

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

Evidence from Aneurin Bevan University Health Board – CP 14

Follow-up inquiry into the contribution of community pharmacy to health services in Wales - CALL FOR EVIDENCE

Aneurin Bevan University Health Board (ABUHB) welcomes the opportunity to provide a response to the follow up inquiry in relation to progress in the recommendations made in the 2012 report. This response has been submitted by Jonathan Simms (Clinical Director of Pharmacy Services)

1. 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. **(Recommendation 2, page 30)**

ABUHB Response – there is now a clear National steer for Community Pharmacy from Welsh Government with a regular meeting of Health Board professional pharmacy leads, the Chief Pharmaceutical Officer for Wales and Community Pharmacy lead. This enables better dialogue and understanding when developing National specifications for enhanced services and identifies key areas for prioritisation eg. Smoking cessation services allied to the new Tier 1 target. ABUHB has received Welsh Government guidance on service specifications for smoking cessation, Emergency Hormonal Contraception and influenza vaccination. Welsh Government has also assisted in National Public Health campaigns to be operated through community pharmacies, the latest example being “Here comes the sun” campaign partnered by Tenovus which will operate right across Wales. This central support has enabled a unified approach in implementation which has been extremely helpful.

2. 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. The 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. **(Recommendation 4, page 56)**

ABUHB Response – We note that the chronic conditions service was not prioritised as part of the Welsh Government response to the inquiry. The common ailments ‘choose pharmacy’ pathfinder sites have been launched which is promising. We await the evaluation of this especially as it is linked to registration of patients within community pharmacy. There is a good balance of national and local service specifications available to health boards.

3. The Committee recommends access by community pharmacists to summary patient records where patients are registered with a community pharmacy. **(Recommendation 7, page 79)**

ABUHB response – We recognise that this is starting to be progressed by patient registration within the two common ailments pathfinder sites. However, greater pace is required to enable community pharmacists to access information which will benefit patient safety. For example better access to electronic discharge information will assist community pharmacists with the provision of the discharge medication review service.

Since the inquiry there has been a position statement issued by the Royal Pharmaceutical Society (England)¹, following an announcement by the Secretary of State for Health on the subject.

It is important that this is progressed, so that patients in Wales will benefit at the earliest opportunity.

4. 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. **(Recommendation 5, page 63)**

ABUHB response – community pharmacists appreciate the national provision of materials for public health campaigns and offer huge accessibility for patients. Participation is monitored by health boards very effectively, however there is no effective punitive measures to resort to should a pharmacy decide not to participate in a campaign. Perhaps a payment structure should be applied to each campaign so that participation is linked to payment. Health boards should promote Brief Intervention training for staff but there is poor uptake again, this could be included in a standard of training akin to the standards held in “Healthy Living Pharmacies “ in England.

1

Professional Position Statement: Access to the Patient Health Record (England)
<http://www.rpharms.com/promoting-pharmacy-pdfs/professional-position-statement-on-access-to-records-final.pdf>

5. 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.

(Recommendation 1, page 27)

ABUHB response – this recommendation helps in identifying NHS services which patients can access within community pharmacies in Wales and generally has been achieved by monitoring visits and associated actions. There is sometimes a conflict with UK-wide national liveries in large multiple outlets. If pharmacy is to be recognised as the first point of contact for unscheduled care then a more robust campaign utilising TV and Social Media must be invested in and rolled out. The “Choose Well” campaign has helped with this regard, but further information for the general public on services available from community pharmacy is welcome.

6. 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. **(Recommendation 3, page 39)**

ABUHB response – with ever increasing volume of dispensing there is a need to look toward capitation based payments and registration of patients, so that important services can be offered to patients eg. Smoking cessation services, care home medication review services, domiciliary medicines use reviews etc. The common ailments service will help demonstrate the effectiveness of this approach, which will have to be managed skilfully so that all pharmacies will be sustainable. However, if the current remuneration system remains it is likely that provision of some enhanced services will remain a challenge, due to the pressure of dispensing activity.

7. The Committee recommends that the Welsh Government and Local Health Boards prioritise taking proactive action to address issues of cooperation 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. **(Recommendation 6, page 78)**

ABUHB response – this is still very much work in progress and the coverage is patchy. Health Boards have a key role in improving access for community

pharmacy into Neighbourhood Care Networks . This has proved difficult to do practically, but will ultimately improve understanding and cooperation between the professions. ABUHB is working on this to try and inject community pharmacy into the network so that medicines related issues can be discussed, however community pharmacists must feel that their attendance is worthwhile and valued. The influenza vaccine campaign did not endear the professions to each other, but there is scope to improve this by effective dialogue as to the best use of both services. Improving joint working and professional relationships between the professions is essential for improving the use of medicines, there is tension, however, over managed repeat services that community pharmacies offer. ABUHB has discussed the development of better working relationships with Community Pharmacy Wales and identified this as a priority area for development.