

Health and Social Care Committee  
Inquiry into the contribution of community pharmacy to  
health services in Wales

CP 7 – Dr Ewan Thomas (GP)

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**For The Attention Of:  
Health and Social Care Committee  
Welsh Assembly Government**

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Commentary on dispensing service offered in Ynys Mon

Our Service Provision

My practice dispenses to approximately 2500 patients and holidaymakers over at least a 15 mile radius. We have initiated a delivery service which is rapid and responds to problems with the elderly and handicapped that are housebound. Because of the development of our delivery service and our opening between 8 and 6.30 everyday the local pharmacy also matched these services hence improving services throughout. Through our dispensing income we have been able to employ an extra doctor and also put in extra nursing provision. We have also employed a qualified pharmacist four hours a week to improve our prescribing quality.

On occasions doctors are actually able to deliver urgent prescriptions whilst doing home visits to outlying patients.

Our stock control systems allow very prompt dispensing at a one stop system where the patient leaves the doctors consulting room and they are immediately able to pick up any acute items without having to go elsewhere.

### Community Pharmacy Provision

Regarding our observation on the actual community pharmacy service I would firstly like to comment that their medication use reviews are very expensive at £28.00 an exercise that we have rarely found useful at all. It is important for your committee to understand that as a part of our contract we perform annual face to face medication reviews with our patient so the work is unnecessarily duplicated.

On a more positive outlook I feel that the co-operation between dispensing doctors and community pharmacist could be facilitated more. This would be particularly helpful in identifying certain groups of patients that the pharmacist do see when they pick up their repeat prescriptions and we should co-operate in specifically targeting them. A good example of this would asthmatics that regularly default on their annual reviews in general practice but actually do turn up to the chemist for their prescriptions. They could be invited at this stage to have a medicines use review particularly involving inhalers which would be very beneficial. There are also good examples of community pharmacist and dispensing doctors working well together in relation to medicines reconciliation when a patient is discharged from hospital re-adjustment of supplies and prescription is made in conjunction between the two.

### Primary Care Viability

On a financial note most dispensing practices in North Wales actually purchase from a wholesaler who also owns the majority of chemist shops in that area. I feel that the profits that these big organisations are able to make are not always brought back to the community whereas our dispensing practice uses those profits to improve actual facilities and services to the individual patient in the locality. In rural Wales any further disinvestment in dispensing doctors will severely de-stabilise practices that are currently having difficulty recruiting will having increasing problems as the disparity between Wales and England in GP income seems to be increasing.

I hope all these matters can be taken into consideration in your deliberations

Yours sincerely

Dictated and Checked by

Dr Ewan Thomas  
GP