



**Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio**

**The National Assembly for Wales
Audit Committee**

**Mwyhau'r Incwm Mwyaf oddi wrth Daliadau
Presgripsiynau
Maximising Income from Prescription Charges**

**Cwestiynau (122-247)
Questions (122-247)**

**Dydd Iau 25 Ionawr 2001
Thursday 25 January 2001**

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Alun Cairns, Lorraine Barrett, Janice Gregory, Alison Halford, Peter Law, Owen John Thomas, Dafydd Wigley.

Swyddogion yn bresennol: Syr John Bourn, Archwilydd Cyffredinol Cymru; Frank Grogan, Swyddfa Archwilio Genedlaethol Cymru; Dave Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru.

Tystion: Erica Barrie, Ysgrifennydd Gweithgor Cymru Cymdeithas Fferyllol Frenhinol Prydain Fawr; Ann Lewis, Ysgrifennydd a Chofrestrydd Cymdeithas Fferyllol Frenhinol Prydain Fawr; Phil Parry, Cadeirydd Pwyllgor Fferyllol Canolog Cymru; Chris Martin, Is-gadeirydd Pwyllgor Fferyllol Canolog Cymru.

Assembly Members present: Janet Davies (Chair), Alun Cairns, Lorraine Barrett, Janice Gregory, Alison Halford, Peter Law, Owen John Thomas, Dafydd Wigley.

Officials present: Sir John Bourn, Auditor General for Wales; Frank Grogan, National Audit Office Wales; Dave Powell, Assembly Compliance Officer of the National Assembly for Wales.

Witnesses: Erica Barrie, Secretary of the Royal Pharmaceutical Society of Great Britain Welsh Executive; Ann Lewis, Secretary and Registrar of the Royal Pharmaceutical Society of Great Britain; Phil Parry, Chairman of the Welsh Central Pharmaceutical Committee; Chris Martin, Vice-Chairman of the Welsh Central Pharmaceutical Committee.

*Dechreuodd y cyfarfod am 1.40 p.m.
The meeting began at 1.40 p.m.*

[122] **Janet Davies:** Good afternoon. I welcome everybody to the Audit Committee. In the first part of the Committee meeting today, we will again be taking evidence in connection with the National Audit Office report on behalf of the Auditor General for Wales, 'Maximising Income from Prescription Charges', which was published on 30 November 2000. At its last meeting the Committee took evidence from Assembly Officials on the report. At today's meeting we will take evidence from representatives of the pharmaceutical profession.

I introduce Russell Keith, who is the new Committee Clerk. It is his first session, so we must all be nice to him. I also record our thanks to Andrew George, who was the Clerk of this Committee from the beginning of the Assembly and had all the work of getting it going. Four witnesses will give evidence today. Will you introduce yourselves?

Mrs Barrie: I am Erica Barrie. I am Secretary to the Welsh Executive of the

[122] **Janet Davies:** Prynawn da. Croesawaf bawb i'r Pwyllgor Archwilio. Yn rhan gyntaf cyfarfod y Pwyllgor heddiw, byddwn yn derbyn tystiolaeth eto yng nghyswllt adroddiad y Swyddfa Archwilio Genedlaethol ar ran Archwilydd Cyffredinol Cymru, 'Mwyhau'r Incwm Mwyaf oddi wrth Daliadau Presgripsiynau', a gyhoeddwyd ar 30 Tachwedd 2000. Yn ei gyfarfod diwethaf derbyniodd y Pwyllgor dystiolaeth gan Swyddogion y Cynulliad ar yr adroddiad. Yng nghyfarfod heddiw byddwn yn derbyn tystiolaeth gan gynrychiolwyr y proffesiwn fferyllol.

Cyflwynaf Russell Keith, y Clerc Pwyllgor newydd. Dyma'i sesiwn gyntaf, felly rhaid inni i gyd fod yn glên tuag ato. Cofnodaf ein diolch hefyd i Andrew George, a fu'n Clerc y Pwyllgor hwn ers cychwyn y Cynulliad ac a wnaeth yr holl waith o'i roi ar waith. Bydd pedwar tyst yn rhoi tystiolaeth heddiw. A wnewch chi gyflwyno'ch hunain?

Mrs Barrie: Erica Barrie wyf fi. Fi yw Ysgrifennydd Gweithgor Cymru Cymdeithas

Royal Pharmaceutical Society of Great Britain.

Fferyllol Frenhinol Prydain Fawr.

Miss Lewis: I am Ann Lewis. I am Secretary and Registrar of the Royal Pharmaceutical Society of Great Britain.

Miss Lewis: Ann Lewis wyf fi. Fi yw Ysgrifennydd a Chofrestrydd Cymdeithas Fferyllol Frenhinol Prydain Fawr.

Mr Parry: I am Phil Parry. I am the Chairman of the Welsh Central Pharmaceutical Committee. It may be helpful for you to know that I am also a member of the Pharmaceutical Services Negotiating Committee, which is the body that negotiated the point of dispensing checks system with the Department of Health, although I was not personally involved in that negotiation.

Mr Parry: Phil Parry wyf fi. Fi yw Cadeirydd Pwyllgor Fferyllol Canolog Cymru. Efallai y bydd yn fuddiol ichi wybod fy mod hefyd yn aelod o Bwyllgor Negodi'r Gwasanaethau Fferyllol, sef y corff a negododd y system wirio wrth ddsbarthu gyda'r Adran Iechyd, er na fu gennyf fi ran bersonol yn y negodi hwnnw.

Mr Martin: My name is Chris Martin. I am a community pharmacist from St David's in good old west Wales. I am Vice Chairman of the Welsh Central Pharmaceutical Committee.

Mr Martin: Chris Martin yw fy enw i. Yr wyf yn fferyllydd cymunedol o Dyddewi yn yr hen orllewin. Fi yw Is-gadeirydd Pwyllgor Fferyllol Canolog Cymru.

[123] **Janet Davies:** Thank you. You may speak in Welsh or English. If you wish to use the translation facilities, headphones are provided.

[123] **Janet Davies:** Diolch. Cewch siarad yn Gymraeg neu Saesneg. Os dymunwch ddefnyddio'r cyfleusterau cyfieithu, mae clustffonau ar gael.

I will begin by asking the first couple of questions. They are questions about the clarification of the role and responsibilities of pharmacists in checking entitlement to exemption from prescription charges. I will start with the Royal Pharmaceutical Society—whoever is going to answer. In paragraph 13 of the document that you provided for the Committee, you made a general comment on the prime role of a pharmacist. It would be very helpful if you could enlarge on that. What exactly are the prime responsibilities of a pharmacist?

Dechreuaf drwy ofyn y ddau gwestiwn cyntaf. Cwestiynau ydynt ynghylch egluro swyddogaeth a chyfrifoldebau fferyllwyr wrth wirio hawl pobl i gael eu heithrio rhag taliadau presgripsiynau. Dechreuaf gyda'r Gymdeithas Fferyllol Frenhinol—pwy bynnag sydd yn mynd i ateb. Ym mharagraff 13 yn y ddogfen a ddarparwyd gennych i'r Pwyllgor, gwnaethoch sylw cyffredinol ar brif swyddogaeth fferyllydd. Byddai'n fuddiol iawn pe gallech ymhelaethu ar hynny. Beth yn union yw prif gyfrifoldebau fferyllydd?

Mrs Barrie: The prime role of the pharmacist is to ensure that patients get the best from their medicine-taking. That involves the prescription medicines as well as providing advice on and selling, over-the-counter medicines to help patients.

Mrs Barrie: Prif swyddogaeth y fferyllydd yw sicrhau bod cleifion yn cael y gorau o'r moddion a gymerant. Mae a wnelo hynny â moddion presgripsiwn yn ogystal â darparu cyngor ar, a gwerthu moddion dros-y-cownter i helpu cleifion.

[124] **Janet Davies:** So you would feel that, although checking exemptions is important, the most important thing is that patients get their medicines and that they know how to take them and how to use them?

[124] **Janet Davies:** Felly byddech o'r farn, er bod gwirio eithriadau yn bwysig, mai'r peth pwysicaf yw bod cleifion yn cael eu moddion a'u bod yn gwybod sut i'w cymryd a sut i'w defnyddio?

Mrs Barrie: The point that we are making is that it is very important that the role of aiding medicine-taking for patients and any other supplementary roles are balanced appropriately so that the patient is always the focus.

[125] **Janet Davies:** Mr Parry, it would be very helpful if you could sketch out for the Committee what is covered by the terms of service of the community pharmacy contractors. In particular, what are the contractual obligations on a pharmacist in relation to checking eligibility for exemption from prescription charges?

Mr Parry: Very briefly, the terms of service for pharmacists are a set of rules based within regulation, which basically set out the way in which we operate community pharmacies in respect of the national health service. To answer the question about the way in which the point of dispensing checks have been included in that, that required a change of legislation and a change in our terms of service so that we are obliged to provide the checks as part of the package of services that we provide.

[126] **Janice Gregory:** This question is to the Welsh Central Pharmaceutical Committee. Mr Parry gave quite a brief answer to the Chairman on the checks and the balances. I will ask you a brief question. Where does the balance lie between these contractual obligations and the wider responsibilities described by the Royal Pharmaceutical Society?

Mr Parry: Clearly our first duty is to patients, to ensure that we provide care and support for patients, and accuracy in the dispensing process and the advice that we give. That is clearly the main focus of our activity. Everything else, in a sense, is secondary to that. I think that to a certain extent some of the difficulties and problems that are apparent from the report come from that. That is our main focus and a busy and hectic pharmacy is often quite a difficult environment in which to perform the secondary function, particularly where there may be patient opposition to it. That is the difficult part. However, it is a secondary role and has to be such.

Mrs Barrie: Ein pwynt ni yw ei bod yn bwysig iawn sicrhau cydbwysedd priodol rhwng swyddogaeth helpu cleifion i gymryd moddion ac unrhyw swyddogaethau eraill ategol fel mai ar y claf y mae'r ffocws bob amser.

[125] **Janet Davies:** Mr Parry, byddai o gymorth mawr pe gallech roi braslun i'r Pwyllgor o'r hyn sydd yn gynwysedig yng nghylch gorchwyl y contractwyr fferyllol cymunedol. Yn arbennig, beth yw'r rhwymedigaethau cytundebol ar fferylllydd yng nghyswllt gwirio hawl pobl i gael eu heithrio rhag taliadau presgripsiynau?

Mr Parry: Yn fyr iawn, mae telerau gwasanaeth fferyllwyr yn set o reolau wedi'u seilio o fewn rheoliadau, sydd yn y bôn yn amlinellu'r ffordd y gweithredwn fferyllfeydd cymunedol yng nghyswllt y gwasanaeth iechyd gwladol. I ateb y cwestiwn am y modd y mae'r gwiriadau wrth ddsbarthu wedi'u cynnwys yn hynny, yr oedd hynny'n gofyn am newid deddfwriaeth a newid yn ein telerau gwasanaeth fel bod dyletswydd arnom i ddarparu'r gwiriadau yn rhan o'r pecyn o wasanaethau a ddarparwn.

[126] **Janice Gregory:** Cwestiwn i Bwyllgor Fferyllol Canolog Cymru yw hwn. Rhoddodd Mr Parry ateb eithaf cryno i'r Cadeirydd ar y mesurau gwirio a sicrhau cydbwysedd. Gofynnaf innau gwestiwn cryno i chi. Ym mhle y gorwedd y cydbwysedd rhwng y rhwymedigaethau cytundebol hyn a'r cyfrifoldebau ehangach a ddisgrifir gan y Gymdeithas Fferyllol Frenhinol?

Mr Parry: Yn amlwg, i gleifion y mae ein dyletswydd cyntaf, i sicrhau ein bod yn darparu gofal a chymorth i gleifion, a chywirdeb yn y broses fferyllol a'r cyngor a roddwn. Dyna yn amlwg yw prif ffocws ein gweithgaredd. Mae popeth arall, mewn un ystyr, yn eilradd i hynny. Credaf i ryw raddau fod rhai o'r anawsterau a'r problemau sydd yn amlwg yn yr adroddiad yn deillio o hynny. Dyna'n prif ffocws ac mae fferyllfa brysur a hectig yn aml yn amgylchedd eithaf anodd i gyflawni'r swyddogaeth eilaidd ynddo, yn enwedig lle gall fod gwrthwynebiad iddi o du'r cleifion. Dyna'r rhan anodd. Fodd bynnag, swyddogaeth eilaidd ydyw a rhaid iddi fod felly.

[127] **Janice Gregory:** That was a very honest answer, I must say. My next question is to the Royal Pharmaceutical Society. Could I have your view on the contractual obligations? Do you have a different view to the Welsh Central Pharmaceutical Committee?

Mrs Barrie: We have the same view and concept. As I said before, the prime role is to meet the needs of the patients. If we put it into the context of the at least £380 million worth of prescribed medicines that patients are receiving, clearly there is a need to get the optimum benefit from that Assembly investment. That puts it into context in terms of monetary investment. However, helping patients to understand their medicine needs is of prime importance. We agree that these other roles are undertaken, but if, as Mr Parry says, there is a difficulty with individual patients, then clearly having their medicines and being able to understand how to take their medicines, is of prime importance.

[128] **Janice Gregory:** I understand that you are putting it into the context of the £380 million. However, the money that is being lost through these prescriptions is an awful lot of money to the National Assembly. I can think of many things that I could do in my constituency with the money that is actually being lost here. However, I thank you for your frankness. I think that we would all agree that patient care is of optimum importance, but obviously that has to be coupled with the ability to check an entitlement. I always wonder, when someone is reluctant for their entitlement to be checked, whether that should not cause even more of a question mark.

This next question is again to Mrs Barrie. What do you see as the implications for pharmacists' relationships with their patients in their having to discharge their responsibility to confirm entitlement to free prescriptions? That relates to my earlier supplementary question or statement, but I think that we need to dig deeper into what is going on here.

[127] **Janice Gregory:** Dyna ateb gonest iawn, mae'n rhaid imi ddweud. I'r Gymdeithas Fferyllol Frenhinol y mae fy nghwestiwn nesaf. A gaf fi eich sylwadau chi ar y rhwymedigaethau cytundebol? A oes gennych farn wahanol i farn Pwyllgor Fferyllol Canolog Cymru?

Mrs Barrie: Yr ydym yn rhannu'r un farn a'r un cysyniad. Fel y dywedais o'r blaen, y brif swyddogaeth yw cwrdd ag anghenion y cleifion. Os rhoddwn hyn yng nghyd-destun y gwerth £380 miliwn o leiaf o foddion presgripsiwn y mae cleifion yn eu cael, yn amlwg mae angen cael y budd mwyaf o'r buddsoddiad hwnnw gan y Cynulliad. Dyna roi'r mater yn ei gyd-destun yn nhermau buddsoddiad ariannol. Fodd bynnag, mae helpu cleifion i ddeall eu hanghenion moddion yn hollbwysig. Cytunwn fod y swyddogaethau eraill hyn yn cael eu cyflawni, ond os, fel y dywed Mr Parry, y ceir anhawster gyda chleifion unigol, yna yn amlwg mae'n hanfodol bwysig fod cleifion yn cael eu moddion ac yn gallu deall sut i gymryd eu moddion.

[128] **Janice Gregory:** Deallaf eich bod yn gosod hyn yng nghyd-destun y £380 miliwn. Fodd bynnag, mae'r arian a gollir drwy'r presgripsiynau hyn yn swm aruthrol o arian i'r Cynulliad Cenedlaethol. Gallaf feddwl am lawer o bethau y gallwn eu gwneud yn fy etholaeth gyda'r arian sydd yn cael ei gollu yma. Fodd bynnag, diolchaf ichi am eich gonestrwydd. Yr wyf yn meddwl y byddem i gyd yn cytuno bod gofal am gleifion yn holl bwysig, ond yn amlwg rhaid cyplysu hynny â'r gallu i wirio hawl rhywun. Byddaf bob amser yn meddwl, pan fydd rhywun yn anfodlon i'w hawl gael ei wirio, tybed a ddylai hynny godi mwy fyth o farc cwestiwn.

