



Community Pharmacy Wales response to the National  
Assembly for Wales Public Accounts Committee Inquiry  
into

**The NHS Wales Informatics Service**

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## Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Assembly Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy based NHS services and to shape the community pharmacy contract and its associated regulations, in order to achieve the highest standards of public health and the best possible patient outcomes. CPW represents all 715 community pharmacies in Wales. Pharmacies are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

As part of the strategic development of the community pharmacy network in Wales, investment is being made into a range of enhanced community pharmacy clinical services to increase primary care provision and to improve the health of the nation. CPW believe that the support of tailored, robust and fully integrated informatics systems are critical if the potential of the community pharmacy network is to be unlocked and Welsh Government is able to make efficient and effective use of financial and human resources.

CPW is pleased to have the opportunity to respond to this important inquiry into informatics systems in NHS Wales

## Part 2: NWIS and Community Pharmacy

In general, CPW would support the findings and recommendations of the Auditor General for Wales *Review of Informatics Systems in NHS Wales*.

In recent years Welsh Government has made a significant and strategic investment into an IM&T platform to support the integration of the community pharmacy network in Wales and the delivery of the Choose Well strategy. The platform known as the *Choose Pharmacy* platform has been designed as a N3 connected, fully integrated platform. Alongside this there has been significant investment in informatics to support improved data flow and more efficient payment and prescription processing systems.



Developed initially on a pilot basis in Betsi Cadwaladr and Cwm Taf, *Choose Pharmacy* has now been rolled out to the entire community pharmacy network in Wales. It supports the delivery of the Common Ailments service and other clinical initiatives and, even at evolutionary stages, is judged to have made a considerable impact on shifting primary care.

The use of Choose Pharmacy has had a material impact in supporting this direction of travel. In the last year, the 715 community pharmacies in Wales have between them:

- Provided 10,645 Common Ailments Consultations all through the Choose Pharmacy platform
- Administered 35,000 flu vaccinations – an increase of 33% on the previous year (the majority of these were through the platform)
- Ensured that the medicines provided to over 10,000 patients leaving hospital are those their hospital consultant wants them to take via the Discharge Medicine Review scheme (the development of electronically linking community pharmacies to secondary care has made the transfer of this information significantly improved in those Health Board areas where MTED has been rolled out; however there is still a significant way to go to have all wards across Wales on the system and there are still two Health Boards that are yet to commence roll-out).

The Common Ailments figures can also be translated across to direct saving of GP time. A study has shown that 82% of patients receiving a community pharmacy common ailments consultation confirmed that had the service not been available they would have visited their GP. That is the equivalent of over 8700 GP consultations/over 1000 hours of GP time released to see patients with more serious conditions.

These key developments have brought CPW into contact with the NHS Wales Informatics Service (NWIS) both from a strategic and operational perspective in a far closer way than ever before. In general, we have been pleased with the vision and responsiveness of NWIS; however the speed of harnessing many of the identified benefits has been less than we would have wanted.

Our experience of working with NWIS has led us to conclude that:-

1. Prioritisation and conflicting demands are an issue. In respect of Choose Pharmacy, the process of moving from benefit realisation to system roll-out has been slow at times, with initiatives regularly bumped down the implementation timetable when other initiatives are deemed to be of a greater priority. While there is nothing inherently wrong with this

approach, it does often mean that benefits are realised later than planned.

2. We are unable to conclude whether this is a management issue or a capacity issue however we believe that it is more likely to be the latter. In a period of significant opportunity, it is essential that the roll out of informatics support is not allowed to become the bottleneck and to hold back the effective and efficient use of scarce manpower resources.
3. As a representative body we are extremely grateful for the significant investment that Welsh Government has made into community pharmacy informatics, however we would suggest that more effective engagement with the end user would ensure that benefits occur in a single hit rather than a series of subsequent improvements and phases.

There is a cultural issue here. Too often we have felt that NWIS informatics development has been done to us and not done with us. An investment in effective and timely engagement with the end user and their representational body we believe would provide earlier benefits and reduce the overall cost of implementation. CPW would recommend that the Public Accounts Committee make this one of their recommendations. An example of this is the development of *My Health On-line*, where there is ability for patients to order prescriptions directly from their surgery as other patients do regularly from their community pharmacy and yet CPW are not engaged in any meaningful discussions on how community pharmacy systems and My Health On-line can integrate.

A further example lies in community pharmacy access to the GP Medical Record where conversations are too often around when and how it will happen rather than what information would be most useful to the community pharmacy network. These two points are not offered as criticism and are made simply to demonstrate that there is sometimes more to be gained by engaging more widely and openly.

CPW would therefore support recommendation 10 in the report of the Auditor general namely: *NWIS and NHS Wales should work together to strengthen the relationship between developers and clinicians, particularly in designing and testing new systems and functions so there is a better collective understanding of what is wanted and what is possible.*

4. While the report of the Auditor General for Wales focusses on the speed of implementation, the experience of CPW would suggest that there are other factors to be considered. Firstly, any new informatics system takes time to bed in and become part of daily practice and for practitioners operating in patient facing roles changing practice while delivering the day job is a major undertaking, and therefore the pace of introduction

should take second place to the effectiveness of the implementation and the support that is provided post implementation. Secondly, and reinforcing an earlier point, getting the technology right the first time is more important than getting the technology quickly and having to update and retrain again and again.

5. Often there are delays to implementation to try to meet the demands and unnecessary complexity caused by the localism agenda. Local Health Board variations to the nature of services to meet perceived local variation in requirements, appear to work against the 'Once for Wales' approach. If one Health Board sees the opportunity to improve a service then it is better to revisit the initial service specification than to build in local variations, which from an informatics perspective simply builds in complexity and cost and also ends up delivering variable services to health professionals and the public.

### Part 3: Conclusion

CPW is fully supportive of the developing informatics agenda and in comparison to other UK countries Wales is one of the more forward thinking nations. Pharmacists and the public are already seeing real benefits. However, recognition of the potential benefits to patients, community pharmacies and the wider NHS of informatics investment understandably brings with it a degree of frustration at the speed of realisation of those benefits and CPW, we are sure, will not be alone in recommending significantly more resource be invested into NWIS.

In the meantime CPW would suggest that improvements in the cost and effectiveness of informatics initiatives could be gained by improved consultation and engagement with end users and clinicians.

CPW agree that the content of this response can be made public.

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CPW welcomes communication in either English or Welsh.

For acknowledgement and further Contact:

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