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14th September 2011

Submission to: National Assembly for Wales: Health and Social Care Committee

Call for Evidence: Inquiry into the contribution of community pharmacy to health services in Wales

Response from: The Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) welcomes the opportunity to contribute its views on the Inquiry into the contribution of community pharmacy to health services in Wales.

The RPS is the professional body for pharmacists in Wales and across Great Britain. We are the only body that represents all sectors of pharmacy.

The RPS promotes and protects the health and well-being of the public through the professional leadership and development of the pharmacy profession. 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.

1. General comments

Pharmacists are the experts in medicines and have a unique role in the safe and effective delivery of pharmaceutical care. They are highly trained healthcare professionals who currently undergo a 4 year Masters level degree course followed by a year"s pre-registration training. Upon qualification, they are subjected to mandatory professional development and regulated by the General Pharmaceutical Council (GPhC), ensuring the highest standards of care are maintained and clinical governance adhered to at all times. Their unique skills contribute to patient care right across care pathways, delivering expertise in hospital, community and primary care settings.

2. Key issues

Community pharmacy is a valuable asset to the NHS in Wales, with community pharmacists being the medicine experts available to the public, within their local communities. The community pharmacy contractual framework has the potential to support a more integrated and clinical role for this workforce, but needs the support and imagination of NHS service planners and the financial backing of secured funding streams for new clinical services to achieve its full potential.

3. Opportunities for patients and the NHS in Wales through the Community Pharmacy Contractual Framework

When launched in 2005, the new Community Pharmacy Contractual Framework (CPCF) was regarded as a significant step forward for community pharmacy and patient care in Wales. It was anticipated that the CPCF would be the driver to move community pharmacy beyond its traditional role of dispensing prescription medicines and selling medicines over the counter, into being the provider of total pharmaceutical care for patients. The CPCF was intended to dovetail with other primary care contracts and be the framework to mutually support the provision of care in the community through formalising new services and recurring funding streams.

The contract was constructed into three services with the anticipated movement of services from Enhanced to Advanced to Essential as the services became embedded within primary care and the contract evolved to support these developments.

3.1. Essential Services

The essential services element of the CPCF formalised and provided a measurable framework for the provision of the basic functions that all community pharmacists deliver, namely dispensing services, the support for self-care, the promotion of healthy lifestyles, signposting to other healthcare professionals and the safe disposal of medication waste. Alongside these base functions new elements were incorporated as essential services namely a clinical governance framework that community pharmacy must operate within and repeat dispensing services.

The essential services element of the CPCF has enabled pharmacy to demonstrate that it delivers services within a community setting to a high standard, is a valued member of the health team and provides a role in pharmaceutical care and public health delivery to a cohort of people who had previously been difficult to reach.

The repeat dispensing element of essential service has been the only service which has been difficult to establish across Wales in a consistent manner. This paper based service is reliant on support from GP colleagues which has been guarded. A reason often cited has been a non electronic version of the service. The CPCF and the GMS Contract need to be used in ways which facilitate and enable collaborative working between GPs and Community Pharmacists to ensure the benefits to patients from primary and community care services can be maximised. The RPS and Royal College of General Practitioners (RCGP) recently issued a joint statement (available at www.rpharms.com), highlighting how working together can improve patient care and safety as well as supporting self care. We are confident that action to build upon and develop these relationships will help to improve patient care in their own communities.

3.2. Advanced Services

The advanced service element of the contract has enabled pharmacists to gain recognition for their role in supporting patients to take their medicines correctly. The introduction of the prescription intervention services and Medicines Use Reviews (MURs) has provided a framework to allow community pharmacists to help patients understand more about their medicines, identify problems that patients may have in taking their medicines and identify those patients who may be most at risk of making less effective use of their medicines.