Cwestiwn i Mrs Barrie eto yw'r cwestiwn nesaf hwn. Beth yn eich golwg chi yw'r goblygiadau i berthynas fferyllwyr â'u cleifion o orfod gweithredu'u cyfrifoldeb i gadarnhau hawl y cleifion i bresgripsiwn di-dâl? Mae hynny'n ymwneud â fy nghwestiwn atodol neu ddatganiad cynharach, ond yr wyf yn meddwl bod angen inni edrych yn ddyfnach i mewn i'r hyn sydd yn digwydd yma.

Mrs Barrie: I refer again to something that is in our written submission. It is really important that the public, the patients, understand why this is occurring. If they understand the context—that this is money raised in order to fund the provision of health services, that they need to have proof of their exemption status and that pharmacists are asked to do this simple point of dispensing check—then it makes the task undertaken by the pharmacist that much easier.

[129] **Janice Gregory:** Do you honestly feel that patients are not aware of this? Do you really believe that patients are not aware of this?

Mrs Barrie: The system, the exemption categories and so on, is fairly complex. We feel that it would assist both the pharmacist and the patient if the exemption categories were simplified and the proofs of exemption were much simpler. If there were an easy, simple, non-stigmatising proof of exemption, that would make it much easier for everyone involved.

Mr Parry: From the response that I gave you earlier, when I said that the point of dispensing checks were a secondary function, I do not want you to go away and think that it is unimportant. As a profession, we have undertaken to work as closely as we can with the Assembly to try to find a way of minimising whatever problem exists. Whether the losses are taking place due to patients deliberately claiming exemption when they should not, or whether it is just because of misunderstanding—and I actually think that there is an awful lot of that—we are very keen to work with the Assembly and take it seriously to try to find a way of minimising that.

We welcome the report. It actually shows a way forward on some of the issues that it raised. I think that where we might have some reservations is about some of the magnitudes of money that are being presented to us. I have to say that if it is a large sum of money, it is too much. I have to say that from the word go. What concerns us

Mrs Barrie: Cyfeiriaf eto at rywbeth sydd yn ein cyflwyniad ysgrifenedig. Mae'n wirioneddol bwysig fod y cyhoedd, y cleifion, yn deall pam y mae hyn yn digwydd. Os deallant y cyd-destun—fod yr arian yma'n cael ei godi er mwyn ariannu darpariaeth gwasanaethau iechyd, bod angen iddynt gael prawf o'u statws eithriedig ac y gofynnir i fferyllwyr wneud y gwiriad syml hwn wrth ddsbarthu—yna bydd yn peri bod y dasg yr ymgymerir â hi gan y fferylllydd gymaint â hynny yn haws.

[129] **Janice Gregory:** A ydych yn ddidwyll o'r farn nad yw cleifion yn ymwybodol o hyn? A ydych yn credu mewn gwirionedd nad yw cleifion yn ymwybodol o hyn?

Mrs Barrie: Mae'r system, y categorïau eithrio ac yn y blaen, yn weddol gymhleth. Teimlwn y byddai'n helpu'r fferylllydd a'r claf ill dau pe câi'r categorïau eithrio eu symleiddio a phe bai'r camau profi eithriad yn llawer symlach. Pe bai modd hawdd, syml, di-stigma o brofi eithriad, byddai hynny'n ei gwneud hi'n llawer haws i bawb.

Mr Parry: O'r ymateb a roddais ichi'n gynharach, pan ddywedais mai swyddogaeth eilaidd oedd y gwiriadau wrth ddsbarthu, ni hoffwn ichi fynd i ffwrdd gan feddwl nad ydyw'n bwysig. Fel proffesiwn, yr ydym wedi ymrwymo i gydweithio mor agos ag y gallwn gyda'r Cynulliad i geisio canfod ffordd o leihau pa bynnag broblem sydd yn bodoli. Pa un ai yw'r colledion yn digwydd oherwydd bod cleifion yn fwriadol yn hawlio eu bod wedi'u heithrio pan na ddylent wneud hynny, ynteu ai dim ond camddealltwriaeth yw'r achos—ac yr wyf fi yn meddwl bod llawer iawn o hynny—yr ydym yn awyddus iawn i weithio gyda'r Cynulliad a chymryd y mater o ddifrif er mwyn ceisio canfod ffordd o leihau hynny.

Croesawn yr adroddiad. Mae'n dangos ffordd ymlaen ar rai o'r materion a godwyd ganddo. Lle gallem goleddu rhai amheuan, yn fy nhyb i, yw parthed rhai o'r meintiau o arian a gyflwynir inni. Rhaid imi ddweud, os ydyw'n swm mawr o arian, mae'n ormod. Rhaid imi ddweud hynny o'r cychwyn cyntaf. Yr hyn sydd yn peri ychydig bach o bryder inni yw'r

a little bit is the sample of prescriptions taken by the Audit Office to try to establish the kind of problems that are being encountered. I have reservations about the fact that 1,900 prescriptions have been taken as a sample, and from that we are trying to extrapolate the values of over 21 million forms and 40 million items. I have to say that. Looking back at the fraud scrutiny report, which is where this originally came from, the kind of figure that it mentioned in terms of confirmed problems, was somewhere in the region of £5 million, maybe £7 million, for Wales. It is important that we put the £15 million that we are talking about in this report into a continuum of different places where this money might actually lie because, from what we have seen, it could be anything from £5 million to £34 million. It seems that the £17 million or £15 million is a rough average. It is important to view it that way because, depending on the validity of those figures, we may have been eating into our problem in quite a substantial way, or not at all, and we may just be scratching the surface. I do not think that we know the answer to that question. Having said that, we are still keen to work with you.

[130] **Janet Davies:** Owen John, if you want to come in here, you must not cut across another Member's time.

[131] **Owen John Thomas:** I was going to ask about the subject at hand.

[132] **Janet Davies:** As long as you do not cut across another Member's time.

[133] **Owen John Thomas:** I am lost now. I am sorry, but I am standing in for someone, so I am not aware of your procedures.

[134] **Lorraine Barrett:** I have a couple of questions for the Welsh Central Pharmaceutical Committee. Can you tell me what mechanisms you have to ensure that pharmacists are aware of their responsibility, under their terms of service, for checking individuals' eligibility? How do you communicate with the pharmacists to ensure that they are all aware of their responsibility?

sampl o bresgripsiynau a gymerwyd gan y Swyddfa Archwilio i geisio sefydlu'r math o broblemau a wynebir. Mae gennyf amheuon ynghylch y ffaith y cymerwyd 1,900 presgripsiwn fel sampl, a'n bod ar sail hynny'n ceisio canfod gwerth dros 21 miliwn o ffurflenni a 40 miliwn o eitemau. Rhaid imi ddweud hynny. O edrych yn ôl ar adroddiad yr ymchwiliad i dwyll, sef tarddiad gwreiddiol hyn, yr oedd y math o ffigur a grybwyllwyd yno, yn nhermau problemau a gadarnhawyd, rywle oddeutu £5 miliwn, efallai £7 miliwn, ar gyfer Cymru. Mae'n bwysig ein bod yn gosod y £15 miliwn y sonnir amdano yn yr adroddiad hwn i mewn i gontinwmm o wahanol bwyntiau lle gallai'r arian hwn fod mewn gwirionedd oherwydd, o'r hyn a welsom, gallai fod yn unrhyw beth o £5 miliwn i £34 miliwn. Mae'n debyg mai swm cyfartalog bras yw'r £17 miliwn neu £15 miliwn. Mae'n bwysig edrych arno fel yna oherwydd, yn dibynnu ar ddilysrwydd y ffigurau hynny, efallai ein bod wedi bwyta i mewn i'n problem mewn modd eithaf sylweddol, neu ddim o gwbl, ac efallai mai dim ond crafu'r wyneb yr ydym. Nid wyf yn meddwl ein bod yn gwybod yr ateb i'r cwestiwn hwnnw. Wedi dweud hynny, yr ydym yn dal yn awyddus i gydweithio â chi.

[130] **Janet Davies:** Owen John, os oes arnoch chi eisiau dod i mewn yma, rhaid ichi beidio â thorri ar draws amser Aelod arall.

[131] **Owen John Thomas:** Mynd i holi am y pwnc dan sylw yr oeddwn i.

[132] **Janet Davies:** Dim ond ichi beidio â thorri ar draws amser Aelod arall.

[133] **Owen John Thomas:** Yr wyf ar goll yn awr. Mae'n ddrwg gennyf, ond yr wyf yn dirprwyo ar ran rhywun, felly nid wyf yn ymwybodol o'ch gweithdrefnau.

[134] **Lorraine Barrett:** Mae gennyf gwpl o gwestiynau i Bwyllgor Fferyllol Canolog Cymru. A allwch chi ddweud wrthyf pa weithdrefnau sydd gennych i sicrhau fod fferyllwyr yn ymwybodol o'u cyfrifoldeb, dan eu telerau gwasanaeth, i wirio hawliau unigolion? Sut fyddwch chi'n cyfathrebu â'r fferyllwyr i sicrhau eu bod i gyd yn ymwybodol o'u cyfrifoldeb?

Mr Parry: The response to that is that initially the information that went out to pharmacists, went out via the national health service executive on behalf of England and Wales. Certainly, some of the information that comes out, where there are changes to the system, goes out jointly in England and Wales. I feel that we will go through an interesting time during the next couple of years, where things will start to happen slightly differently here, because there will be a need for that information to be provided for Wales rather than for England and Wales.

In terms of keeping the topic in front of our own members, there are regular newsletters that go out from the Pharmaceutical Services Negotiating Committee for the whole of England and Wales, which have been raising this issue continuously. So that is what is being done so far.

[135] **Lorraine Barrett:** If I can move that on a little bit, are there any defined standards of service that pharmacists are expected to meet under their terms of service, both generally, and specifically with regard to the eligibility for exemption from prescription charges?

Mr Parry: Generally, I think that there are some standards that pharmacists are expected to meet in relation to the dispensing function, the provision of advice and things of that sort. There are certain things that are required of us as part of our contract. In terms of the point of dispensing checks, I think that it is fair to say that there is nothing specific in terms of what we are required to do and prove in terms of the actual work that we do to check exemption. However, just to be clear, on the terms of service and the way that the negotiation was undertaken, it seemed to me that what was required of us was to provide a method of raising public awareness of patients' own personal need to complete the form properly and to provide evidence. As far as our part in that is concerned, we are expected, obviously, to provide the check. However, in the negotiation with the NHS executive, it was quite clear that what it was talking about in terms of our terms of service and, therefore, disciplinary procedures that were to be taken against the pharmacist, was

Mr Parry: Yr ateb i hynny yw fod yr wybodaeth a aeth allan i'r fferyllwyr wedi mynd allan yn y lle cyntaf drwy weithgor y gwasanaeth iechyd gwladol ar ran Cymru a Lloegr. Yn sicr, mae rhywfaint o'r wybodaeth a ddaw allan, lle ceir newidiadau i'r system, yn mynd allan ar y cyd yng Nghymru a Lloegr. Credaf yr awn drwy gyfnod diddorol yn ystod y flwyddyn neu ddwy nesaf, lle bydd pethau'n dechrau digwydd ychydig yn wahanol yma, oherwydd bydd angen darparu'r wybodaeth honno ar gyfer Cymru yn hytrach nag ar gyfer Cymru a Lloegr.

O ran cadw'r pwnc o flaen llygaid ein haelodau ni'n hunain, anfonir cylchlythron rheolaidd gan Bwyllgor Negodi'r Gwasanaethau Fferyllol ar gyfer Cymru a Lloegr gyfan, ac mae'r rheini'n codi'r mater hwn byth a beunydd. Felly dyna beth sy'n cael ei wneud hyd yma.

[135] **Lorraine Barrett:** Os gallaf symud hynny yn ei flaen fymryn, a oes unrhyw safonau gwasanaeth diffiniedig y disgwylir i fferyllwyr eu cyrraedd dan eu telerau gwasanaeth, yn gyffredinol ac yn benodol yng nghyswllt yr hawl i eithrio rhag taliadau presgripsiynau?

Mr Parry: Yn gyffredinol, yr wyf yn meddwl bod rhai safonau y disgwylir i fferyllwyr eu cyrraedd yng nghyswllt y swyddogaeth fferyllol, darparu cyngor a phethau felly. Y mae rhai pethau sydd yn ofynnol arnom fel rhan o'n contract. O ran y gwiriadau wrth ddsbarthu, yr wyf yn meddwl ei bod yn deg dweud nad oes dim penodol yn nhermau'r hyn y mae'n ofynnol inni ei wneud a'i brofi yn nhermau'r gwaith a wnawn i wirio eithriadau. Fodd bynnag, er mwyn bod yn glir, ar y telerau gwasanaeth a'r modd yr ymgwymerwyd â'r negodi, yr oedd yn ymddangos i mi mai'r hyn a ofynnid gennym oedd ar inni ddarparu dull o godi ymwybyddiaeth y cyhoedd o angen personol y cleifion eu hunain i lanw'r ffurflen yn gywir ac i ddarparu tystiolaeth. O ran ein rhan ni yn hynny, disgwylir i ni, yn amlwg, ddarparu'r gwiriad. Fodd bynnag, wrth negodi gyda gweithrediaeth yr NHS, yr oedd yn gwbl glir mai'r hyn yr oedd yn sôn amdano yn nhermau'n telerau gwasanaeth ac, felly, y modd y gweithredid camau disgyblu

that it was looking for, if you like, a gross and almost wilful decision not to take part, as opposed to people who may have missed the occasional form for whatever reason. Therefore, the idea was that we should be looking to do as good a job as we could without making it over-burdensome.

[136] **Lorraine Barrett:** I have one brief point on a general note. What responsibility do you have as a committee for ensuring that pharmacists in Wales are providing the standard of service that the Assembly now expects of them under their terms of service?

Mr Parry: The Welsh Central Pharmaceutical Committee is a negotiating committee and is the Welsh arm of the England and Wales negotiating body. We do not actually have a disciplinary role.

[137] **Lorraine Barrett:** What about maintaining or ensuring a certain standard—policing, if you like, although it is an unfortunate word?

Mr Parry: The onus for policing the situation lies with the health authorities. That is why the terms of service were changed; to allow health authorities to intervene where the pharmacist was clearly not doing his part of the work properly. Again, I emphasise that we are talking about gross dereliction of duty, rather than form by form. The health authorities are the bodies that are supposed to be providing the backup for that.

[138] **Janet Davies:** Dafydd, do you want to come in on this?

[139] **Dafydd Wigley:** Yes. Can I just reinforce the point that Lorraine Barrett was making and make sure that I have it clear in my own mind? Are you telling us that there is a grey area here where pharmacists are not quite sure what their responsibilities are and, therefore, there will not be questions of sanction, discipline or that sort of thing because of that grey area? If a grey area exists in something that is fairly central to the economics of the situation, should it not be tied and closed fairly firmly to ensure that there is a proper contractual relationship and

yn erbyn y fferylllydd, oedd ei fod yn edrych am, os mynnwch, benderfyniad mawr a bwriadol i bob pwrpas i beidio â chymryd rhan, yn hytrach na phobl a fethodd gwblhau ambell i ffurflen am ba bynnag reswm. Felly, y syniad oedd y dylem ni fod yn anelu at wneud cystal gwaith ag y gallem ar hyn heb adael iddo fynd yn ormod o faich.

[136] **Lorraine Barrett:** Mae gennyf un pwynt byr ar nodyn cyffredinol. Pa gyfrifoldeb sydd gennych fel pwyllgor dros sicrhau fod fferyllwyr yng Nghymru'n darparu'r safon o wasanaeth y mae'r Cynulliad yn ei ddisgwyl ganddynt erbyn hyn dan eu telerau gwasanaeth?

