

Health and Social Care Committee

Inquiry into the contribution of community pharmacy to health services in Wales

CP 3 – Abertawe Bro Morgannwg University Health Board

Dear Colleague,

Re:- The contribution of community pharmacy to health services in Wales.

ABMU Health Board welcomes the opportunity to contribute to the National Assembly for Wales' "Health and Social Care Committee" inquiry into the contribution of community pharmacy to health services in Wales.

Within our locality, we have 120 Community Pharmacies serving a wide population both in urban and rural communities and recognise the potential benefit of providing health and well being services from this wider primary care team.

In response to the issues raised within the inquiry, detailed below are points we feel as commissioners we need to raise and would like addressed

The effectiveness of the Community Pharmacy contract in enhancing the contribution of community pharmacy to health and wellbeing services;

When the pharmacy contract was first introduced it was set to ensure equality of patient care, with essential services provided by all, and the promise of enhanced and advanced services to improve care further. Unfortunately lack of funding streams into the Health Board to support such development has resulted in limited progress, and potentially an untapped resource which is readily accessible for patients.

The contract provided the opportunity to raise the profile of our community pharmacists with both the public and other health professionals, to help integrate the team into the wider primary care team. Unfortunately there was a lack of publicity and promotion of the new contract which led to little change in the perception of the community pharmacist and did not help raise awareness of the health and well being services provided. In retrospect, many pharmacies do now self promote their services, and are an asset to their local community offering a range of health and well being services.

Community pharmacy is ideally placed to support a strategy to improve health and well being, but this needs adequate and recurrent funding, the ability to ensure the service can be offered by all pharmacies, appropriate training for pharmacy teams and very importantly publicity to promote the services offered.

The extent to which Local Health Boards have taken up the opportunities presented by the contract to extend pharmacy services through the provision of 'enhanced' services, and examples of successful schemes;

ABMU has been keen to support this aspect of the contract, but has been limited due financial constraints. There are a number of successful enhanced services across

ABMU that were established prior to the new contract and that were continued and improved including-

- Emergency Hormonal Contraception,
- Substance misuse,
- Needle Exchange,
- Provision of advice to care homes,
- Intervention scheme,
- Rota services
- Palliative care

New services that have emerged under the new “enhanced services” contract heading and continued to some extent have been

- Smoking cessation level 2 and 3,
- MAR chart provision to Care Home Sector (a pilot service in one locality),
- Development of an Independent prescriber in substance misuse who is supporting delivery of care to clients.
- A Minor Ailment Scheme- this proved financially unsustainable.
- The Intervention scheme- again unsustainable due to lack of resources

The Health Board is committed to providing and supporting such services into the wider primary care team, to support patient choice and improve availability of services offered thereby aiding the health and well being of its patients. Such schemes however can only be supported if a robust infrastructure exists and financial constraints are addressed.

The scale and adequacy of ‘advanced’ services provided by community pharmacies;

Audit of current advanced services is essential to ensure value for money in difficult financial times. There has been no audit in ABMU of the Medicine Use Reviews (MUR) service as it was anticipated that the Welsh Centre for Post graduate Pharmacist Education (CPPE) evaluation would answer some GPs questions raised about quality and value for money. The MUR service was not well received by GPs as, despite local explanation, seemingly no national piloting and evaluation had demonstrated its potential value.

Anecdotally, many employee pharmacists also report being under pressure to provide high volumes of MURs against targeted values which seems to have an effect on reducing their perception of the value of the MUR schemes i.e. they are financially driven rather than being seen as an opportunity to improve the quality of prescribing and associated Patient outcomes. In future, we would welcome the ability to specify target groups in line with NHS Wales and health board priority areas, to help provide consistent messages to the public. This would help develop closer relationships between health care partners, as any MUR/Intervention completed would be welcomed by the GPs, and help reinforce the fact that pharmacists can be skilled and valued members of the wider primary care team. We would also welcome the potential to rely on WCPPE to attempt to ensure clinical knowledge gaps are addressed with regard to AWMSG messages.

Any future advanced service models should be consulted upon widely and accompanied by a governance structure to support them. Ideally, piloting the service in a small area would identify risks early and ensure wider stakeholder involvement.

The scope for further provision of services by community pharmacies in addition to the dispensing of NHS medicines and appliances, including the potential for minor ailment schemes

The health board is in support of improving services and the potential for a minor ailment scheme. The scheme would however need to be adequately funded with a robust governance and infrastructure and so that it did not impinge on already tight prescribing budgets.

The introduction of free prescriptions in Wales has led to a clear need for national robust provision of minor ailment medication to release GPs to focus on chronic illness. The model however should not routinely encourage, free medication for all minor ailments, but provide a cost effective model, whereby patients take control of their self care and are aided by pharmacists as to appropriate treatment choices.

Adequate training accompanied by continual audit and evaluation are essential to this service, along again with government promotion and publicity.

The current and potential impact on demand for NHS services in primary and secondary care of an expansion of community pharmacy services, and any cost savings they may offer;

The current and ever increasing demand on NHS services is constant; community pharmacy can help to address problems in service provision as they are ideally placed to provide health care advice and services. Provided services are well funded and have a sound infrastructure the ability to utilise the wider community through pharmacies is an invaluable resource.

The majority of pharmacies if given the opportunity would embrace the chance to apply to commission services that are currently provided within the NHS, to help provide a more cost effective service, an essential consideration in the current financial climate. Unfortunately as long as community pharmacy is funded based on prescription items dispensed there will always be a conflict of interest. If the contract were funded differently, it would release the pressure on pharmacies to be target driven, and they could be more active in ensuring cost effective prescribing, and in supporting health board initiatives.

Another consideration, before more services could be offered by pharmacies, concerns updating pharmacy IT infrastructure to ensure pharmacists are given appropriate role-based access to patients' Care Records, to ensure safe patient management.

In summary, although service provision may potentially provide a cost effective alternative, consideration has to be given to the wider impact on NHS resources.

Progress on work currently underway to develop community pharmacy

ABMU has limited financial resources to set-up new services unless they are designed and readily able to demonstrate cost reduction. The organisation is constantly reviewing new service models and is open to discussion re future development potential.

Since restructuring, the organisation is developing new mechanisms and settings for liaison with Community Pharmacists, including a health board supportive infrastructure, to help build closer relationships and drive the profession forwards.