The MUR and prescription intervention service was viewed by many community pharmacists as an opportunity to formally engage with patients as medicine experts and provide a recognised pharmaceutical care role. To undertake this role effectively, community pharmacists in Wales have obtained professional accreditation for the delivery of clinical services and have invested in their premises to incorporate private consultation areas which enable them to consult with patients in confidence.

The number of MURs undertaken in England and Wales has been steadily increasing since 2005 and a positive patient response of between 65.5% and 98.1% was recorded by the National Pharmacy Association and Primary Care Pharmacists Association evaluation[1]. This report also identified that MURs have resulted in greater patient knowledge in understanding medicines, a contributory factor to getting the best outcomes from medicines and improving patient safety in taking medicines.

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[1] PCPA/NPA (2010) *Medicines Use Review Support and Evaluation Programme.* http://www.npa.co.uk/resources/press-releases/practice-matters/pcpanpa-report-medicines-use-review-support-and-evaluation-programme/ (Accessed 29th August 2011)

It is accepted that MURs have a role in improving patient adherence and their health literacy and the MUR service is evolving into a service that is adding value to the pharmacist‟s role and patients‟ understanding of their medicines.

Example of a successful MUR service

A community pharmacy MUR service was introduced by Lloyds Pharmacy to help improve the control of asthma. The service used MURs to help identify those asthma patients who were having difficulties with managing their condition and helped to highlight where the problems were occurring i.e. inhaler technique, education, concordance and therapeutic efficiency. Once identified, community pharmacists delivering this service made the necessary interventions to improve the effectiveness of patient‟s medicines as well as their health outcomes. A review of patient control before and after was undertaken which demonstrated a significant improvement in asthma control following the MURs and pharmacy interventions.

A scheme in the Isle of White further reinforces these findings. MURs were targeted toward patients with asthma and COPD, and designed to help improve inhaler technique. Emergency admissions to hospital due to respiratory problems are falling and associated prescribing costs have been significantly reduced.

3.3. Enhanced Services

The third tier of enhanced services was anticipated to be the most exciting for community pharmacists, allowing for the development of local services that would address the gaps in local service provision and allow the tailoring of local service to meet local population health needs. It was proposed that local enhanced services could include medicines assessment and compliance support, clinical medication review, support for minor ailments, out of hour‟s services, smoking cessation services, supervised administration of prescribed medicines, pharmaceutical services to schools, pharmaceutical provision to care homes, chronic conditions management, palliative care services, or any services that was needed locally to support the health needs of the population. The enhanced services element of the contract offers Local Health Boards the widest scope for service remodelling that would improve patient care and access to health services in the community.

Alongside local enhanced services there is a provision for National services to be developed to support the wider healthcare agenda. To date Wales has made provision for national Emergency Hormonal Contraceptive services as a national service. Smoking Cessation Services are also being taken forward across Wales and where they are being delivered by community pharmacy they are showing very encouraging quit rates.

It should also be noted that the delivery of National Enhanced Services (NES) is supported by the harmonisation of accreditation across Wales. This is quite unique in terms of professional development and ensures the delivery of services consistently and to agreed national standards. This provides a solid foundation for the implementation of enhanced community pharmacy services across Wales.

4. Potential of the CPCF for innovation and service improvement

When used to their full potential the three elements of the CPCF provide an opportunity for innovation in the provision of pharmaceutical care in the community by:

- Incentivising community pharmacists to undertake clinical roles through a fair system of remuneration which focused on quality care rather than payments based upon sheer volumes of prescriptions dispensed
- Allowing community pharmacists to spend more time face to face with patients, advising on medicines use and contributing to patient self-care and health literacy
- Expanding the role of community pharmacists in the treatment of minor ailments and the routine management of medicines for people living with chronic conditions
- Encouraging integrated working arrangements between community pharmacists and other health professionals, including GPs, to help deliver high quality health services
- Enabling community pharmacists to contribute to efforts to free up capacity in other parts of the NHS through the treatment of minor ailments and chronic conditions, simple diagnostic testing, the provision of lifestyle support and advice, and the provision of vaccination services including seasonal flu vaccinations.
- Facilitating a shift in care from secondary care into community settings in line with government policy aspirations
- Enabling cost savings in medicines use through reducing medication waste, reviewing medicines use of patients and making key recommendations to GPs on switching medicines or even stopping medicines that could be causing harm or be of no benefit to the patient.