Mr Parry: Pwyllgor negodi a braich Gymreig corff negodi Cymru a Lloegr yw Pwyllgor Fferyllol Canolog Cymru. Nid oes gennym swyddogaeth ddisgyblu fel y cyfryw.

[137] **Lorraine Barrett:** Beth am gynnal neu sicrhau safon arbennig—plismona, os mynnwch chi, er bod hwnnw'n air anffodus?

Mr Parry: Ar yr awdurdodau iechyd mae'r cyfrifoldeb am blismona'r sefyllfa. Dyna pam y newidiwyd y telerau gwasanaeth; i ganiatáu i awdurdodau iechyd gamu i mewn lle bo'n amlwg nad yw'r fferylllydd yn gwneud ei ran ef o'r gwaith yn iawn. Eto, pwysleisiaf mai sôn am esgeulustod dybryd yr ydym yma, yn hytrach na fesul ffurflen unigol. Yr awdurdodau iechyd yw'r cyrff sydd i fod i ddarparu'r gefnogaeth ar gyfer hynny.

[138] **Janet Davies:** Dafydd, a ydych am ddod i mewn ar hyn?

[139] **Dafydd Wigley:** Ydwyf. A gaf fi ategu'r pwynt yr oedd Lorraine Barrett yn ei wneud a gwneud yn siŵr fod hyn yn glir yn fy meddwl i? A ydych chi'n dweud wrthym fod man llwyd yma lle nad yw fferyllwyr yn hollol siŵr beth yw eu cyfrifoldebau ac, felly, na fydd cwestiwn o gosbi, disgyblu na dim felly oherwydd y man llwyd hwnnw? Os oes man llwyd yn bodoli mewn rhywbeth sydd yn eithaf canolog i economeg y sefyllfa, oni ddylid ei glymu a'i gau'n weddol dynn er mwyn sicrhau bod perthynas contract priodol a bod pawb yn gwybod ymhle y mae'n

that everybody knows where they stand? sefyll?

Mr Parry: There is a contractual relationship, and that is borne out by the terms of service. I think that it is being left to the health authorities to decide whether what is being done by us is reasonable or not. If it is not, they are in position to proceed to disciplinary measures. That is certainly the situation as it stands.

Mr Parry: Y mae perthynas gontract, a chadarnheir hynny gan y telerau gwasanaeth. Yr wyf yn meddwl mai'r awdurdodau iechyd sydd yn cael penderfynu a yw'r hyn a wneir gennym ni yn rhesymol ai peidio. Os nad ydyw, maent mewn sefyllfa i droi at gamau disgyblu. Dyna'n sicr yw'r sefyllfa fel y mae'n sefyll.

[140] **Janet Davies:** Is that satisfactory, Dafydd?

[140] **Janet Davies:** A ydyw hynny'n foddhaol, Dafydd?

[141] **Dafydd Wigley:** Yes and no.

[141] **Dafydd Wigley:** Ydyw a nac ydyw.

[142] **Janet Davies:** Whatever you mean, do you want to ask anything else?

[142] **Janet Davies:** Beth bynnag yr ydych yn ei feddwl, a ydych am ofyn unrhywbeth arall?

[143] **Dafydd Wigley:** No.

[143] **Dafydd Wigley:** Nac oes.

[144] **Janet Davies:** Mr Martin, you wanted to come in on that.

[144] **Janet Davies:** Mr Martin, yr oeddech chi'n awyddus i ddod i mewn ar y pwynt hwnnw.

Mr Martin: I take the point that has been made, and we find ourselves in a difficult situation because the circumstance is that it is a new system. It has not been running for that long and a pilot scheme was not introduced to begin with. However, what it has done, and the audit report has been very helpful in this, is that it has flagged up a lot of problems. I think that, as the Welsh Central, as indeed our professional body is doing—and I feel that this is going away from us—what we are saying is that we are taking this extremely seriously and we want to address it, as the Welsh Central Pharmaceutical Committee, with the Assembly. We have had a number of meetings already in order to grasp this by the neck and say: 'Look, there is money out there that should be in the public purse that could be used for other things'. There is an opportunity, I believe, through working with the health authorities, with the governing bodies and, indeed, with the Assembly officials, to make sure that we can deliver on this.

Mr Martin: Derbyniaf y pwynt sydd wedi'i wneud, ac yr ydym yn canfod ein hunain mewn sefyllfa anodd oherwydd yr amgylchiad mai trefn newydd ydyw. Nid yw ar waith ers cyhyd â hynny ac ni chyflwynwyd cynllun peilot i gychwyn. Fodd bynnag, yr hyn y mae wedi ei wneud, a bu adroddiad yr archwiliad yn gymorth mawr yn hyn o beth, yw ei fod wedi amlygu llawer o broblemau. Credaf mai'r hyn yr ydym yn ei ddweud, fel Pwyllgor Canolog, ac yn wir, fel y mae ein corff proffesiynol yn ei wneud—ac yr wyf yn teimlo bod hyn yn mynd oddi wrthym—yw ein bod yn trin y mater hwn fel un difrifol iawn ac mae arnom eisiau mynd i'r afael ag ef, fel Pwyllgor Fferyllol Canolog Cymru, gyda'r Cynulliad. Yr ydym wedi cynnal nifer o gyfarfodydd yn barod er mwyn mynd i'r afael â hyn a dweud: 'Edrychwch, mae arian allan acw a ddylai fod yn y pwrw cyhoeddus y gellid ei ddefnyddio ar gyfer pethau eraill'. Mae cyfle, mi gredaf, drwy gydweithio â'r awdurdodau iechyd, â'r cyrff llywodraethol ac, yn wir, â swyddogion y Cynulliad, i wneud yn siŵr y gallwn fwrw'r maen i'r wal ar hyn.

I do not want you to think that we are defending our profession endlessly here and

Nid wyf am ichi feddwl ein bod yn amddiffyn ein proffesiwn yn ddiwedd

think: 'Oh my goodness me, they are coming here and telling us that everything is fine in the garden'. It is not like that. We understand that there is a problem. We are taking it seriously, and we want to take it seriously with you, to get a resolution to this so that we can take it forward.

However, we need everybody batting on the same side and so the health authorities need to be on board with this. With hindsight, it would have been wonderful to have pulled everything on board at the same time, that is, to have had the monitoring, the point of dispensing checks and the fraud scrutiny in place, so that we all had a shift and a push at the same time in order to bring this together. That did not happen. We can maybe point the finger at whomever in terms of why that did not happen. However, we are here today to tell you that we are going to get this right and we will go forward with it. Make no mistake.

[145] **Janice Gregory:** With the greatest respect to your profession, you are not doing this out of the goodness of your heart. In 2000-01, you were paid £800,000, which is an awful lot of money, even in the context of £380 million. You are not doing this for free. Although I am encouraged by what you are saying, I am surprised that now, nearly two years into the National Assembly for Wales, this problem is suddenly rearing its head. I am very disappointed that this has not been pointed out before.

[146] **Janet Davies:** Perhaps that is as much our fault—

[147] **Janice Gregory:** It may well be. Perhaps there are questions that need to be asked of a lot of people. However, at the end of the day, there is still a £800,000 payment.

Mr Martin: I think, Chair, in good faith, that most of my colleagues out there are doing a damn good job. When I read the report, I came out with the classic, 'If it had been my school report then it was 7/10 but could do better'. The situation is that most of my colleagues out there are doing the best that they can in a difficult situation. I have lots of examples here if you will give me the time at

yma a meddwl: 'O bobol bach, maent yn dod yma ac yn dweud wrthym fod popeth yn braf yn yr ardd'. Nid felly y mae. Yr ydym yn deall bod problem. Yr ydym yn ei chymryd o ddifrif, ac yn awyddus i'w chymryd o ddifrif gyda chi, er mwyn cael penderfyniad ar hyn fel y gallwn symud ymlaen ag ef.

Fodd bynnag, mae angen cael pawb i fatio ar yr un ochr ac felly mae angen i'r awdurdodau iechyd fod gyda ni ar hyn. O edrych yn ôl, buasai'n fendigedig petasai popeth wedi'i ddwyn ynghyd ar yr un pryd, hynny yw, cael y monitro, y gwiriadau wrth ddsbarthu a'r archwiliad i dwyll yn eu lle, fel bod pawb ohonom yn gwthio ar yr un pryd er mwyn dod â hyn at ei gilydd. Ni ddigwyddodd hynny. Gallwn efallai bwyntio bys at bwy bynnag o ran pam na ddigwyddodd hynny. Fodd bynnag, yr ydym yma heddiw i ddweud wrthyhych ein bod am wneud hyn yn iawn ac yr awn ymlaen ag ef. Deallwch hynny.

[145] **Janice Gregory:** Gyda'r parch mwyaf tuag at eich proffesiwn, nid ydych yn gwneud hyn o ddaioni'ch calon. Yn 2000-01, cawsoch dâl o £800,000, sydd yn swm aruthrol o arian, hyd yn oed yng nghydestun £380 miliwn. Nid ydych yn gwneud hyn am ddim. Er bod yr hyn yr ydych yn ei ddweud yn galonddid imi, yr wyf yn synnu mai yn awr, bron ddwy flynedd i mewn i Gynulliad Cenedlaethol Cymru, y mae'r broblem hon yn codi'i phen yn sydyn. Yr wyf yn siomedig iawn nad yw hyn wedi'i nodi o'r blaen.

[146] **Janet Davies:** Efallai fod hynny'n gymaint ein bai ni—

[147] **Janice Gregory:** Efallai wir. Efallai bod llawer o gwestiynau sydd angen eu gofyn i lawer o bobl. Fodd bynnag, ar ddiwedd y dydd, mae'r tâl o £800,000 yn sefyll.

Mr Martin: Yr wyf fi o'r farn, Gadeirydd, yn onest, fod y rhan fwyaf o'm cydweithwyr allan fan acw yn gwneud cythraul o waith da. Pan ddarllenais yr adroddiad, daeth y llinell glasurol imi, 'Pe bai'n adroddiad ysgol imi, byddai'n 7/10 ond gallai wneud yn well'. Y sefyllfa yw bod y rhan fwyaf o'm cydweithwyr yn y maes yn gwneud y gorau a allant mewn sefyllfa anodd. Mae gennyf lu o

some stage to explain why it is so complicated, and so difficult, within a busy environment, to get all the information that is required. Because of the complications, because of the misunderstandings, because of the difficulties, it is not working as it should. I think that our colleagues here have alluded to having public education and getting the jigsaw pieces in place so that we can improve on this.

[148] **Janet Davies:** Later in the hearing, you will get an opportunity to explain those points. Peter, you have a question. Is it related to this point?

[149] **Peter Law:** This is the whole nub of the point, Chair. Dafydd started the run towards it. The fact is that the Welsh Central Pharmaceutical Committee negotiated a service for £800,000, which the Assembly is funding. As my colleague, Janice Gregory, has said, you have not delivered to the extent that we hoped that you would have done, although I accept the sincerity of the contributions that have been made by everybody this afternoon about wanting to ensure it improves in the future. However, when one negotiates £800,000 worth of business—and we are talking about self-employed, astute people, not people who are green in any way—one would have thought that they would have been able to get the system running properly from the start. Obviously, you looked at this carefully, you came to a conclusion that it would be £800,000 and that money was paid. It would be interesting to know what training was undertaken, because we heard from Assembly officials at the previous hearing that you had a mail shot and a ‘phone a friend’ arrangement. Frankly, I expected you to be asking for more training than that, in forums and so on. So I would be interested to know what your input was on the training that you wanted for your pharmacist members.

Mr Parry: This is just a correction—it may be immaterial—but the actual negotiation was done between the Pharmaceutical Services Negotiating Committee and the NHS executive. The Welsh Central Pharmaceutical Committee was not involved at that stage in negotiations directly with the

enghreifftiau yma os rhowch amser imi ryw ben i egluro pam ei bod mor gymhleth, ac mor anodd, o fewn amgylchedd prysur, cael yr holl wybodaeth sydd yn ofynnol. Oherwydd y cymhlethdodau, oherwydd y camddealltwriaethau, oherwydd yr anawsterau, nid yw’n gweithio fel y dylai. Credaf fod ein cydweithwyr yma wedi cyfeirio at addysgu’r cyhoedd a rhoi darnau’r jig-so yn eu lle er mwyn gwella ar hyn.

[148] **Janet Davies:** Yn ddiweddarach yn y gwrandawriad, mi gewch gyfle i egluro’r pwyntiau hynny. Peter, mae gennych chi gwestiwn. A yw’n berthnasol i’r pwynt hwn?

[149] **Peter Law:** Dyma holl graidd y pwynt, Gadeirydd. Dechreuodd Dafydd gyfeirio ato. Y ffaith yw bod Pwyllgor Fferyllol Canolog Cymru wedi negodi gwasanaeth am £800,000, a delir gan y Cynulliad. Fel y dywedodd fy nghyd-aelod, Janice Gregory, nid ydych wedi cyflawni i’r graddau yr oeddem wedi gobeithio, er y derbyniaf ddiwylledd y cyfraniadau a wnaethpwyd gan bawb y prynhawn yma ynghylch bod eisiau sicrhau y bydd yn gwella yn y dyfodol. Fodd bynnag, wedi negodi gwerth £800,000 o fusnes—ac yr ydym yn sôn am bobl hunan-gyflogedig, craff, nid pobl sydd yn ddiniwed mewn unrhyw ffordd—gallesid tybio y byddent wedi gallu sicrhau fod y system yn gweithio’n iawn o’r cychwyn. Yn amlwg, yr ydych wedi edrych ar hyn yn ofalus, ac wedi dod i gasgliad mai £800,000 fyddai’r tâl i’w dalu, a thalwyd yr arian hwnnw. Byddai’n ddiddorol gwybod pa hyfforddiant a wnaethpwyd, oherwydd clywsom gan swyddogion y Cynulliad yn y gwrandawriad blaenorol fod gennych drefniant post-daflriad a ‘ffonio cyfaill’. A siarad yn blaen, disgwyliais ichi fod yn gofyn am fwy o hyfforddiant na hynny, mewn fforymau ac ati. Felly byddai gennyf ddiddordeb gwybod beth oedd eich mewnbwn ar yr hyfforddiant yr oeddech eisiau ei gael i’ch aelodau yn y fferyllfeydd.

Mr Parry: Dim ond cywiriad yw hwn—fe all fod yn amherthnasol—ond gwnaethpwyd y negodi go iawn rhwng Pwyllgor Negodi’r Gwasanaethau Fferyllol a gweithrediaeth yr NHS. Nid oedd a wnelo Pwyllgor Fferyllol Canolog Cymru bryd hynny â negodi’n uniongyrchol â’r Cynulliad, oherwydd

Assembly, because some of this happened before the Assembly came into being.

[150] **Peter Law:** Will you clarify what PSNC stands for?

Mr Parry: The Pharmaceutical Services Negotiating Committee, which is the England and Wales negotiating body for pharmacy.

[151] **Peter Law:** Sorry, I had not hitherto come across that.

Mr Parry: That is not to try to duck the issue. I think that we have to look at this in context. I agree that £800,000 is an awful lot of money. However, when it comes to the performance of the work, it works out to be somewhere in the region of 4p per prescription, which is not an awful lot of money.

[152] **Janice Gregory:** Collectively it is.

Mr Parry: Collectively it is, but on an individual basis it is not. If you take a pharmacy that may deal with about 2,500 scripts a month, we are talking about a payment of anything between £60 and £80. In those financial terms, the smaller the scale at which you look at it, the less it appears to be. I hope that you will agree. I think that the question revolves around whether you are getting value for money. I think that it is fair to say that it is probably one of the few areas where money is being spent in looking at fraud where there is an actual return on your investment. At the moment, for a sum of £800,000, you have recovered £2 million that you would not have otherwise had. To my mind, that is what I would consider to be value for money. I think that it depends on what you are measuring it against.

The second thing that I think is important is that the system came into place on 1 April 1999, and we know that it did not start in England until June. We believe that there may have also been a couple of weeks' delay in Wales. When you measure September, you are actually measuring one of the earliest months of the scheme. At that point, there was an awful lot of give and take, if you like, taking place within the pharmacy setting.

digwyddodd rhyw gymaint o hyn cyn i'r Cynulliad ddod i fodolaeth.

