

PC 19

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Company Chemists' Association

Response from: Company Chemists' Association

The Company Chemists' Association response to The Health, Social Care and Sport Committee inquiry into:

Part 1. Introduction

The Company Chemists' Association (CCA) provides a forum for the large businesses engaged in community pharmacy to work together to help create an environment where pharmacy can flourish and providers compete in a fair and equitable way. The CCA aims to represent our members, empower our members to understand the changing policy environment, and influence that policy environment. Our eight member companies – Boots, Well, Lloyds Pharmacy, Tesco, Wm Morrison Supermarkets, Asda, Rowlands Pharmacy and Superdrug – own over 6,400 pharmacies between them, which represents almost 50% of the pharmacies in the United Kingdom. Our members own just over 50% of pharmacies in Wales.

Community pharmacy and our contractors are at the forefront of health care on the high street allowing unparalleled access to health care services within primary care often 7 days a week. The CCA believes that this national network of pharmacies can provide the very best patient care within our pharmacist's capabilities.

All too often this valuable resource is overlooked at local and national level and we request the Health, Social Care and Sports committee look to change the current cluster composition to include the invaluable input of community pharmacy at every appropriate point.

The CCA believe using the principles of prudent healthcare co-production and collaboration are key to the success of the cluster networks throughout Wales and we believe community pharmacy can support the wider NHS agenda and alleviate the pressures on other health care providers within the community.

Part 2. Views to be considered by the committee:

2.1 How GP cluster networks in Wales can assist in reducing demand on GPs and the extent to which clusters can provide a more accessible route to care (including mental health support in primary care).

The CCA believes the value of the cluster networks has unintentionally been inhibited by the misnaming of clusters as "GP" cluster networks, placing the focus on the GP practice rather than the whole community and locality needs.

Taking time to re-evaluate the structure and the appellation of this multidisciplinary team approach would be of great benefit to the ongoing success of the cluster network. The CCA also believes the number of individual clusters has had an impact on the efficiency and outputs of the current 64 clusters. A more streamline approach within each LHB of fewer overarching clusters with smaller sub cluster focus groups would enable a more productive yield of positive results and heighten the value within the clusters themselves.

The delivery and dissemination of cluster plans has not been seen widely at a local level, the CCA feel this does not represent and embrace the original vision of the Welsh Governments primary care plan. This lack of visibility of these shared agendas has in turn left community pharmacy and pharmacists feeling de valued and de motivated by this lack of engagement within the clusters. The plans that have been published show many areas that would lend themselves to community pharmacy involvement. However, without input at the cluster level this opportunity for community pharmacy's contribution is frequently missed.

2.2 The emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).

To ensure true integrated working and co-production the CCA believe a more pragmatic view should be taken by those health care professionals involved.

It is only by evaluating your own contribution and the contribution of the others around you within a team of professionals that progress can be seen and made.

Whilst some members of the team may need to let go of long held views and tasks others may need to be more proactive at seizing the opportunities presented to them. Viewing the entire "BIG" picture will allow each profession to see the advantages and skillset of the other and work towards a common goal rather than simply moving the problem from one setting to the next without understanding the real benefits or reasons behind the move.

By achieving a truly national framework for service provision amongst all health care professions we could embrace local commissioning opportunities that suit each locality need, avoiding the unduly onerous task of creating locally designed services at each cluster throughout Wales.

2.3 The current and future workforce challenges.

Community pharmacy has a wealth of skilled workforce that is not currently being used to the best advantage within the clusters. Whilst the NHS clusters and Health boards have taken positive steps to integrate pharmacy into the clusters through the introduction of cluster pharmacists the CCA believes an opportunity has been overlooked to access a highly skilled workforce already embedded within our local communities. The new cluster pharmacy personnel have often been drawn from secondary care and existing health board primary care settings which means sometimes they can lack the community based knowledge, insight and skills that are unique to the community pharmacist. The local community pharmacist and their team will have often built a rapport with patients and families that they are seeing month on month in their pharmacies, this is an invaluable asset when assessing local needs. By means

of these community pharmacy skills and locality knowledge pharmacy principles could be further embedded into the clusters in a much more thorough manner and empower the local community pharmacy network to be an active participant. The CCA would encourage more consideration and support be given to community pharmacists in qualifying as independent prescribers thus allowing a real opportunity to make a difference to the pressures faced by all our NHS services.

The in depth understanding of the roles of each component profession within the cluster would enable the clusters themselves to begin to plan the workforce and training requirements for all professions involved. The CCA would suggest that monies disbursed on workforce by the cluster could be revaluated and a more prudent approach be sought by using the existing local framework of community pharmacies.

