care, lung disease and diabetes. We continue to endorse this approach to harness the skills of the community pharmacy workforce in providing health promotion advice and also in allowing for opportunistic interventions for members of the public who may not regularly come into contact with health professionals. We therefore welcome the Public Health White Paper in highlighting the important role that community pharmacies can play in promoting and protecting the health of individuals, families and local communities as part of a network of local health services.

## **6. National Leadership**

6.1 On a final point, we were pleased that the report of the inquiry recommended that the Welsh Government provides a clear national lead for the future development of pharmacy services including centrally driven direction for its development (Recommendation 2). We respect the hard work and determination to develop pharmacy services by the Welsh Government and its officials and welcome the work that has been taken forward since the inquiry as outlined above. We are concerned however that the central resources (human and financial) afforded to pharmacy development is too limited. We believe that a dedicated team of officials, including a deputy chief pharmaceutical officer, is now needed to ensure the capacity to purposefully take forward issues of national pharmacy policy as well as professional pharmaceutical advice.

I trust this information is helpful and would be pleased to elaborate on any issues in further detail.

Yours sincerely,



**Mair Davies,**  
**Chair, RPS Welsh Pharmacy Board**

---

<sup>2</sup>Royal Pharmaceutical Society (2014) Professional Standards for Public Health Practice for Pharmacy <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

<sup>3</sup> Royal Pharmaceutical Society (2012) Professional Standards for Hospital Pharmacy Services: Optimising patient outcomes from medicines <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp>

<sup>4</sup> Royal Pharmaceutical Society (2012) Keeping patients safe when they transfer between providers: Getting the medicines right <http://www.rpharms.com/current-campaigns-pdfs/rps-transfer-of-care-final-report.pdf>