[150] **Peter Law:** A wnewch chi egluro beth mae PSNC yn sefyll amdano?

Mr Parry: Pwyllgor Negodi'r Gwasanaethau Fferyllol, sef y corff negodi dros fferyllwyr yng Nghymru a Lloegr.

[151] **Peter Law:** Mae'n ddrwg gennyf, nid oeddwn wedi dod ar draws hynny o'r blaen.

Mr Parry: Nid ceisio osgoi'r cwestiwn yw hynny. Credaf fod yn rhaid inni edrych ar hyn yn ei gyd-destun. Cytunaf fod £800,000 yn swm mawr iawn o arian. Fodd bynnag, pan edrychwn ar gyflawniad y gwaith, mae'n gweithio allan rywle o gwmpas 4c am bob presgripsiwn, sydd ddim yn llawer iawn o arian.

[152] **Janice Gregory:** Y mae, o'i gymryd gyda'i gilydd.

Mr Parry: Y mae, o'i gymryd gyda'i gilydd, ond ar sail unigol nid ydyw. Os cymerwch fferyllfa sydd yn delio â thua 2,500 o sriptiau y mis, yr ydym yn sôn am daliad o unrhyw beth rhwng £60 ac £80. Yn y termau ariannol hynny, po leiaf y raddfa yr edrychwch arni, lleiaf y mae'n ymddangos. Gobeithiaf y cytunwch chi. Credaf fod y cwestiwn yn troi o amgylch a ydych chi'n cael gwerth yr arian. Credaf ei bod yn deg dweud mai dyma, mae'n debyg, yw un o'r ychydig fannau lle caiff arian ei wario ar chwilio am dwyll lle ceir arian yn ôl ar eich buddsoddiad. Ar hyn o bryd, am swm o £800,000, yr ydych wedi adennill £2 filiwn na fuasai gennych fel arall. I'm meddwl i, dyna y byddwn i'n ei ystyried yn werth am arian. Credaf ei bod yn dibynnu yn erbyn beth yr ydych yn mesur.

Yr ail beth sydd yn bwysig i'm tyb i yw y daeth y system i'w lle ar 1 Ebrill 1999, a gwyddom na ddechreuodd yn Lloegr tan Fehefin. Credwn efallai y bu wythnos neu ddwy o oedi yng Nghymru hefyd. Wrth fesur mis Medi, yr ydych mewn gwirionedd yn mesur un o fisoedd cynharaf y cynllun. Ar y pwynt hwnnw, yr oedd llawer iawn o gyfaddawdu, os hoffwch chi, yn digwydd o fewn sefyllfa'r fferyllfa. Yr oedd cleifion yn

Patients were unsure what was expected of them. We were not necessarily sure what was expected of us. We had received the training packs, admittedly, because that is why you have crosses on some of the forms. However, it was an extremely early point to be measuring the effect of this.

I return to what I was saying about the way in which the sample was taken and the amount of prescriptions this is being extrapolated over. If the improperly collected prescription charges actually amounted to somewhere in the region of £7 million, then by having cleared £2 million of it for you, we have eaten into about 30 to 40 per cent of the problem. I think that that is good value for money.

[153] **Peter Law:** That is good enough for starters, but bearing in mind that this was only negotiated less than two years ago and that there is the potential, with a 9 per cent failure rate, for up to £15 million to be lost, we do not want to be too blasé about it. The fact is that something is radically wrong in such a new agreement.

I was interested in the training. Did you not ask for any training?

Mr Parry: It was quite difficult to find out from where we would get training. Training packs were sent out to us, which meant training in the pharmacy. We were told, in effect, that the training for pharmaceutical training would not cover this because it was related to the professional work that we do. So it was quite difficult to identify a place from where we would get the funds to do it.

[154] **Peter Law:** So the National Assembly did not offer funds for training?

Mr Parry: No.

[155] **Peter Law:** It only offered the package of the phone line and mail-out?

Mr Parry: That is right.

[156] **Alison Halford:** We find ourselves in a

ansicr beth a ddisgwylid ganddynt. Nid oeddem o reidrwydd yn siŵr beth a ddisgwylid gennym ni. Mae'n wir nad oeddem wedi derbyn y pecynnau hyfforddi, oherwydd dyna pam y mae gennych groesau ar rai o'r ffurflenni. Fodd bynnag, yr oedd yn adeg eithriadol o gynnar i fod yn mesur effaith hyn.

Dychwelaf at yr hyn yr oeddwn yn ei ddweud ynghylch y ffordd y cymerwyd y sampl a'r nifer o bresgripsiynau a ddefnyddir i ddod i'w gasgliadau. Os oedd gwir swm y taliadau presgripsiynau nad oedd wedi'u casglu'n iawn rhywle o gwmpas £7 miliwn, yna wrth glirio £2 filiwn ohono ichi, yr ydym wedi bwyta i mewn i ryw 30 i 40 y cant o'r broblem. Credaf fod hynny'n werth da am arian.

[153] **Peter Law:** Mae hynny'n ddigon da fel man cychwyn, ond o gofio mai dim ond lai na dwy flynedd yn ôl y negodwyd hyn a bod posibilrwydd, gyda chyfradd fethu o 9 y cant, i hyd at £15 miliwn gael ei gollu, nid oes arnom eisiau bod yn rhy ddidaro ynglŷn â'r peth. Y ffaith yw bod rhywbeth yn sylfaenol o'i le mewn cytundeb newydd o'r fath.

Yr oedd gennyf ddiddordeb yn yr hyfforddiant. Oni ofynasoch chi am unrhyw hyfforddiant?

Mr Parry: Yr oedd yn eithaf anodd canfod o ble y caem hyfforddiant. Anfonwyd pecynnau hyfforddi allan atom, a olygai hyfforddi yn y fferyllfa. Dywedwyd wrthym, mewn effaith, na fyddai'r hyfforddiant ar gyfer gwaith fferyllol yn ymdrin â hyn gan ei fod yn ymwneud â'r gwaith proffesiynol a wnawn. Felly yr oedd yn eithaf anodd canfod lle a fyddai'n darparu'r arian inni wneud hyn.

[154] **Peter Law:** Felly ni chynigiodd y Cynulliad Cenedlaethol arian ar gyfer hyfforddiant?

Mr Parry: Naddo.

[155] **Peter Law:** Dim ond cynnig pecyn y llinell ffôn a'r post-dafliad a wnaeth?

Mr Parry: Mae hynny'n gywir.

[156] **Alison Halford:** Yr ydym yn ein cael

difficult position. We are briefed by the Auditor General for Wales and we must go with the briefings which, up to now, have always been immaculate and correct in every way. This is just to try to clarify the situation, although my colleagues have done their best to help me. We have been told—please bear with me—that the Royal Pharmaceutical Society is the regulatory and professional body for pharmacists in Great Britain. Its role embraces issues such as professional standards, conduct and disciplinary matters. Is that right, so far? It is. Right. The Welsh Central Pharmaceutical Committee represents community pharmacy contractors in Wales, it is responsible for negotiations with the NHS in Wales on contractual issues for pharmacists and pharmacy in Wales, and then the description goes on to mention remuneration arrangements, terms of service, et cetera. Is that right?

Mr Parry: That is right.

[157] **Alison Halford:** However, you have told us that it is the health authority that has the disciplinary role. I do not understand that, I must say. Miss Lewis, you are indicating that you wish to respond to that.

Miss Lewis: I think that we have to distinguish between the professional responsibilities and the contractual responsibilities. The Royal Pharmaceutical Society is the disciplinary body as far as the profession is concerned, and as far as standards of practice are concerned, and we also administer the regulations for the supply of medicines under the Medicines Act 1968. On the monitoring and standards relating to the terms of service, the terms of service are a contract with the health authority and the health authority monitors those.

[158] **Alison Halford:** So, to be absolutely clear, when we talk about disciplinary activities, it would be in terms of a pharmacist popping pills or selling something on the side, or something like that, as opposed to undertaking the contractual work.

ein hunain mewn sefyllfa anodd. Derbyniwn gyfarwyddyd gan Archwiliwr Cyffredinol Cymru ac mae'n rhaid inni fynd gyda'r cyfarwyddyd hwnnw a fu, hyd yma, bob amser yn ddifai ac yn gywir ym mhob ffordd. Dim ond ceisio egluro'r sefyllfa yr wyf yn awr, er bod fy nghyd-aelodau wedi gwneud eu gorau i'm cynorthwyo. Dywedwyd wrthym—byddwch yn amyneddgar â mi—mai'r Gymdeithas Fferyllol Frenhinol yw'r corff rheoleiddiol a phroffesiynol i fferyllwyr ym Mhrydain Fawr. Mae ei swyddogaeth yn cwmpasu materion megis safonau proffesiynol, ymddygiad a materion disgyblu. A yw hynny'n gywir, hyd yn hyn? Y mae. Iawn. Mae Pwyllgor Fferyllol Canolog Cymru'n cynrychioli contractwyr fferyllfeydd cymunedol yng Nghymru, mae'n gyfrifol am negodi gyda'r NHS yng Nghymru ar faterion contract i fferyllwyr a fferylliaeth yng Nghymru, ac yna â'r disgrifiad ymlaen i sôn am drefniadau tâl, telerau gwasanaeth, ac yn y blaen. A ydyw hynny'n gywir?

Mr Parry: Mae hynny'n gywir.

[157] **Alison Halford:** Fodd bynnag, yr ydych wedi dweud wrthym mai eiddo'r awdurdod iechyd yw'r swyddogaeth ddisgyblu. Nid wyf yn deall hynny, mae'n rhaid imi ddweud. Miss Lewis, yr ydych chi'n rhoi arwydd yr hoffech ymateb i hynny.

Miss Lewis: Credaf fod yn rhaid inni wahaniaethu rhwng y cyfrifoldebau proffesiynol a'r rhwymedigaethau cytundebol. Y Gymdeithas Fferyllol Frenhinol yw'r corff disgyblu cyn belled ag y mae'r proffesiwn yn y cwestiwn, a chyn belled ag y mae safonau ymarfer yn y cwestiwn, a ni hefyd sydd yn gweinyddu'r rheoliadau ar gyfer cyflenwi moddion dan Ddeddf Meddyginiaethau 1968. Ar y monitro a'r safonau parthed y telerau gwasanaeth, contract gyda'r awdurdod iechyd yw'r telerau gwasanaeth, a'r awdurdod iechyd fydd yn monitro'r rheini.

[158] **Alison Halford:** Felly, i fod yn gwbl glir, pan soniwn am weithgareddau disgyblu, byddai hynny yn nhermau fferylllydd yn popio pils neu'n gwerthu rhywbeth dan y cownter, neu rywbeth felly, yn hytrach nag ymgymryd â'r gwaith contract.

Miss Lewis: Yes. If a pharmacist committed some form of professional misconduct, that is the sort of matter on which we would take disciplinary action.

[159] **Alison Halford:** And you do not see any connection with professional misconduct and not doing a job carefully enough, which then leads to fraud and loss of money?

Miss Lewis: Certainly, if fraud is reported to us, we would take action. We work—as I think that we have indicated in our submission—with health authorities on occasions when we are asked to do so. We have certainly worked with the NHS counter fraud unit headed by Jim Gee where fraud is committed, but we are talking here about a contractual responsibility. I think that all of us would really like to concentrate on how we might improve the system. That is what we have tried to indicate, because this is a fairly new system and was monitored over a fairly short period. It has highlighted many problems for pharmacists, for patients and, indeed, for health authorities. We would like to work together to put them right.

[160] **Alison Halford:** I am going off my brief here, for which I apologise, but how on earth is the health authority going to find out if something is going wrong if you people, who control the pharmacists, do not seem to have any obligation to check the standard of their work?

Miss Lewis: We check the professional standard of their work, but we do not check compliance with the terms of service.

[161] **Alison Halford:** I will leave that there because other colleagues will move onto that. Given that the Assembly ultimately funds the service provided by pharmacists in Wales, and bearing in mind that we have already discussed the fee, should we as an Assembly withhold any part of the pharmacist's fee in cases where a pharmacist consistently fails to discharge his or her responsibilities in relation to checking the entitlement to free prescriptions as carefully as we would

Miss Lewis: Byddai. Petai fferyllydd wedi camymddwyn yn broffesiynol mewn rhyw fodd, dyna'r math o fater y byddem ni'n gweithredu disgyblaeth ar ei gownt.

[159] **Alison Halford:** Ac ni welwch chi unrhyw gysylltiad rhwng camymddwyn proffesiynol a pheidio â gwneud gwaith yn ddigon gofalus, sydd yn arwain wedyn at dwyll a cholli arian?

Miss Lewis: Yn sicr, pe hysbysid ni am dwyll, byddem yn gweithredu. Yr ydym yn gweithio—fel yr ydym wedi nodi yn ein cyflwyniad, mi gredaf—gyda'r awdurdodau iechyd ar achlysuron pan ofynnir inni wneud hynny. Yr ydym yn sicr wedi gweithio gydag uned gwrth-dwyll yr NHS o dan arweiniad Jim Gee lle digwyddodd twyll, ond sôn yr ydym yma am gyfrifoldeb dan gontract. Yr wyf yn meddwl y byddai pob un ohonom yn hoffi canolbwyntio ar sut y gallem wella'r system. Dyna beth yr ydym wedi ceisio'i ddangos, oherwydd mae hyn yn system gymharol newydd a chafodd ei monitro dros gyfnod gweddol fyr. Mae wedi amlygu nifer o broblemau i fferyllwyr, i gleifion ac, yn wir, i awdurdodau iechyd. Hoffem weithio gyda'n gilydd i gywiro'r rheini.

[160] **Alison Halford:** Yr wyf yn mynd y tu hwnt i'm briff yn y fan yma, ac ymddiheuraf am hynny, ond sut ar wyneb y ddaear y mae'r awdurdod iechyd yn mynd i gael gwybod a oes unrhyw beth o'i le os nad yw'n ymddangos fod gennych chi bobl, sydd yn rheoli'r fferyllwyr, unrhyw ddyletswydd i wirio safon eu gwaith?

Miss Lewis: Yr ydym yn gwirio safon broffesiynol eu gwaith, ond nid a ydynt yn cydymffurfio â'r telerau gwasanaeth.

[161] **Alison Halford:** Gadawaf hynny yn y fan honno oherwydd bydd cyd-aelodau eraill yn dod at hynny. Gan mai'r Cynulliad yn y pen draw sydd yn ariannu'r gwasanaeth a ddarperir gan fferyllwyr yng Nghymru, a chan gofio ein bod eisoes wedi trafod y ffi, a ddylem ni fel Cynulliad ddal unrhyw ran o ffi'r fferyllydd yn ôl mewn achosion lle bydd fferyllydd yn methu'n gyson â chyflawni'i gyfrifoldebau neu ei chyfrifoldebau mewn perthynas â gwirio'r hawl i bresgripsiwn di-

expect?

Mr Parry: We would expect that if a pharmacist consistently fails to perform the work expected of him, that he would be taken through the disciplinary mechanism and that that would involve a fine and withholding money.

[162] **Alison Halford:** Has that ever happened?

Mr Parry: No.

[163] **Alison Halford:** Right.

Mr Parry: I have to say that I think that there is a case in the system at the moment, or maybe a couple of cases.

[164] **Alison Halford:** This is a question to the Royal Pharmaceutical Society. Does the failure of a pharmacist to comply with the terms of service raise any ethical or disciplinary issues for the Royal Pharmaceutical Society? You might have touched on this, but I think that we would be grateful to have your response again.

Miss Lewis: I think that it would normally be a matter for the health authority. If it was a serious and flagrant disregard and was reported to us, then we would take action and investigate.

[165] **Alison Halford:** It is a very complicated line, is it not? Pharmacists are paid money to ensure that the proper drugs are given to the proper individuals and yet you say that you governing bodies have nothing to do with that and it is the responsibility of the health authority.