4.1. Examples of where the contract is delivering improved pharmaceutical care

There are a number of examples of good practice where innovative services are being delivered in the community in Wales, in some cases making use of the provisions of the CPCF. They include:

Primary Care local enhanced service for patients with diabetes in Mid Wales:

Community pharmacist support was commissioned in Llanidloes to support practice based diabetes clinics. In this model of care, the GP practice identified patients whose diabetes control was sub-optimal. Patients were then invited to attend a monthly clinic in which the pharmacist saw each patient immediately prior to their appointment with the GP. During their consultation with the pharmacist the patient"s medicines were reviewed and the pharmacist assessed how the patient was taking their medicines and what they knew about them. Information and advice was then provided, the pharmacist could also suggest possible changes to treatment, after discussion with the patient. Evaluations of this service model highlighted that many patients were not regularly taking their medicines even though they were collecting them regularly and almost three quarters of patients did not know the purpose of at least one of their medicines. It was also shown that noncompliance with medication regimens was an issue for many patients but this was resolved through discussions between the pharmacist and the patients ensuring a patient willingness to restart their medicines and take them as prescribed.

This example is illustrative of the best use of the enhanced services provision to support a local initiative to meet the local unmet health needs of the population, enabling the LHBs to deliver on its aims of health improvement.

Prevention and management of coronary heart disease in West Wales:

The Pembrokeshire Coronary Heart Health project have utilised the skills of four community pharmacies to offer opportunistic lifestyle-based risk assessment for patients identified as likely to have significant risk factors for the development of CHD in the near future. The pharmacist"s role concentrated on identifying those people who do not access their GP, thus increasing coverage of the population. Referrals to healthy eating advisors can also be made from the pharmacies. Audit of the first 40 people to participate in the scheme showed that half had a CHD risk over 15%, one in ten of these having a CHD risk over 30%, one in four had already been diagnosed with a heart condition, and half had a family history of heart disease.

Patient education in COPD and other chronic conditions in South Wales:

Pharmacists working in Torfaen LHB have delivered educational sessions on medication at Structured Education Course Groups facilitated by the Long Term Conditions Specialist Nurses. These sessions have included COPD, diabetes, the cardiac exercise group and the stroke rehabilitation group. The sessions were well received by patients as they allowed for two way discussions about their disease management and provided

appropriate advice to help improve health literacy. They also provided an opportunity for broader discussions about the use of the CPCF, the costs of medicines, and the use of branded and generic medicines.

These examples are illustrative of project work that has demonstrated successful outcomes for patients. They are not embedded within community pharmacy service provision however and as such are not secure in their long term funding or sustainability.

5. Missed opportunities and barriers in the utilisation of the CPCF

RPS has maintained a sense of optimism that when used efficiently and effectively the essential, advanced and enhanced services elements of the CPCF can herald new ways of working to achieve progress in health care service provision in Wales as detailed above. Despite this optimism and pockets of service change around Wales there appears to be significant limitations in the effective utilisation of the contract:

5.1. Missed opportunities

5.1.1. Dovetailing of primary care contracts

The original intention of fusing the primary care contracts to provide a holistic care opportunity in the community is currently being missed. The General Medical Services (GMS) contract‟s Quality and Outcomes Framework (QoF) and the CPCF are viewed as separate opportunities for service planning and the opportunity for joint service planning and service development is not being taken. The contracts were not intended to be competitive in nature but rather synergistic in service delivery. However in reality a narrow view of service planning has taken place and there is anecdotal evidence that where there is an element of a service in one contract the other contractor is not being supported to deliver a different or enhanced service. For example, although medicine review forms part of QoF, it is does not necessarily provide the check of a patients understanding of how to take their medicines which is undertaken by community pharmacists through MURs. By viewing the two services as competing rather than synergistic in nature, the opportunities for joint working are being severely limited. Opportunities for other primary care providers to deliver the same services and share care across the community are also being denied to community pharmacists in clinical areas where they can make a difference e.g. flu vaccinations and the management of chronic conditions.