2.4 The funding allocated directly to clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients

The CCA has some concerns about the context of this question as it understood that the funds allocated to clusters were for all primary care providers to explore the possibilities of working in different ways.

When funds are devolved, there can be difficulties in tracking and managing them. The CCA would seek assurance that productive outputs and impacts were being made and displayed by those accessing the funds. The CCA believes that by restricting the number of clusters and making them more representative will provide the Welsh Government and the people of the Wales greater transparency on how the funds are being spent and distributed.

However, we would ask the committee to be wary of significant bureaucracy developing which could prevent clusters gaining access to funding where appropriate.

It is imperative to ensure that robust governance underpins all that is done by the clusters making them accountable and of worth to the NHS family within the prudent health agenda.

2.5 Workload challenges and the shift to primary prevention in general practice to improve population health outcomes and target health inequalities.

The services offered in community pharmacy allow easy access and efficiency to obtain the key health care needs that affect the public at any geographic or demographic point. This has an impact on the NHS in a much wider context by reducing the number of interventions that must take place within an already stretched and overburdened NHS service both within primary and secondary care settings. Community pharmacy looks to protect the patient and the health population of Wales via a suite of enhanced services such as emergency hormone contraceptive, smoking cessation, substance misuse, harm reduction and needle exchange services. Community pharmacists and pharmacies are often undervalued as a profession and a service. GP's should be encouraged to deliver general practitioner specific services with the Welsh Government identifying those professions that may be able to deliver other, less specialised, services to alleviate some of the burden placed upon GP's, often unnecessarily.

In addition, allowing primary prevention to be the remit of nurses, community pharmacists and other health care professionals within the cluster locality.

2.6 The maturity of clusters and the progress of cluster working in different Local Health Boards, identifying examples of best practice.

Given the current poor engagement with community pharmacy within the clusters the CCA would not be in the best position to offer a response. However, the CCA would urge the Health, Social Care and Sports committee to review the structure of the clusters to ensure future effective outputs are achieved for the local community at large.

2.7 Local and national leadership supporting the development of the cluster infrastructure; how the actions being taken complement those in the Welsh Government's primary care plan and 2010 vision, Setting the Direction.

A Holistic vision was at the centre of the Welsh Governments "Setting the direction" with all professions working together to the mutual benefit of the patient reducing the pressure on secondary care and delivering the best patient journey for each individual person.

To achieve this vision the committee would be best placed to re-evaluate the current configuration starting from the top, looking at the clear roles being advocated and creating a joint agreement across all clusters to create one cohesive vision for Wales with accessible care 24/7 having patient outcomes at the centre and as the driver for success.

2.8 Greater detail on the aspects being evaluated, the support being supplied centrally and the criteria in place to determine the success or otherwise of clusters, including how input from local communities is being incorporated into the development and testing being undertaken.

The CCA supports a national agenda to measure consistency and avoid unnecessary variation between geographical areas, allowing the outputs and inputs to be locally reviewed and implemented ensuring there is a comparison of like with like.

Part 3 Conclusion

3.1 The primary care agenda is a shared agenda that should be the responsibility of all health care providers within our primary care communities. The CCA believes that an integrated approach by all parties will result in the best outcome for Welsh Government and the people of Wales.

The CCA believes it is of paramount importance for there to be a national discussion about the structure and function of all primary healthcare professions

Allowing the Welsh Government and invested parties to describe what the true aspiration and visions are for primary care and the Welsh NHS. The CCA also feels that by setting a timeframe for the achievement of this vision the Welsh Government will ensure a clear path is forged on which change can be measured. Thus, we believe this would enable clusters to begin to implement the strategy, aspirations and visions locally in an order that fits local needs.

Community pharmacies are at the heart of our communities and as such are well-placed to provide support and services to the local populations they serve. This unique position and undeniable accessibility should afford community pharmacy a key membership of any local cluster network but all too often there is little or no engagement with the community pharmacies or pharmacists in the current GP cluster arrangements.

3.2 Recommendations:

The CCA would ask the committee to review these points and consider these recommendations to Welsh Government.

- The CCA would like to see the committee review the structures and constitutions of these cluster networks to encompass community pharmacy and all health care professions that provide services to patients within their community.
- The CCA would like to see the sharing of cluster plans within a timely manner by all clusters and allow input when appropriate by all key health care professionals within the locality.
- The CCA would like to see funding for key community pharmacists to attend cluster meetings and become involved within their local clusters.

The CCA agree that the content of this response can be made public and are happy to provide further information on request to members of the Committee.

For acknowledgement and further Contact:

Paul Harris MRPharmS
Chair of Welsh Management Group
The Company Chemists' Association
Garden Studios
71 – 75 Shelton Street
Covent Garden
London
WC2H 9JQ
Email: [REDACTED]