Miss Lewis: There is a joint responsibility. The health authority is responsible for monitoring the contract and the terms of service. The Royal Pharmaceutical Society of Great Britain is responsible for standards of practice and for compliance with the legislation.

[166] **Alison Halford:** Asking the same question again, are you aware that the royal pharmaceutical society has taken any

dâl mor ofalus ag a ddisgwylieim?

Mr Parry: Byddem yn disgwyl petai fferylllydd yn methu'n gyson â chyflawni'r gwaith a ddisgwylir ganddo, yr eid ag ef drwy'r weithdrefn disgyblu ac y byddai hynny'n arwain at ddirwy a dal arian yn ôl.

[162] **Alison Halford:** A ddigwyddodd hynny erioed?

Mr Parry: Na.

[163] **Alison Halford:** Iawn.

Mr Parry: Mae'n rhaid imi ddweud fy mod yn meddwl bod achos yn y system ar hyn o bryd, neu efallai fwy nag un achos.

[164] **Alison Halford:** Cwestiwn i'r Gymdeithas Fferyllol Frenhinol yw hwn. A yw methiant fferylllydd i gydymffurfio â'r telerau gwasanaeth yn codi unrhyw gwestiynau moesegol neu ddisgyblu i'r Gymdeithas Fferyllol Frenhinol? Efallai eich bod wedi crybwyll hyn, ond yr wyf yn meddwl y byddem yn ddiolchgar o gael eich ymateb eto.

Miss Lewis: Credaf mai mater i'r awdurdod iechyd fyddai hynny fel arfer. Petai'n fethiant difrifol a bwriadol, a ninnau'n cael ein hysbysu amdano, yna byddem yn gweithredu ac yn ymchwilio.

[165] **Alison Halford:** Mae'n llinell gymhleth dros ben, onid ydyw? Telir arian i fferyllwyr am sicrhau y rhoddir y cyffuriau priodol i'r unigolion priodol ac eto dywedwch chi nad oes a wnelo chi'r cyrff llywodraethol ddim oll â hynny ac mai cyfrifoldeb yr awdurdod iechyd ydyw.

Miss Lewis: Mae yna gyfrifoldeb ar y cyd. Mae'r awdurdod iechyd yn gyfrifol am fonitro'r contract a'r telerau gwasanaeth. Mae Cymdeithas Fferyllol Frenhinol Prydain Fawr yn gyfrifol am safonau ymarfer ac am gydymffurfio â'r ddeddfwriaeth.

[166] **Alison Halford:** A gofyn yr un cwestiwn eto, a ydych yn ymwybodol fod y gymdeithas fferyllol frenhinol wedi cymryd

disciplinary measures against any of your colleagues for failing to fulfil their contractual obligations, because it then becomes an ethical or disciplinary issue?

Miss Lewis: I am not aware of it at this moment.

[167] **Peter Law:** Does that apply to health authorities as well? If Alison would ask that question, Chair.

[168] **Alison Halford:** So discipline is something that is never ever invoked?

Miss Lewis: Discipline is frequently invoked as far as professional practice is concerned. Disciplinary action has been taken by health authorities in these matters.¹

[169] **Janet Davies:** Alison, would you allow Janice to ask a question before you continue?

[170] **Alison Halford:** Yes, of course.

[171] **Janice Gregory:** Just very briefly taking Alison's point a step further—you may not be able to answer—is it possible to identify either one pharmacy or a group of pharmacies in a particular area, perhaps, that are habitual offenders, for want of a better term? I do not mean that in a derogatory way. If that happens, what sanctions do you place on them? At the end of the day, if we are talking here about the health authority being the overarching monitoring authority, has the Audit Committee any plans to speak to representatives of the health authority?

[172] **Janet Davies:** I am afraid that we do not have any such hearings scheduled for that.

[173] **Janice Gregory:** Can we not set any time aside?

[174] **Peter Law:** That was a very good question.

Mr Parry: I would like to respond. It certainly is possible to identify pharmacies,

unrhyw gamau disgyblu yn erbyn unrhyw un o'ch cydweithwyr am fethu cyflawni eu rhwymedigaethau cytundebol, oherwydd wedyn fe ddaw'n fater moesegol neu fater disgyblu?

Miss Lewis: Nid wyf yn ymwybodol o hynny ar hyn o bryd.

[167] **Peter Law:** A yw hynny'n wir am awdurdodau iechyd hefyd? Petai Alison yn gofyn y cwestiwn hwnnw, Gadeirydd.

[168] **Alison Halford:** Felly mae disgyblaeth yn rhywbeth na weithredir byth?

Miss Lewis: Gweithredir disgyblaeth yn aml cyn belled ag y mae ymarfer proffesiynol yn y cwestiwn. Mae awdurdodau iechyd wedi gweithredu camau disgyblu yn y materion hyn.¹

[169] **Janet Davies:** Alison, a fydddech chi'n caniatáu i Janice ofyn cwestiwn cyn ichi fynd yn eich blaen?

[170] **Alison Halford:** Byddwn, wrth gwrs.

[171] **Janice Gregory:** Yn fyr iawn, â chymryd pwynt Alison gam ymhellach—efallai na fyddwch yn gallu ateb—a ydyw'n bosibl enwi un fferyllfa neu grŵp o fferyllfeydd mewn ardal arbennig, efallai, sydd yn dramgwyddwyr cyson, yn niffyg term gwell? Nid wyf yn meddwl hynny mewn ffordd ddilornus. Os digwydd hynny, pa gosbau a roddwch iddynt? Ar ddiwedd y dydd, os ydym yn sôn yma am yr awdurdod iechyd fel yr awdurdod monitro dros bawb, a oes gan y Comisiwn Archwilio unrhyw gynlluniau i siarad â chynrychiolwyr yr awdurdod iechyd?

[172] **Janet Davies:** Mae arnaf ofn nad oes gennym unrhyw wrandawiadau o'r fath wedi'u trefnu ar gyfer hynny.

[173] **Janice Gregory:** Oni allwn neilltuo amser?

[174] **Peter Law:** Yr oedd hynny'n gwestiwn da iawn.

Mr Parry: Hoffwn ymateb. Yn sicr mae modd enwi fferyllfeydd, hyd yn oed grwpiau

or even groups of pharmacies, which are not performing their function properly. That was very clearly laid out, in the change of legislation and in the change in the terms of service, as the health authority's responsibility. I think that it is fair to say that that just has not been happening. Ms Halford asked the question about the disciplinary aspects of it and where we are involved, but, actually, it requires the health authority to start the ball rolling and that has not been happening.

[175] **Janice Gregory:** So the health authority would identify the problem?

Mr Parry: The health authority is the body that would identify the problem.

[176] **Janice Gregory:** So are you saying, Mr Parry, that it may be identifying the problem but not actually taking any action to combat it?

Mr Parry: Well, it may be, but we are not seeing any evidence of that whatsoever. There is one health authority that I know of that has taken some action on this, but the record is pretty patchy.

[177] **Peter Law:** That would confirm what Miss Lewis said to us. She said she was not aware of it.

[178] **Janet Davies:** For the sake of the Members and the witnesses, I need to point out that this report goes to the Cabinet. The Minister for Health and Social Services will need to look at it and take on board any recommendations that come out of this, particularly from these last points, but obviously from the whole hearing.

[179] **Alison Halford:** You have almost weathered the storm of this particular batch of questions, so hang on. How does the geographical location of a pharmacy affect the effectiveness of a pharmacist's work in checking entitlement to exemption from prescription charges? I am asking, for example, if a practice in a deprived inner city location poses problems not found elsewhere. That is obviously tied in with any knowledge of aggression from patients during the

o fferyllfeydd, nad ydynt yn cyflawni'u swyddogaeth yn briodol. Nodwyd hynny'n glir yn y newid deddfwriaeth ac yn y newid yn y telerau gwasanaeth, fel cyfrifoldeb yr awdurdod iechyd. Yr wyf yn meddwl ei bod yn deg dweud nad yw hynny wedi bod yn digwydd. Gofynnodd Ms Halford gwestiwn ynglŷn â'r agweddau disgyblu a beth yw'n rhan ni, ond mewn gwirionedd, mae angen i'r awdurdod iechyd roi cychwyn ar bethau ac nid yw hynny wedi bod yn digwydd.

[175] **Janice Gregory:** Felly yr awdurdod iechyd fyddai'n nodi bod problem?

Mr Parry: Yr awdurdod iechyd yw'r corff fyddai'n nodi bod problem.

[176] **Janice Gregory:** Felly ydych chi'n dweud, Mr Parry, ei fod efallai'n nodi'r broblem ond nad yw'n gwneud dim yn ei chylch?

Mr Parry: Wel, efallai ei fod, ond nid ydym ni'n gweld unrhyw dystiolaeth o hynny o fath yn y byd. Gwn am un awdurdod iechyd sydd wedi gweithredu ar hyn, ond pur glytiog yw'r record.

[177] **Peter Law:** Byddai hynny'n cadarnhau'r hyn a ddywedodd Miss Lewis wrthym. Dywedodd hi nad oedd yn ymwybodol ohono.

[178] **Janet Davies:** Er mwyn yr Aelodau a'r tystion, rhaid imi nodi fod yr adroddiad hwn yn mynd i'r Cabinet. Bydd angen i'r Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol edrych arno a derbyn unrhyw argymhellion a ddeillia o hyn, yn enwedig o'r pwyntiau olaf hyn, ond yn amlwg o'r gwrandawriad cyfan.

[179] **Alison Halford:** Yr ydych bron wedi dod drwy'r gwaethaf yn y pentwr cwestiynau arbennig hwn, felly daliwch eich gfael. Sut mae lleoliad daearyddol fferyllfa'n effeithio ar effeithiolrwydd gwaith fferylllydd wrth wirio hawl pobl i gael eu heithrio rhag taliadau presgripsiynau? Yr wyf yn gofyn, er enghraifft, a yw practis mewn lleoliad difreintiedig mewn dinas yn codi problemau na welir yn unman arall. Mae hynny'n amlwg ynghlwm wrth unrhyw wybodaeth am

delivery of the scripts.

Mr Martin: I will answer that, if I may. I have my own business in St David's. I can relate this to situations there and then I am happy to take it further as far as inner city problems are concerned. I live in a rural area and there are instances when patients come into the pharmacy and have forgotten the evidence for exemption. It is difficult to say to them, when they are not feeling very well, 'Will you go back 15 miles to get your exemption and then come back in?' So there is a little bit of give and take in rural areas. We are also faced with another difficult situation—in rural areas and, indeed, in inner city areas—where patients' representatives come in for the prescription and say 'Well, they didn't say I had to pay. I think that they are exempt, I don't know why.' As we have already said, our prime function is very much involved in giving the medication and my clinical responsibility comes before my point of dispensing checks. That is my personal view, and I sit very comfortably with it.

In terms of other situations, there are people who are poorly sighted. That is a problem in itself. Within different areas such as the inner cities, if the socio-economic mix is such that there are more people coming into the pharmacy who are entitled to exemption, that also has its problems in that you see more people with a situation that you have to deal with. I did a straw poll last week and spoke to a number of colleagues, knowing that I was coming here. They said that within ethnic minority areas, that is also a problem. The patients rely on their children to communicate on behalf of their parents. That has its own problems. It is a very complex issue. You can all see how complicated the two areas are. The situation is very complicated. If there is one message that will come out of today, it is that we want a simple system that will deliver for all of us.

ymddygiad bygythiol gan gleifion pan gyflwynir y sgriptiau.

Mr Martin: Atebaf fi'r cwestiwn yma, os caf. Mae gennyf fy musnes fy hun yn Nhyddewi. Gallaf gysylltu hyn â sefyllfaoedd yn y fan honno ac wedyn yr wyf yn hapus i fynd ag ef ymhellach cyn belled ag y mae problemau canol dinasoedd yn y cwestiwn. Yr wyf yn byw mewn ardal wledig a cheir enghreifftiau pan ddaw cleifion i mewn i'r fferyllfa a hwythau wedi anghofio'r dystiolaeth dros eithrio. Mae'n anodd dweud wrthynt, a hwythau heb fod yn teimlo'n dda, 'A ewch chi yn ôl 15 milltir i ymfyn eich eithriad ac wedyn ddod yn ôl i mewn?' Felly ceir rhywfaint o gyfaddawdu mewn ardaloedd gwledig. Wynebwn sefyllfa anodd arall hefyd—mewn ardaloedd gwledig ac, yn wir, mewn canol dinasoedd—lle daw cynrychiolwyr cleifion i mewn am y presgripsiwn a dweud 'Wel, ddywedon nhw ddim fod rhaid imi dalu. Yr wyf yn meddwl eu bod wedi'u heithrio, wn i ddim pam.' Fel y dywedwyd gennym eisoes, ein prif swyddogaeth yn bendant yw rhoi'r feddyginiaeth a daw fy nghyfrifoldeb clinigol o flaen fy ngwiriadau wrth ddosbarthu. Dyna fy marn bersonol i, ac yr wyf yn gyfforddus iawn â hi.

Yn nhermau sefyllfaoedd eraill, ceir pobl sydd yn wan eu golwg. Mae hynny'n broblem ynddo'i hun. O fewn gwahanol ardaloedd fel canol dinasoedd, os yw'r cymysgedd economaidd-gymdeithasol yn golygu bod mwy o bobl yn dod i mewn i'r fferyllfa a chanddynt hawl i'w heithrio, mae i hynny hefyd ei broblemau yn yr ystyr eich bod yn gweld mwy o bobl gyda sefyllfa y mae'n rhaid ichi ddelio â hi. Gwneuthum arolwg anffurfiol yr wythnos diwethaf a holi nifer o gydweithwyr, gan wybod y byddwn yn dod yma. Dywedasant bod problem hefyd o fewn ardaloedd lle ceir lleiafrifoedd ethnig. Bydd y cleifion yn dibynnu ar eu plant i gyfathrebu ar ran eu rhieni. Mae i hynny ei broblemau ei hun. Mae'n fater cymhleth iawn. Gallwch i gyd weld pa mor gymhleth yw'r ddwy ardal. Mae'r sefyllfa'n gymhleth dros ben. Os oes un neges a ddaw allan o heddiw, y neges yw bod arnom eisiau system syml a aiff â'r maen i'r wal dros bawb ohonom.

In terms of people's reactions in the pharmacy, we have had varying reactions. We have had people who have welcomed the opportunity to provide the information. A lot of people are happy to talk to us about their piles, but they do not want to talk to us about their financial situation. That brings its own problems. If their neighbours are over in the corner, listening to what is going on, they do not like that either. There is a sensitivity around that. A lot of my colleagues will try to ensure that they are in position to handle these situations sensitively. Our biggest problem area is benefit claims. It is the biggest area as far as money is concerned and it is the biggest headache for us because of the complications.

The guidance that I have here in front of me was sent out and was an excellent way forward. It needs to be updated, but it certainly identifies when you should and when you should not tick a box. That has been most helpful. However, the patient's reaction can be, 'Who the hell do you think you are? This is an infringement on my human rights'. That kind of situation arises. None of us like confrontation and so it is very difficult. That is the real nub end of it. I am here to tell you what it is like at the sharp end. I am an emotional boy. I put it down to the fact that my great-grandfather wrote *Calon Lân*, but that is another story—he told me not to say that. [*Laughter.*] However, you can see what we are faced with day in day out.