5.1.2. Integration into service planning models

Expertise is needed to understand the nuances of the GMS contract and the CPCF to allow for the planned integration of mutually supportive GP and community pharmacy services. This pool of expertise is not always available at service planning stages. LHBs need to have

appropriate access to advice on how community pharmacy services can be delivered and funded through the CPCF but due to the structural changes of Health Boards, the potential of pharmacy in improving medicines management and health outcomes, as well as increasing patient safety, appears to be seldom considered in Health Board strategic planning processes. RPS believe that pharmaceutical care requires a more prominent profile at executive and strategic levels within each Health Board. This should increase opportunities for the inclusion of pharmaceutical care in the planning and development of new models of care to ensure the full potential pharmacy is realised in improving health and well being services.

5.1.3. A focus on volume rather than quality:

Health Boards are currently not fully utilising the three elements of the CPCF and thus it is still proving to be a volume based supply model of financial remuneration for community dispensing services. In contrast, the CPCF in Scotland has been used to differing effects with outcomes-focused services introduced in a range of service areas including the chronic medication service, minor ailments services, public health services, acute medication services, vaccination services, and unscheduled care alongside medicine supply. In England there are also developments taking place for healthy living pharmacies supported through contractual service developments.

Overall it appears that since 2005 service developments for community pharmacy in Wales have been piecemeal and lacking a strategic approach to embed service change and new ways of working in delivering primary care services.

5.1.4. Lack of independent prescribers within community pharmacy

Independent prescribing by pharmacists is a resource already available in the NHS that offers real opportunities for improving patient care and contributing to a more efficient and effective health care service. Despite efforts in 2009 and 2010 to raise the profile of non medical prescribing by the RPS in collaboration with the National Leadership and Innovation Agency for Health Care (NLIAH) and the Royal College of Nurses (RCN)[2], we have yet to see many developments where the prescribing competencies of community pharmacists are being utilised. To date there have been very few examples in Wales of enhanced services being delivered through a community pharmacy based pharmacist prescriber. We strongly

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[2] For further information see: RPS, RCN, NLIAH (2010) Lifting the Lid on Non-Medical Prescribing: Dispelling the myths and realising the potential of non medical prescribing – Conference Report. http://www.wales.nhs.uk/sitesplus/documents/829/LiftingtheLidConferenceReport2010.pdf (Accessed 15th August 2011)

recommended that opportunities to develop community based services that harness the skills of pharmacist prescribers should be explored and encouraged.

Example of enhancing care with pharmacist prescribing

A pharmacist led clinic to address the medication needs of patients with chronic conditions was successfully established in the Gwynedd locality in 2007. Set up in collaboration with a GP practice, the independent pharmacist prescriber has an expanding case load of patients at risk of developing cardiovascular disease and diabetes as well as newly diagnosed diabetics and those patients diagnosed with hypertension, hyperlipidaemia, hyperthyroidism and other chronic conditions. Once referred to the pharmacist-led clinic, patients benefit from regular consultations that include thorough medication review and monitoring, as well as prescribing and adjustment of appropriate medication in line with latest evidence and national guidelines. The clinics also focused on non pharmacological interventions such as positive lifestyle changes. To date the results have been positive with better blood pressure control, minimising the number of medicines being taken and improvements in safety.

This example highlights the potential of pharmacist prescribers that could, with innovation and appropriate planning, be transferred into a community pharmacy setting.

5.2. Barriers

There are several areas which we believe are inhibiting the development of service developments in community pharmacy. They include the following:

5.2.1. Increased bureaucracy

The CPCF and regulatory burdens are increasing the bureaucracy and burden of paperwork within a community pharmacy. Community pharmacists are having to make regular returns to Health Boards to ensure payment for services provided and provide assurances of their working practices and environment. The CPCF was intended to be utilised as an enabler for the development of clinical services through community pharmacy, however the current bureaucratic burden can have a negative effect and impede the time spent on face to face patient contact for community pharmacists and thus the development of clinical services is restricted

5.2.2. Lack of appropriate IT advancements:

Developing clinical and patient facing community pharmacy services requires access to patient information. While progress is being made in Wales to develop the technical infrastructure to allow for patient information to be viewed by community pharmacists, the reality is that

community pharmacists are not able to access vital patient information. This prevents the expansion of clinical services provided by community pharmacists and the development of a range of advanced and enhanced services which would improve patient access to local services.

5.2.3. Restrictions on clinical freedoms:

The CPCF and current legislation has not enabled the community pharmacist to fulfil their role of being responsible for the pharmaceutical care provision to patients. Community pharmacists lack the clinical freedom enjoyed by their hospital colleagues, for example to substitute medicines prescribed by the medical prescriber in cases where certain medicines are not available in stock, or a more appropriate medicine should be prescribed. The inclusion of community pharmacy within care pathways, and within patient care plans as already happens in hospital could have a significant and positive impact on patient care and NHS prescribing.

6. Policy implementation gaps

Since the introduction of the CPCF there has been no corresponding strategic vision for pharmaceutical care and pharmacy services in Wales. Such a vision is needed to provide the strategic intent of how the CPCF can and should be used to support policy intention, integrate pharmacy within NHS service provision, and improve patient care in the community.

The policy examples cited below provide a snap-shot of the intent of the Welsh Government between 2005 - 2011 to capture the skills of community pharmacists in new health service developments and provided optimism for patient care and the future development of community pharmacy services in Wales.

There appears to be a significant gap however between national policy intent and local interpretation and implementation across Wales. This situation is not only preventing the development of the pharmacy profession in line with government policy but also denying patients in Wales the benefits of improved access, safety and care.

The RPS welcomes recent developments where enhanced services are being provided on a national basis (for example emergency hormonal contraception) to the same service specification. Where local need is identified (through pharmaceutical needs assessment) we would like to see this in place for a much wider range of pharmacy services designed to fulfil this strategic intent. While there are excellent examples of enhanced services being provided,

they are often only available in certain Health Board areas in Wales and provided to different specifications.

6.1. Welsh Assembly Policy Intention

Between 2005 and 2011 the Welsh Assembly Government policy intention has been very supportive of integrating community pharmacy into NHS service provision. During this period the then Welsh Assembly Government produced a range of strategic documents highlighting the importance of community pharmacy services and called for their inclusion in Health Board plans for the delivery of better health care across Wales.

It appears at present that Health Board service planners are missing the opportunities to fully utilise the CPCF to deliver these policy intentions.

6.1.1. A new policy direction for health care in Wales 2005 - 2011

Spearheaded by *Designed for Life*, the new policy direction for health services in Wales cited community pharmacy as contributing to *"co-ordinated efforts to provide a complete spectrum of immunisation and vaccination, screening, infection control and health surveillance programmes to local communities, and to ensure that individuals are not using unsatisfactory combinations of medicines"* (Designed for Life 2005 pp21[3]).

The strategic health documents that followed including the *National Service Framework for Older People in Wales*, the *Integrated Model and Framework for Chronic Conditions Management (CCM)*, and *Setting the Direction*, the delivery programme for primary and community services, were all clearly underpinned by the strategic objectives of *Designed for life* and stated or at least implied the need for greater integration of community pharmacy into NHS planning and service developments.