The clinical decisions that we must make are also very difficult. There are people who are just above the benefit level and who have three items on their prescriptions. They must pay £16 for it. Sorry, I have just been corrected. It is £18—we must give a discount in our pharmacy. They then ask us, 'Well, which one do you think would be best for me?' You are then faced with that situation. It is impossible as far as your clinical decision is concerned. You can see why, the next time that they have another three prescriptions and they need the three of them, there is a temptation for them to maybe sign the back of the form rather than have to pay. Those are very difficult situations with which

Yn nhermau adwaith pobl yn y fferyllfa, cawsom adwaith amrywiol. Cawsom bobl a groesawodd y cyfle i ddarparu'r wybodaeth. Mae llawer o bobl yn hapus i siarad â ni am eu peils, ond nid oes arnynt eisiau siarad â ni am eu sefyllfa ariannol. Daw hynny â'i broblemau ei hun. Os yw eu cymdogion draw yn y gornel, yn gwrando ar yr hyn sydd yn mynd ymlaen, nid ydynt yn hoffi hynny chwaith. Mae yna sensitifrwydd ynghylch hynny. Bydd llawer o'm cydweithwyr yn ceisio sicrhau eu bod mewn sefyllfa i ddelio â'r sefyllfaoedd hyn yn deimladwy. Hawliadau budd-dâl yw'r broblem fwyaf i ni. Dyma'r maes mwyaf lle mae arian yn y cwestiwn a dyma'r cur pen mwyaf i ni oherwydd y cymhlethodau.

Cafodd y canllawiau sydd gennyf yma o'm blaen eu hanfon allan ac roeddent yn ffordd ardderchog ymlaen. Mae angen eu diweddarau, ond maent yn sicr yn pennu pa bryd y dylech a pha bryd na ddylech dicio blwch. Bu hynny'n ddefnyddiol dros ben. Fodd bynnag, gall y claf ymateb drwy ddweud, 'Pwy ddiawl ydych chi'n meddwl ydych chi? Mae hyn yn amharu ar fy hawliau dynol'. Bydd y math yna o sefyllfa'n codi. Nid oes neb ohonom yn hoffi gwrthdrawiad ac felly mae'n anodd iawn. Dyna graidd y mater. Yr wyf fi yma i ddweud wrthyh sut y mae hi ar flaen y gad. Bachgen emosiynol ydwyf fi. Byddaf yn priodoli hynny i'r ffaith mai fy hen dad-cu a ysgrifennodd *Calon Lân*, ond stori arall yw honno—fe'm siarsiodd i beidio â dweud hynny. [*Chwerthin.*] Fodd bynnag, gallwch weld beth sydd yn ein hwynebu ddydd ar ôl dydd.

Mae'r penderfyniadau clinigol y mae'n rhaid inni eu gwneud yn anodd iawn hefyd. Fe geir pobl sydd fymryn uwchben lefel budd-dâl ac sydd â thair eitem ar eu presgripsiwn. Rhaid iddynt dalu £16 amdano. Mae'n ddrwg gennyf, yr wyf newydd gael fy nghywirow. Mae'n £18—rhaid ein bod yn rhoi disgownt yn ein fferyllfa ni. Wedyn byddant yn gofyn inni, 'Wel, pa un ydych chi'n meddwl fyddai orau imi?' Wedyn mae'r sefyllfa honno'n eich wynebu. Mae'n amhosibl o ran eich penderfyniad clinigol. Gallwch weld pam, y tro nesaf y bydd ganddynt dri phresgripsiwn arall ac angen y tri arnynt, fod tentasiwn iddynt efallai lofnodi cefn y ffurflen yn hytrach na gorfod talu. Dyna sefyllfaoedd

we are all faced.

[180] **Alison Halford:** I think that we have got the gist. Please do not think that this is said in any derogatory way. You have given us a clear insight into the problems of being a pharmacist. However, it is our job to scrutinise and to ensure that public money is well spent. Would you say that your priority is patient care rather than trying to check possible fraud?

Mr Martin: That is definitely our priority.

[181] **Alun Cairns:** In your last but one answer, you cited a theoretical example where in a deprived area someone just above the benefit level needs three or four prescriptions in relation to a particular condition and they ask 'Which one is best for me?' In your answer, were you implying that some pharmacists might suggest or imply that the patient should tick the exemption box on the back?

Mr Martin: Definitely not. We are faced with a decision where they suggest—

[182] **Alun Cairns:** You said that it was an impossible situation, so I want to know how it is resolved.

Mr Martin: Clinically, it is an impossible situation, but we are faced with it daily and we sometimes have to make that decision. To cover my back, I then phone the doctor and tell him exactly what I have done because I was faced with that decision. It is very much a matter of trying to get the best out of what is a very difficult situation for that person. Sometimes they say 'I can't afford this today, I'll come back tomorrow' or 'I'll have the other two or three items three or four days down the track'. What I am trying to do is to tell you what we are actually faced with at the sharp end in terms of the difficulties that surround some of the decision-making.

[183] **Alun Cairns:** Thank you for that.

anodd iawn sydd yn ein hwynebu ni i gyd.

[180] **Alison Halford:** Credaf ein bod wedi cael swm a sylwedd y ddatl. Peidiwch da chi â meddwl y dywedir hyn mewn unrhyw ffordd ddifriol. Yr ydych wedi rhoi mewnwelediad clir inni i broblemau bod yn fferyllydd. Fodd bynnag, ein gwaith ni yw archwilio a sicrhau y caiff arian cyhoeddus ei wario'n deilwng. A ddywedech chi mai gofal am gleifion yw'ch blaenoriaeth chi yn hytrach na cheisio gwirio am dwyll posibl?

Mr Martin: Dyna'n blaenoriaeth ni yn bendant.

[181] **Alun Cairns:** Yn eich ateb olaf ond un, rhesoch enghraifft ddamcaniaethol lle mae rhywun mewn ardal ddifreintiedig, a hwythau fymryn dros y lefel budd-dâl, angen tri neu bedwar presgripsiwn ar gyfer cyflwr arbennig a'u bod yn gofyn 'Pa un sydd orau imi?' Yn eich ateb, oeddech chi'n ensynio y gallai rhai fferyllwyr awgrymu neu gyfleu y dylai'r claf roi tic yn y blwch eithrio ar y cefn?

Mr Martin: Nac oeddwn yn bendant. Yr ydym yn wynebu sefyllfa lle maent hwy'n awgrymu—

[182] **Alun Cairns:** Dywedasoeh chi ei bod yn sefyllfa amhosibl, felly hoffwn wybod sut y caiff ei datrys.

Mr Martin: Yn glinigol, mae'n sefyllfa amhosibl, ond mae'n ein hwynebu bob dydd ac weithiau mae'n rhaid inni wneud y penderfyniad hwnnw. I glirio fy hun, byddaf wedyn yn ffonio'r meddyg i ddweud wrtho yn union beth yr wyf wedi'i wneud oherwydd imi gael fy wynebu â'r penderfyniad hwnnw. Mae i raddau helaeth iawn yn fater o geisio cael y gorau allan o sefyllfa sydd yn un anodd iawn i'r person hwnnw. Weithiau dywedant 'Ni allaf fforddio hwn heddiw, dof yn ôl yfory' neu 'Fe gymeraf y ddwy neu dair eitem arall ymhen tri neu bedwar diwrnod'. Yr hyn yr wyf yn ceisio'i wneud yw dweud wrthyhych chi beth yr ydym yn ei wynebu mewn gwirionedd ar flaen y gad yn nhermau'r anawsterau sydd ynghylch rhai o'r penderfyniadau y mae'n rhaid eu gwneud.

[183] **Alun Cairns:** Diolch ichi am hynny.

[184] **Janice Gregory:** So, essentially, if that comes to you, you must make a decision to prescribe? Am I missing the point here? You look at the three items on the script and the patient says 'I cannot afford the three, which one will do the best job for the problem that I have?' You must then make that decision.

Mr Martin: Yes.

[185] **Janice Gregory:** Okay. Thank you very much.

[186] **Alison Halford:** We are acting like an agent provocateur here. We had better be a bit careful.

[187] **Janice Gregory:** I am only substituting for another Member; I am leaving at 3.30 p.m.

[188] **Owen John Thomas:** I want to come in on this, as I was not allocated questions earlier on.

[189] **Janet Davies:** You were allocated questions, Owen.

[190] **Owen John Thomas:** Well, I did not know. I am substituting for another Member. When you get the prescription form, there are about 13 boxes on the back, something of that nature?

Mr Martin: Boxes A to N, yes.

[191] **Owen John Thomas:** As many as 15, then. The doctor can fill in some of those, presumably, before the patient leaves the surgery. How many could he address?

Mr Martin: Certainly this is part of our solution, if you like. There is certain information that is sitting very comfortably with the GPs. I have seen the tape of the last Audit Committee meeting. You made an interesting point in terms of GPs' responsibility and what they could do to help the situation. I think that it needs to be a team effort. We believe that there is an opportunity here to try to get us linked up to the Cymru web, so that we have information technology

[184] **Janice Gregory:** Felly, yn y bôn, os daw hynny atoch chi, mae'n rhaid i chi wneud penderfyniad presgripsiwn? A ydwyf yn colli'r pwynt yn y fan yma? Yr ydych chi'n edrych ar y tair eitem ar y sgrïpt ac mae'r claf yn dweud 'Ni allaf fforddio'r tair, pa un fydd orau ar gyfer y broblem sydd gennyf?' Wedyn mae'n rhaid i chi wneud y penderfyniad hwnnw.

Mr Martin: Ie.

[185] **Janice Gregory:** Iawn. Diolch yn fawr.

[186] **Alison Halford:** Rydym yn gweithredu fel *agent provocateur* yma. Byddai'n well inni droedio'n ofalus.

[187] **Janice Gregory:** Dim ond yma yn lle Aelod arall yr wyf fi; byddaf yn gadael am 3.30 p.m.

[188] **Owen John Thomas:** Hoffwn ddod i mewn ar hyn, gan na ddyrannwyd cwestiynau imi yn gynharach.

[189] **Janet Davies:** Fe ddyrannwyd cwestiynau ichi, Owen.

[190] **Owen John Thomas:** Wel, nid oeddwn yn gwybod. Yr wyf finnau yma yn lle Aelod arall. Pan gewch y ffurflen bresgripsiwn, mae rhyw 13 o flychau ar y cefn, rhywbeth fel yna?

Mr Martin: Blychau A i N, ie.

[191] **Owen John Thomas:** Cymaint â 15, felly. Gall y meddyg lenwi rhai o'r rheini, mae'n debyg, cyn i'r claf adael y feddygfa. Sawl blwch y gallai ef eu llenwi?

Mr Martin: Yn sicr dyma ran o'n hateb, os hoffwch chi. Mae rhywfaint o wybodaeth sydd yn eistedd yn gyfforddus iawn gyda'r meddygon teulu. Gwelais dâp o gyfarfod diwethaf y Pwyllgor Archwilio. Gwnaethoch bwynt diddorol ynghylch cyfrifoldeb meddygon teulu a'r hyn y gallent hwy ei wneud i helpu'r sefyllfa. Credaf fod angen iddo fod yn gyd-ymdrech. Credwn fod cyfle yma i geisio'n cysylltu ni â gwe Cymru, fel bod gennym gysylltiadau technoleg

links between GPs and community pharmacists to access information. Details of age are available within a GP's surgery; for maternity exemption, GPs certainly know when a patient is pregnant; and, obviously, as far as medical exemptions are concerned, GPs have information because they have identified that condition. They should be filling in the forms for those exemptions. Therefore, there is an opportunity for joint working here in terms of sharing that information between primary care contractors.

[192] **Owen John Thomas:** Do you feel that that would make a big difference to cut down the proportion of fraud cases, if I can use that strong word?

Mr Martin: It would certainly be a step in the right direction, even to the point where you have the problems that were highlighted before in terms of the date of birth on prescriptions. We know that that is a software problem. However, good practice would help. If everyone could put the date of birth on prescriptions, that would be a real good step in the right direction, until the software problems are solved.

[193] **Owen John Thomas:** When you were describing the situation of a customer bringing a prescription to the pharmacy and not having the proof required and so forth, it reminded me of somewhat similar situations that arise when you go to a post office. What is there in the post office separating the person behind the counter from the customer? There is a large bullet-proof glass screen. You get the same situation in social security offices. The pharmacist must keep his mind—

[194] **Alison Halford:** Or 'her'.

[195] **Owen John Thomas:** The pharmacist must keep his or her mind on things such as the strength, dosage, quantity and instructions of the prescription and get all of those things right. We do not want his or her mind on whether the person at the counter is going to try to clout them because he or she cannot prove exemption. I think that we need to put

gwybodaeth rhwng meddygon teulu a fferyllwyr cymunedol er mwyn cael gweld gwybodaeth. Mae manylion oed ar gael yn y feddygfa; gydag eithriad mamolaeth, mae meddygon teulu yn sicr yn gwybod pan fo claf yn feichiog; ac, yn amlwg, o ran eithriadau meddygol, mae'r wybodaeth gan y meddygon gan mai hwy a nododd y cyflwr hwnnw. Dylent fod yn llenwi'r ffurflenni ar gyfer yr eithriadau hynny. Felly, mae cyfle i gydweithio yma yn nhermau rhannu'r wybodaeth honno rhwng contractwyr gofal sylfaenol.

[192] **Owen John Thomas:** A ydych chi'n teimlo y byddai hynny'n gwneud gwahaniaeth mawr i leihau'r gyfran o achosion twyll, os caf ddefnyddio'r gair cryf hwnnw?

Mr Martin: Yn ddi-os byddai'n gam i'r cyfeiriad iawn, hyd yn oed i'r pwynt lle bo gennych y problemau a danlinellwyd o'r blaen yn nhermau'r dyddiad geni ar bresgripsiwn. Gwyddwn mai problem meddalwedd yw honno. Fodd bynnag, byddai ymarfer da yn help. Pe gallai pawb roi'r dyddiad geni ar bresgripsiynau, byddai hynny'n gam da iawn i'r cyfeiriad iawn, hyd nes bydd y problemau meddalwedd wedi'u datrys.

[193] **Owen John Thomas:** Pan oeddech chi'n disgrifio sefyllfa cwsmer yn dod â phresgripsiwn i'r fferyllfa heb y prawf angenrheidiol ac yn y blaen, yr oedd yn f'atgoffa i o sefyllfaoedd tebyg braidd sydd yn codi pan ewch i swyddfa bost. Beth sydd yn y swyddfa bost i wahanu'r person y tu ôl i'r cownter oddi wrth y cwsmer? Mae yno sgrîn wydr fawr gwrth-fwledi. Cewch yr un sefyllfa mewn swyddfeydd nawdd cymdeithasol. Rhaid i'r fferyllydd gadw'i feddwl—

[194] **Alison Halford:** Neu 'ei meddwl'.

[195] **Owen John Thomas:** Rhaid i'r fferyllydd gadw'i feddwl neu ei meddwl ar bethau fel cryfder, dogn, maint a chyfarwyddiadau'r presgripsiwn a chael y pethau hynny i gyd yn iawn. Nid oes arnom eisiau iddo neu iddi fod yn ymboeni ynghylch a ydyw'r person wrth y cownter am geisio rhoi clusten iddo neu iddi am nad yw'n

these things in perspective. I say that as someone whose father was a pharmacist for 57 years. I have been in that environment and my sympathies are very much with the witnesses here today.

Mr Martin: It is not perhaps as doom and gloom as we are saying. We have the facility within our own computer systems to keep and store information, which is a tremendous help. That is not true of every pharmacy, but when I have the form, I can put the HC2 form, for example, into the system, which is then stored with the expiry date. My computer system will then flag up when that has expired. There are similar situations with prepayment certificates. Therefore, you can help your patients to help the system by saying 'Look, do you realise that your prepayment certificate is coming up for renewal?' There is an opportunity to help them as far as that is concerned as well. So it is not all doom and gloom. We are facilitating a lot of this as well.

[196] **Owen John Thomas:** But in similar situations, there is some sort of protection between the customer and the worker and in the pharmacy there is no such protection.

Mr Parry: Chair, may I come in on that? I think that one of the things that is important for the Audit Committee to understand is that we are talking about a situation of building trust between ourselves and the individual on the other side of the counter. Building trust is often a difficult and slow process. Ruining trust can take only seconds and can cause an awful lot of damage. Pharmacies exist, basically, on the basis of performing a service that is linked to each prescription. We get paid for each prescription that we dispense. That is how our service works. There is a responsibility, not just to ensure that the patient is cared for clinically and in terms of how their medicines are used, but also to our staff, ourselves and to the communities in which we live. Pharmacies are an essential part of many small business communities, for example, and can help determine the viability of a small business community.

gallu profi eithriad. Credaf fod angen inni roi'r pethau hyn mewn persbectif. Dywedaf hynny fel dyn y bu ei dad yn fferylllydd am 57 mlynedd. Yr wyf wedi bod yn yr amgylchedd hwnnw ac mae fy nghydymdeimlad i yn bendant gyda'r tystion sydd yma heddiw.

Mr Martin: Efallai nad yw mor ddigalon ag yr ydym yn ei ddweud. Mae gennym y cyfleuster o fewn ein systemau cyfrifiadurol ein hunain i gadw a storio gwybodaeth, sydd yn gymorth mawr. Nid yw hynny'n wir am bob fferyllfa, ond pan gaf fi'r ffurflen, gallaf roi'r ffurflen HC2, er enghraifft, i mewn i'r system, a chaiff ei storio wedyn gyda'r dyddiad dod-i-ben. Bydd fy system gyfrifiadurol wedyn yn tynnu fy sylw pan fydd wedi dod i ben. Mae sefyllfaoedd tebyg gyda thystysgrifau talu ymlaen llaw. Felly, gallwch helpu'ch cleifion i helpu'r system drwy ddweud 'Ydych chi'n sylweddoli bod eich tystysgrif talu ymlaen llaw yn nesu at ei ddyddiad adnewyddu?' Mae cyfle i'w helpu hwy yn hynny o beth hefyd. Felly nid yw'r darlun yn un o anobaith llwyr. Yr ydym yn hwyluso llawer o hyn hefyd.

[196] **Owen John Thomas:** Ond mewn sefyllfaoedd tebyg, ceir rhyw fath o warchodaeth rhwng y cwsmer a'r gweithiwr ac yn y fferyllfa nid oes dim gwarchodaeth o'r fath.

Mr Parry: Gadeirydd, a gaf fi ddod i mewn ar hynny? Yr wyf yn meddwl mai un o'r pethau y mae'n bwysig i'r Pwyllgor Archwilio ei ddeall yw ein bod yn siarad am sefyllfa o adeiladu ymddiriedaeth rhyngom ni ein hunain a'r unigolyn ar yr ochr arall i'r cownter. Mae adeiladu ymddiriedaeth yn aml yn broses anodd ac araf. Gall gymryd eiliadau'n unig i chwalu ymddiriedaeth a gall achosi llawer iawn o niwed. Mae fferyllfeydd yn bodoli, yn y bôn, ar sail perfformio gwasanaeth cysylltiedig â phob presgripsiwn. Cawn dâl am bob presgripsiwn a gyflenwn. Dyna sut y mae'n gwasanaeth yn gweithio. Mae cyfrifoldeb, nid dim ond i sicrhau y gofelig am y claf yn glinigol ac yn nhermau sut y defnyddir eu moddion, ond hefyd i'n staff, i ni'n hunain, ac i'r cymunedau yr ydym yn byw ynddynt. Mae fferyllfeydd yn rhan hanfodol o lawer o gymunedau busnes bach, er enghraifft, a gallant helpu i

benderfynu hyfywdra cymuned fusnes fach.

Therefore, one of the things about which we must be very careful is maintaining that trust with the patient so that we do not, if you like, frighten them away and scare them into going to a competitor or a neighbour or a pharmacist who may be working nearby, because that has a damaging effect on our business. I think that it is important that you understand that, because to a certain extent, some of the problems that may have occurred, particularly when patients become antagonistic, may have done so because it was a question of where we have had to very quickly try to rebuild that trust. Some of the administrative aspects of putting crosses on the backs of forms and making sure that they are fully filled out tend to fall by the wayside when you are presented with that kind of situation.

[197] **Janet Davies:** May I pursue this in general a bit more? We have talked about the geographical location of a pharmacy affecting the effectiveness of checking entitlement to exemption. I was also wondering whether the type of pharmacy makes a difference. In particular, I was thinking about pharmacies in supermarkets where you have a much wider range of customers in terms of where they come from. You are far less likely to know them. In many ways, if something happens at 2 a.m., in the area where I live you can go to a supermarket at that time whereas the local chemist will not be open. Do you find that there are more problems arising there at all?

Mr Parry: I think that the answer to that is that we do not really know.

[198] **Janet Davies:** That is fair enough.

Mr Martin: My wife is also a pharmacist. She works in a Tesco in-store pharmacy. Our conversation last night was interesting, comparing notes as to what it is like in the pharmacy in St David's and in Haverfordwest. I think that we were happy at the end of the day—and I always agree with

Felly, un o'r pethau y mae'n rhaid inni fod yn ofalus iawn yn eu cylch yw cynnal yr ymddiriedaeth honno gyda'r claf fel na fyddwn, os hoffwch chi, yn eu dychryn i ffwrdd ac yn eu hanfon yn eu hofn at gystadleuydd neu gymydog neu fferylllydd a all fod yn gweithio yn yr ardal, oherwydd caiff hynny effaith niweidiol ar ein busnes. Credaf ei bod yn bwysig ichi ddeall hynny, oherwydd i ryw raddau, gall rhai o'r problemau sydd wedi digwydd, yn enwedig lle bo cleifion wedi mynd yn ymosodol, fod wedi digwydd oherwydd ein bod wedi gorfod mynd ati'n gyflym iawn i geisio ailadeiladu'r ymddiriedaeth honno. Mae rhai o'r agweddau gweinyddol o roi croesau ar gefn ffurflenni a sicrhau y cânt eu llenwi'n llawn yn tueddu i syrthio o'r neilltu pan fo sefyllfa o'r fath yn eich wynebu.

[197] **Janet Davies:** A gaf fi ddilyn hyn yn gyffredinol am ychydig eto? Yr ydym wedi siarad am leoliad daearyddol fferyllfa yn effeithio ar effeithiolrwydd gwirio hawl pobl i gael eu heithrio. Yr oeddwn hefyd yn meddwl tybed a yw'r math o fferyllfa'n gwneud gwahaniaeth. Yn enwedig, yr oeddwn yn meddwl am fferyllfeydd mewn archfarchnadoedd lle mae gennych amrediad llawer ehangach o gwsmeriaid yn nhermau o ble maent yn dod. Yr ydych yn llawer llai tebygol o'u hadnabod. Mewn sawl ffordd, os digwydd rhywbeth am 2 a.m., yn yr ardal lle'r wyf fi'n byw gallwch fynd i archfarchnad ar yr amser hwnnw tra bydd y siop fferylllydd leol wedi cau. Ydych chi'n gweld bod mwy o broblemau'n codi yn y fan honno o gwbl?

Mr Parry: Yr wyf yn meddwl mai'r ateb i hynny yw nad ydym yn gwybod mewn gwirionedd.

[198] **Janet Davies:** Mae hynny'n ddigon teg.

Mr Martin: Mae fy ngwraig i'n fferylllydd hefyd. Mae hi'n gweithio mewn fferyllfa yn siop Tesco. Yr oedd ein sgwrs neithiwr yn ddiddorol, wrth gymharu'r sefyllfa yn y fferyllfa yn Nhyddewi a Hwlfordd. Yr wyf yn meddwl ar ddiwedd y dydd inni fodloni—a byddaf bob amser yn cytuno â'm gwraig—

my wife—to say that we were in a situation where we have similar problems.

[199] **Janet Davies:** I would like to move on to look at your assessment of the adequacy of current arrangements and your views on how matters could be improved. I address this question to Mr Parry and Mr Martin. We have already considered this to a large extent, but I will ask you this question, and if you feel that there is anything that you want to add to what you have already said, please do so. It is about the estimate of around £15 million in revenue that might be lost to the health service because individuals who are not entitled to exemption are having their prescriptions dispensed free of charge. The report indicates that some pharmacists are not carrying out point of dispensing checks. Given that, what would be your view on how current arrangements are working? I accept that we have already looked at this to an extent, but you may have something more to add.

Mr Parry: I think that, as the report highlights, there are clearly problems with the current arrangements. I have already dealt with my concerns over the actual sample that was taken and how that reflects in reality on the number or the volume, that is, whether the £15 million that we are talking about is actually a real figure or not. It is also interesting, as an aside, that we know that within that figure there were over 1,000 prescriptions that were to do with age-related issues, and we are not even in the position where we are supposed to be dealing with that as yet. So, I am a little bit dubious about the validity of the £15 million figure. However, as I said before—and I want to reiterate this—that does not mean that we do not have a problem and that we do not recognise that. We want to move on and work on that with you.

I think that the area at which we need to be looking is as follows. From our point of view, having been involved in the checks, and I echo what Mr Martin said earlier, in our own pharmacy there was quite a lot of enthusiasm to get involved in this. Many of my staff do not like to be in a situation where they believe that people are abusing the

ar ddweud ein bod mewn sefyllfa lle mae gennym broblemau tebyg.

[199] **Janet Davies:** Hoffwn symud ymlaen i edrych ar eich asesiad o ba mor ddigonol yw'r trefniadau presennol a'ch sylwadau ar sut y gellid gwella pethau. Cyfeiriaf y cwestiwn hwn at Mr Parry a Mr Martin. Yr ydym eisoes wedi ystyried hyn i raddau helaeth, ond gofynnaf y cwestiwn hwn ichi, ac os teimlwch yr hoffech ychwanegu unrhyw beth at yr hyn yr ydych eisoes wedi'i ddweud, gwnewch hynny ar bob cyfrif. Cwestiwn ydyw am yr amcangyfrif o ryw £15 miliwn o refeniw sydd efallai'n cael ei golli i'r gwasanaeth iechyd oherwydd bod unigolion sydd heb hawl i gael eu heithrio yn cael eu moddion presgripsiwn am ddim. Yn ôl yr adroddiad nid yw rhai fferyllwyr yn cynnal gwiriadau wrth ddsbarthu. Yn wyneb hynny, beth fyddai'ch barn chi ar y ffordd y mae'r trefniadau presennol yn gweithio? Derbyniaf ein bod eisoes wedi edrych ar hyn i raddau, ond efallai fod gennych rywbeth arall i'w ychwanegu.

Mr Parry: Credaf, fel a amlygir gan yr adroddiad, fod problemau yn amlwg gyda'r trefniadau presennol. Yr wyf eisoes wedi trafod fy mhryderon ynghylch y sampl a gymerwyd a sut y mae hynny'n adlewyrchu ar y nifer neu'r maint gwirioneddol, hynny yw, a yw'r ffigur o £15 miliwn y sonnir amdani yn ffigur go iawn mewn gwirionedd ai peidio. Mae'n ddiddorol hefyd, gyda llaw, ein bod yn gwybod fod dros 1,000 o bresgripsiynau o fewn y ffigur hwnnw oedd yn ymwneud â chwestiwn oed, ac nid ydym hyd yn oed yn y safle lle dylem fod yn delio â hynny eto. Felly, yr wyf ychydig yn amheus o ddilysrwydd y ffigur £15 miliwn. Fodd bynnag, fel y dywedais o'r blaen—a hoffwn ailbwysleisio hyn—nid yw hynny'n golygu nad oes gennym broblem ac nad ydym yn cydnabod hynny. Mae arnom eisiau symud ymlaen a gweithio ar hynny gyda chi.

Yr wyf yn meddwl fod angen inni edrych ar y canlynol. O'n safbwynt ni, wedi ymwneud â'r gwirio, ac yr wyf yn adleisio'r hyn a ddywedodd Mr Martin yn gynharach, yn ein fferyllfa ni yr oedd cryn dipyn o frwdfrydedd i gyfranogi i hyn. Mae llawer o'm staff yn teimlo nad ydynt yn hoffi bod mewn sefyllfa lle credant fod pobl yn camddefnyddio'r

system. There was quite an effort on their part to put this in place properly. In fact, to a certain extent, I had to draw them back from being over zealous, where they were actually saying, 'you cannot have it unless you bring your form in,' and to explain the cross in that box part of the form.

So there was an enthusiasm to get involved in this and I think that one of the major problems that we may be encountering, perhaps even post this report, is that, because we have not actually seen any results of action being taken against patients who have defrauded the system deliberately, we have not seen any service committees—disciplinary committees—against pharmacies either.

I think that that has not helped to reinforce the need, if you know what I mean, to do this properly, and I think that it is important that we put mechanisms in place to provide a disciplinary response, both to patients' deliberate fraud and to pharmacists who are not doing their job properly. I think that that will send a signal to both the public at large and to the profession, that they need to take it more seriously than perhaps some of them are doing. That, I think, is what I would say is an almost immediate requirement.

[200] **Peter Law:** If we have not seen any service committees yet, what disciplinary proceedings are there? Are they pending, because Miss Lewis referred to it and I think that Mr Martin or yourself—

Mr Parry: I am somewhat vaguely aware of there being some disciplinary proceedings taking place at the moment, but I do not know any details.

[201] **Peter Law:** Does that mean that there are proposed service committee hearings, because the mechanism is a service committee, is it not?

Mr Parry: That is correct. That means there are proposed service committees.

[202] **Peter Law:** So they are proposed?

drefn. Cafwyd cryn ymdrech ar eu rhan hwy i roi hyn ar waith yn iawn. Yn wir, i ryw raddau, bu raid imi eu tynnu'n ôl rhag bod yn or-selog, lle'r oeddent yn mynd cyn belled â dweud, 'ni chewch chi mohono os na ddewch chi â'r ffurflen i mewn,' ac egluro'r groes yn y rhan honno ar y ffurflen lle mae'r blychau.

Felly roedd brwdfrydedd dros gymryd rhan yn hyn ac yr wyf yn meddwl mai un o'r problemau mawr yr ydym o bosibl yn eu hwynebu, efallai hyd yn oed ar ôl yr adroddiad hwn, yw, am nad ydym wedi gweld unrhyw ganlyniadau i weithredu yn erbyn cleifion a dwyllodd y system yn fwriadol, nid ydym wedi gweld unrhyw bwyllgorau gwasanaeth—pwyllgorau disgyblu—yn erbyn fferyllfeydd ychwaith.

Yn fy marn i nid yw hynny wedi helpu i atgyfnerthu'r angen, os deallwch yr hyn sydd gennyf, i wneud hyn yn iawn, a chredaf ei bod yn bwysig ein bod yn sefydlu gweithdrefnau i ddarparu ymateb disgyblu, i dwyll bwriadol gan gleifion a hefyd i fferyllwyr nad ydynt yn gwneud eu gwaith yn iawn. Credaf y bydd hynny'n anfon neges i'r cyhoedd yn gyffredinol ac i'r proffesiwn, ill dau, fod angen iddynt gymryd hyn yn fwy difrifol nag y mae rhai ohonynt o bosibl yn ei wneud. Dyna, yr wyf yn meddwl, yw'r hyn y dywedwn i ei fod yn hanfodol bron yn syth.

[200] **Peter Law:** Os nad ydym wedi gweld unrhyw bwyllgorau gwasanaeth eto, pa weithdrefnau disgyblu sydd yna? A ydynt ar y gweill, oherwydd cyfeiriodd Miss Lewis ato ac yr wyf yn credu i Mr Martin neu chi—

Mr Parry: Yr wyf yn rhyw led-ymwybodol fod rhyw achos disgyblu'n digwydd ar hyn o bryd, ond ni wn unrhyw fanylion.

[201] **Peter Law:** A ydyw hynny'n golygu fod gwrandawiadau pwyllgor gwasanaeth am gael eu cynnal, oherwydd pwyllgor gwasanaeth yw'r weithdrefn, onid e?

Mr Parry: Mae hynny'n gywir. Mae hynny'n golygu bod pwyllgorau gwasanaeth yn yr arfaeth.

[202] **Peter Law:** Felly maent yn yr arfaeth?

Mr Parry: Yes.

[203] **Janet Davies:** Mrs Barrie, do you have anything to add on this?