6.1.2. Chronic Conditions Management (CCM)

The *CCM Model and Framework* and its supporting *CCM Service Improvement Plan* provides a very good example of where the Welsh Government"s intent to integrate community pharmacy into models of care was very clear. This approach recognised the need to utilise the provisions of the CPCF to incorporate pharmaceutical care in the management of chronic conditions. The model and framework document cited community pharmacy as one of the key „foundations for change" and stated that pharmacists have a key role in „marketing" the new

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[3] Welsh Assembly Government (2005) *Designed for Life: Creating world class health in the 21st Century*. http://www.wales.nhs.uk/documents/designed-for-life-e.pdf (Accessed 29 August 2011)

CCM system through screening and early identification of health conditions and through better medicines management. The Welsh Assembly Government stressed that:

> *"The correct administration and use of medicines is integral to good chronic conditions management and community pharmacists play an important role in supporting this. This includes improving medicines management, providing front line information and support for better prescribing in a community and acute setting and supporting hospital discharge. Identifying how the pharmacy contract and other developments such as enhanced services could support better patient care will need to be examined" (CCM Model and Framework 2007, pp30[4])*

6.1.3. Setting the Direction: Primary and community service strategic delivery programme

Setting the Direction also stressed the need for an enhanced and advanced role for community pharmacy in its vision for bolstering community health services and shifting care from secondary care environments. This strategic document has called for the development of Community Resource Teams which would include GPs, pharmacists, nurses, therapists and social workers with advanced skills in assessment and management of complex needs with community-based consultants. These teams were seen as creating strong multi disciplinary approaches to care based on the maintenance of more complex cases in the community will create a strong, multidisciplinary approach focused on the maintenance of more complex cases in the community. „Enhanced medicines management" is also cited in the document as a key aspect of coordinated care management systems provided by the Community Resource Team.

6.1.4. Rural Health

The Rural Health Plan for Wales also recognised that *'pharmacies are a vital element of rural health services provision'* and that *'pharmacies can do much more than dispense medicines, through the treatment of minor ailments, the provision of diagnostic tests, offering healthily lifestyle support and acting as information centres'* (Rural Health Plan, pp4)[5]. In improving

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[4] Welsh Assembly Government (2007) *Designed to improve health and the management of chronic conditions in Wales: An integrated model and framework.* http://wales.gov.uk/topics/health/publications/health/strategies/designedimprovechronic?lang=en (Accessed 15th August 2011)

[5] Welsh Assembly Government (2009) *Rural health plan: Improving integrated service delivery across Wales*. http://wales.gov.uk/topics/health/publications/health/strategies/ruralhealthplan/?lang=en (Accessed 8th August 2011)

access to local health services in rural areas, the Rural Health Plan for Wales calls for consideration of extended services, including the role of independent prescribing by pharmacists and nurses (Rural Health Plan, pp29). The plan also extended calls for community pharmacists to be included in the development of models of care which will support people to stay in their own communities (Rural Health Plan, pp34). The recent publication of *Delivering Rural Health Care Services: A working paper produced by the Rural Health Implementation Group in Support of the Welsh Rural Health Plan*, also reiterates that „significant opportunities exist for enhancing their [community pharmacy"s] role" (Delivering Rural Health Care Services, pp16)[6].

6.1.5. Sexual Health

Actions to expand the role of community pharmacists have also been included in plans for sexual health services. The *Sexual Health and Well Being Action Plan for Wales 2010-2015* called for the development of a template by October 2010 for pharmacy sexual health enhanced service and stressed the need for developments that would ensure equitable access to standardised sexual health services across Wales.

6.1.6. Substance Misuse

Plans to expand harm reduction services for substance misusers also focused on the important role of community pharmacists. The *Substance Misuse Strategic Plan for Wales* called for greater involvement of community pharmacists in opiate prescribing and management. It also recognised the important role of pharmacist prescribers in shaping new services that would improve care and help to release medical capacity in other parts of the system for the most complex cases.

6.1.7. Expert task and finish group

Recently, a Task and Finish group was set up by the Minister for Health and Social Services to review the provision of pharmacy services in Wales and develop recommendations aimed at improving efficiency, effectiveness and value for money of pharmacy services in Wales while maintaining a focus on improving patient outcomes. This group made a number of recommendations in its „emerging themes" document published in September 2009. These included:

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[6] Welsh Government (2011) Delivering Rural Health Care Services: A working paper produced by the Rural Health Implementation Group in support of the Welsh Rural Health Plan. http://wales.gov.uk/topics/health/nhswales/healthstrategy/ruralhealth/publications/services/?lang=en (Accessed 22nd August 2011)

- A focus on reducing waste through a range of services and publicity campaigns
- Introducing process to increase use of the repeat dispensing enhanced service and standardising where appropriate prescribing to 28 day cycles
- Creating national enhanced services for smoking cessation, sexual health, supervision of medication and syringe and needle exchange.
- The development of medicines reconciliation services that target patients admitted and discharged from hospital to support better medicines use and safety
- Investigating the provision of vaccination through pharmacies.

While we welcome progress with a number of these recommendations such as the introduction of the national EHC scheme, additional progress is needed. For example, smoking cessation services are already widely provided across Wales from pharmacies but not universally or uniformly. Services such as this should now follow in the footsteps of the national EHC service.

6.1.8. NHS reorganisation

The recent NHS reorganisation has also offered an opportunity to develop and deliver services in new and improved ways in Wales. With Local Health Boards being responsible for both primary and secondary care, the opportunity to truly begin to shift care into the community, and use community services to reduce time spent in hospital has never been better. Community pharmacy has a significant role to play in this, as already described. However, this can only happen if its potential is given proper consideration when health services and care pathways are being designed. At the moment, this often doesn't happen. The reorganisation saw pharmacists lose their place on the LHB Board, and an executive level „Director of Pharmacy" post was not created. In addition, the pharmaceutical needs of the public do not seem to be routinely considered as part of the LHB overall Health Needs Assessment. As a result pharmacy is often left out of the resultant LHB Health Social Care and Well-being Strategy, and the opportunity to improve care lost for another planning cycle.

7. A vision for pharmaceutical care in Wales

The RPS's vision for pharmacy is that pharmacists should be the universally accessible frontline clinical provider of all aspects of pharmaceutical care and be responsible for all aspects of medicines use and management. RPS advocate that community pharmacists should be the healthcare professional entrusted by patients to take care of their every pharmaceutical need and the provisions of the CPCF should be used and developed in innovative ways to help achieve this while increasing the clinical dimension of community pharmacy services in Wales.

Our vision for community pharmacy services in Wales would mean:

- Community pharmacists are an integrated part of clinical teams and services in and across the NHS
- Community pharmacies are equipped with electronic communications which allow for the transfer of prescriptions and clinical data between care settings and the multi-disciplinary team
- Community pharmacists have read and write access to the single health record
- Health prevention is the responsibility of community pharmacy
- Repeat prescriptions is the responsibility of community pharmacy
- The pharmacy workforce is flexible and works across interface boundaries
- Independent prescribing is undertaken by community pharmacists
- Community pharmacies are the walk-in health care centres for greater public health service provision
- Medicines management, medicines safety and the maintenance of best health are the domain of community pharmacy
- Community pharmacy acts as the gateway for referral when preventative measure fail

An example of how this should translate into practice can be seen at *Appendix A*.

RPS believes that this vision is achievable. If the CPCF is used innovatively and community pharmacy services included in considerations in Health Board strategic planning, there is no reason why community pharmacy cannot be developed further in this way to enhance patient care and improve access to health and well being services in communities across Wales.

8. Conclusion and Recommendations

The overall aims and ambition of the CPCF remain valid and worthy. Correspondingly the overall policy intent of the Welsh Government is positive and supportive of community pharmacy. However there is an implementation gap and better use of the tiers of the contract should be made to realise these ambitions. We recommend that:

- Pharmaceutical care should feature more prominently in Health Board planning deliberations with models of care making innovative use of community pharmacy services through the provisions of the CPCF.

- Pharmaceutical needs assessment should be used to develop enhanced services and support service developments across Wales.

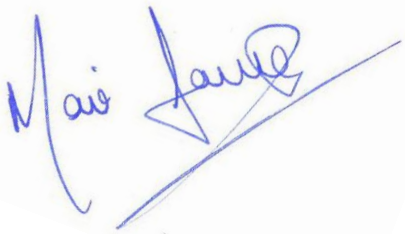
- The CPCF should be used to ensure greater involvement of community pharmacists in the overall medicines management aspects of patient care.

- Enhanced service developments that incorporate the skills of pharmacist prescribers in the community should be explored and developed to meet the needs patients and to address capacity issues in the NHS.

- Greater use of the CPCF is needed to support the development of services that improve medicines safety and help people to understand more about their medicines.

- The CPCF should be used to develop pharmaceutical clinical networks which facilitate a shift of services from hospital to community settings.

Yours sincerely,



Mrs Mair Davies
Chair, Welsh Pharmacy Board

Appendix A

A vision of integrated community pharmacy services in Wales

The following scenario outlines a vision where community pharmacy services can work much more effectively, delivering a greater range of services and enhancing patient care in the community. To achieve this level of service however the CPCF will need to be utilised more effectively in local and national planning.

Mrs Jones is a regular visitor of her local community pharmacy, for her families self care needs. She mentions to the healthcare assistant (who as part of the national scheme has been trained as a health advisor) how tired she feels as she is not getting a good night‟s sleep due to the number of times she needs to get up in the night to go to the toilet. She is referred to the pharmacist for a consultation.

The pharmacist recommends that Mrs Jones has her blood pressure and blood glucose checked through the pharmacy “early detection” screening service. The tests show above normal levels of blood glucose and a raised blood pressure. An appointment is made for Mrs Jones to re-attend the pharmacy for a fasting blood glucose test and to recheck her blood pressure, at which it was found that both her blood glucose and blood pressure were still above national guideline recommendations and the local referral guidelines agreed with the patient‟s practice. The pharmacist discusses the results with Mrs Jones and sends them to her GP. An appointment is booked electronically for Mrs Jones to have an assessment at her GP‟s Surgery. After a diabetic assessment in the surgery the GP confirms the diagnosis of early type 2 Diabetes and she is registered as such.

As a person with a chronic condition she is regularly assessed including an annual review by the practise nurse with foot checks, referral for retinopathy, lifestyle and dietary advice and a full clinical medication review by the practice pharmacist.

As Mrs Jones‟ blood pressure is not controlled, the pharmacist changes Mrs Jones‟ medication and arranges for on going monitoring of her blood pressure and HbA1c through her local pharmacy .The community pharmacist enters all relevant information electronically onto Mrs Jones‟ medical record and periodically rings Mrs Jones to see if she has any problems with her medication.

Once Mrs Jones condition has been stabilised she uses the „Repeat Prescription Scheme‟ to obtain her medication.

Once a year Mrs Jones„s community pharmacist undertakes her Medicines Use Review (MUR) to check compliance issues and the information is fed directly into Mrs Jones" medical record electronically. The pharmacy also provides Mrs Jones with healthy lifestyle advice that is supportive to the management of her condition.

Overall community pharmacy contributes effectively to the care of Mrs Jones, allowing for opportunistic interventions and referrals to others service, monitoring of her medication needs as her condition changes, and support to allow Mrs Jones understand more about the medicines she is taking. This level of service maximises health outcomes for Mrs Jones and stabilizes her chronic conditions. It also prevents emergency admissions to hospital and reduces pressures on the acute sector of the NHS, ensuring the most complex and urgent cases are not delayed.