Mrs Barrie: I think, to reiterate what has already been said but perhaps just to summarise, that the issues are: reducing the complexity of the exemption categories; the way the proof is provided; the mechanisms for applying for exemption; the back of the prescription form being simplified and involving public education to support the enhanced reminder to pharmacists of the implications.

I come back to the provision of the information from different players in this. Electronic provision of information, from whatever source, could, for example, be electronically downloaded such as a date of birth, from one computer system to the centrally-held prescription information, which is then passed on electronically to the next stage. Then, a download of perhaps health authority held information on the exemption status. That information is then passed electronically on to the next stage, where the pharmacist is doing the dispensing. All that information will be integral to the record, and is then passed on for pricing, and then that becomes an information source on which the health authorities can draw in terms of an overall monitoring role.

So I think that just summarises how useful such electronic communication would be to enable everybody to partake in developing systems to solve the problem.

[204] **Janet Davies:** Thank you, that is helpful.

[205] **Dafydd Wigley:** A allaf fynd â hynny ymlaen a gofyn i Bwyllgor Fferyllol Canolog Cymru, i ba raddau y teimlwch fod y trefniadau presennol yn rhoi gwerth am arian i'r Cynulliad, ac i ba raddau, pe bai'r Cynulliad yn gwario ychydig mwy, y byddai hi'n bosibl creu arbedion a fyddai'n fwy na'r hyn y byddai angen ei wario?

Mr Parry: Ydynt.

[203] **Janet Davies:** Mrs Barrie, oes gennych chi unrhyw beth i'w ychwanegu at hyn?

Mrs Barrie: Yr wyf yn meddwl, i ailadrodd yr hyn a ddywedwyd eisoes, ond efallai dim ond i grynhoi, mai dyma'r materion o bwys: lleihau cymhlethdod y categorïau eithrio; y modd y darperir prawf; y gweithdrefnau ar gyfer gwneud cais am eithriad; symleiddio cefn y ffurflen bresgripsiwn a threfnu addysg gyhoeddus i ategu'r nodyn atgoffa cryfach i fferyllwyr am y goblygiadau.

Dof yn ôl at y modd y darperir yr wybodaeth gan wahanol chwaraewyr yn hyn o beth. Gallai darpariaeth gwybodaeth electronig, o ba ffynhonnell bynnag, er enghraifft, gael ei llwytho i lawr megis dyddiad geni, o un system gyfrifiadur i'r wybodaeth ar y presgripsiwn a gedwir yn ganolog, a drosglwyddir yn electronig wedyn i'r cam nesaf. Wedyn, efallai y gellid llwytho i lawr wybodaeth sydd yn cael ei dal gan yr awdurdod iechyd ar y statws eithriedig. Caiff yr wybodaeth honno wedyn ei throsglwyddo'n electronig i'r cam nesaf, lle mae'r fferylllydd yn ei fferyllfa. Bydd yr holl wybodaeth yma'n rhan annatod o'r cofnod, a chaiff ei drosglwyddo ymlaen wedyn ar gyfer pennu pris, ac wedyn bydd honno'n ffynhonnell wybodaeth y gall awdurdodau iechyd ei defnyddio yn nhermau swyddogaeth fonitro gyffredinol.

Felly credaf fod hynny'n crynhoi'n union pa mor ddefnyddiol y byddai cyfathrebu electronig o'r fath i alluogi pawb i gyfranogi i ddatblygu systemau i ddatrys y problem.

[204] **Janet Davies:** Diolch, mae hynny'n ddefnyddiol.

[205] **Dafydd Wigley:** May I take that further and ask the Welsh Central Pharmaceutical Committee to what extent do you feel that the present arrangements provide the Assembly with value for money and to what degree, were the Assembly to spend a little more, would it be possible to create savings that would be greater than what would need to be spent?

Mr Martin: As far as value for money is concerned—I hate quoting figures, but if you look at a 2:1 return in terms of a £800,000 investment, to give a £2 million saving, then in basic terms, I suppose that is quite reasonable. However, I think that if a little bit more money was spent, then there could be a huge way forward here. I am thinking specifically about matters such as patient education. I have to say that, when this was first launched, there was definitely an increase of people asking about prepayment certificates, and the whole awareness of what was happening in the public arena helped people to take responsibility for what they had to do within pharmacies. So that initial education was very useful.

I also think, and I take the point here that Peter Law made in respect of educational support for pharmacists and support staff, that we need to look at that again. I think that we have a little bit more to learn here. We could do it maybe in a more structured manner than was done before, instead of just sending out the leaflets and expecting each pharmacist to do their own thing. Although I must say that we had a wonderful time with a social evening and everything else but other people have dealt with it in different ways. I think that there is a real opportunity here.

I also think that there must be education and an opportunity to make sure that the threat of prosecution is real. Dare I say this and get away with it? If *The Western Mail* reported that four people in Gwent had been prosecuted because of prescription fraud, if I can use that term, it would heighten awareness and there would be an opportunity to take things forward. It would certainly be highlighted in the *Western Telegraph* in Dyfed if that were to happen. There are a number of issues on which improvements could be made, with a little more investment in terms of time and money, by the Assembly.

[206] **Dafydd Wigley:** Yr wyf yn meddwl bod yr ateb hwnnw yn ddifyr a dadlennol. A yw Miss Lewis a Mrs Barrie yn cytuno bod y potensial mor sylweddol ag a awgrymwyd yn

Mr Martin: O ran gwerth am arian—mae'n gas gennyf ddyfynnu ffigurau, ond os edrychwch ar ddychweliad o 2:1 yn nhermau buddsoddiad o £800,000, i roi arbediad o £2 filiwn, yna mewn termau sylfaenol, mae'n debyg bod hynny'n eithaf rhesymol. Fodd bynnag, pe câi ychydig bach mwy o arian ei wario, yr wyf yn meddwl y gallai fod cam mawr ymlaen yma. Meddwl yr wyf yn benodol am faterion fel addysgu cleifion. Rhaid imi ddweud, pan lansiwyd hyn gyntaf, cafwyd cynnydd yn ddi-os yn y bobl a holai am dystysgrifau talu ymlaen llaw, ac yr oedd yr holl ymwybyddiaeth o'r hyn oedd yn digwydd yn yr arena gyhoeddus yn helpu pobl i gymryd cyfrifoldeb dros yr hyn yr oedd yn rhaid iddynt ei wneud yn y fferyllfa. Felly yr oedd yr addysg gychwynol yna'n ddefnyddiol iawn.

Credaf hefyd, ac yn y fan hon cymeraf y pwynt a wnaeth Peter Law ynghylch cymorth addysgol i fferyllwyr a staff ategol, bod angen inni edrych ar hynny eto. Credaf fod gennym ychydig mwy i'w ddysgu yn y fan hon. Gallem ei wneud efallai mewn modd mwy strwythuredig nag o'r blaen, yn lle dim ond anfon y taflenni allan a disgwyl i bob fferylllydd weithredu drosto'i hun. Er bod yn rhaid imi ddweud y cawsom amser bendigedig gyda noson gymdeithasol a phopeth arall, ond mae pobl eraill wedi delio â'r peth mewn ffyrdd gwahanol. Credaf bod gwir gyfle yma.

Credaf hefyd fod yn rhaid wrth addysg a chyfle i sicrhau fod y bygythiad i erlyn yn un real. A feiddiaf ddweud hyn heb gosb? Petai'r *Western Mail* yn cario adroddiad fod pedwar o bobl yng Ngwent wedi'u herlyn oherwydd ffugio presgripsiwn, os caf ddefnyddio'r term hwnnw, byddai'n cynyddu ymwybyddiaeth a cheid cyfle i fynd â'r peth yn ei flaen. Byddai'n sicr yn cael sylw amlwg yn y *Western Telegraph* yn Nyfed pe digwyddai hynny. Mae nifer o faterion lle gellid gwneud gwelliannau, gydag ychydig bach mwy o fuddsoddiad yn nhermau amser ac arian gan y Cynulliad.

[206] **Dafydd Wigley:** I think that that response is interesting and revealing. Do Miss Lewis and Mrs Barrie agree that the potential is as substantial as suggested in the

yr ateb diwethaf?

Miss Lewis: Yes, we agree. We think that improved training for pharmacists and their staff would help—it is often the staff who deal with these matters. It is also important that there is public information and that the public is aware that it needs to provide evidence of exemption. It is also important that there is a simplified method because most of the problems were with benefit claims, which is a very complicated area. If there were a simpler way of identifying that somebody was entitled to an exemption, that would help a great deal.

[207] **Dafydd Wigley:** Trof yn ôl at Mr Parry a Mr Martin. Beth yn eich barn chi yw'r prif ffactorau sydd yn dylanwadu ar effeithiolrwydd fferyllwyr wrth gyflawni cyfrifoldebau mewn perthynas â chadarnhau hawl person i bresgripsiwn am ddim? Yn amlwg, mae nifer o ffactorau, rhai na allwch eu rheoli a rhai y gallwch eu rheoli. Byddai cael syniad o'r blaenoriaethau yn ddefnyddiol inni weld beth yw'r goblygiadau o safbwynt polisi'r Cynulliad.

Mr Parry: I am not sure that that came over very well in the translation, I am afraid.

[208] **Dafydd Wigley:** Hoffwn wybod beth yw'r prif ffactorau sydd yn dylanwadu ar ba mor effeithiol yw fferyllwyr wrth gyflawni cyfrifoldebau mewn perthynas â chadarnhau hawl person i bresgripsiwn am ddim. Cymeraf fod nifer o ffactorau yn dylanwadu ar hyn.

Mr Parry: Thank you. We have all, on this side of the table, expressed a requirement for more simplicity in how the forms are made available. We would also like to see a system put in place where it was not evident that people were passing over benefit books and things of that sort. As part of that system, we were looking at some form of discreet document or card, or something of that sort, which showed the exemption that the patient was able to receive, whether that be medical exemption or maternity exemption or prepayment—the health authority side—or even exemption on the benefit side. That would be very helpful. In the discussions that

last response?

Miss Lewis: Ydym, yr ydym yn cytuno. Credwn y byddai gwell hyfforddiant i fferyllwyr a'u staff yn helpu—y staff yn aml sydd yn delio â'r materion hyn. Mae'n bwysig hefyd rhoi gwybodaeth i'r cyhoedd a bod y cyhoedd yn ymwybodol bod angen darparu tystiolaeth o eithriad. Mae'n bwysig hefyd cael dull symlach oherwydd gyda hawliadau am fudd-dâl y cafwyd y rhan fwyaf o broblemau, sydd yn faes cymhleth iawn. Pe bai ffordd symlach o nodi bod gan rywun hawl i gael eu heithrio, byddai hynny'n gymorth mawr.

[207] **Dafydd Wigley:** I turn back to Mr Parry and Mr Martin. What do you think are the main factors that influence how effective pharmacists are in fulfilling their responsibilities in terms of confirming a person's right to a free prescription? Obviously, there are a number of factors, some outside your control and some within it. An idea of the priorities would be useful for us to see what the implications are for Assembly policy.

Mr Parry: Nid wyf yn siŵr y daeth hynny drosodd yn dda iawn yn y cyfieithiad, mae arnaf ofn.

[208] **Dafydd Wigley:** I would like to know what the main factors are that influence how effective pharmacists are in fulfilling their responsibilities in relation to confirming a person's right to a free prescription. I assume that many factors influence this.

Mr Parry: Diolch. Yr ydym i gyd, ar yr ochr yma i'r bwrdd, wedi mynegi dymuniad am fwy o symlrwydd yn y ffordd y mae'r ffurflenni ar gael. Hoffem hefyd weld sefydlu system lle na fyddai'n amlwg fod pobl yn pasio llyfrau budd-dâl a phethau felly drosodd. Fel rhan o'r system honno, yr oeddem yn edrych ar ryw ffurf ar ddogfen neu gerdyn cynnil, neu rywbeth tebyg, a ddangosai'r eithriad y gallai'r claf ei dderbyn, boed hwnnw'n eithriad meddygol neu'n eithriad mamolaeth neu ragdaliad—ochr yr awdurdod iechyd—neu hyd yn oed eithriad ar yr ochr fudd-daliadau. Byddai hynny'n fuddiol iawn. Yn y trafodaethau a

we have had with officers we are thinking about—and we do not know the practicalities of this yet so I would not want to be a hostage to the future in what I will say next—something that is almost like a credit card or a membership card. We often use those in pharmacies; we accept payments by credit card and we use patient medication record cards to identify the patient on our computer systems. The handing over of a card would not alert anybody who happened to be standing nearby to the exemption status or the socio-economic group of that patient. I think that that would help to remove some of the stigma that may be associated with some of these checks.

Those are two things that we would like to look at. We have talked about the future in terms of electronic links. I think that that is quite important because it would virtually automate the information that came to us from the GP, in particular. Going well into the future—and this may be pie in the sky for quite some time—the Benefits Agency might be brought into the ring so that we could see what the patient's exemption was in real time. That would be important. I know that there are many problems relating to going that fast for quite some time. However, simplification and increased use of IT to solve this problem would be helpful.

The other thing is that there may be opportunities for pharmacists to be involved in providing prepayment certificates, for example, within the pharmacy setting, which is currently done in some places but is not universal. Even where it is being done at the moment, it is a little bit cumbersome. However, that does actually help to change the situation for the person who comes in with three items on a form, for example. I also think, and I have mentioned this before, that we welcome the fact that the Assembly is looking at simplification of the rules regarding payment. The professional view, of course, is that having prescription charges gets in the way of equity in the system. As a profession, we would be very supportive of them not being in place. However, we realise that that, of course, is a political issue and something that we have to live with. We have discussed other issues that might be helpful—

gawsom gyda swyddogion yr ydym yn ystyried—ac ni wyddom pa mor ymarferol yw hyn eto felly ni hoffwn glymu fy hun i'r dyfodol yn yr hyn a ddywedaf nesaf—rhywbeth sydd bron fel cerdyn credyd neu gerdyn aelodaeth. Defnyddiwn y rheini'n aml mewn fferyllfeydd; derbyniwn daliadau drwy gerdyn credyd a defnyddiwn gardiau cofnodi meddyginiaeth cleifion i adnabod y claf ar ein systemau cyfrifiadurol. Ni fyddai pasio cerdyn drosodd yn tynnu sylw neb a ddigwyddai sefyll gerllaw at statws eithriedig neu grŵp economaidd-gymdeithasol y claf hwnnw. Yr wyf yn meddwl y byddai hynny'n helpu i dynnu rhywfaint o'r stigma a all fod yn gysylltiedig â rhai o'r gwiriadau hyn.

Dyna ddau beth yr hoffem edrych arnynt. Yr ydym wedi siarad am y dyfodol yn nhermau cysylltiadau electronig. Credaf ei bod yn dra phwysig oherwydd byddai fwy neu lai'n awtomeiddio'r wybodaeth a ddaw atom gan y meddyg teulu, yn enwedig. Ymhellach i'r dyfodol—ac efallai mai breuddwyd gwrach fydd hyn am y tro—gellid dod â'r Asiantaeth Fudd-daliadau i mewn i'r cylch fel y gallem weld beth yw statws eithriedig y claf mewn amser go-iawn. Byddai hynny'n bwysig. Gwn fod llawer o broblemau ynghlwm wrth fynd mor gyflym â hynny am gryn amser. Fodd bynnag, byddai'n fuddiol symleiddio a defnyddio mwy o TG i ddatrys y broblem hon.

Y peth arall yw y gallai cyfleoedd godi i fferyllwyr ymwneud â darparu tystysgrifau rhagdal, er enghraifft, o fewn y fferyllfa, sydd yn digwydd ar hyn o bryd mewn rhai manau ond nid ym mhobman. Hyd yn oed lle mae'n digwydd ar hyn o bryd, mae braidd yn drwsgl. Fodd bynnag, y mae'n helpu i newid y sefyllfa i'r person a ddaw i mewn gyda thair eitem ar ffurflen, er enghraifft. Credaf hefyd, ac yr wyf wedi crybwyll hyn o'r blaen, ein bod yn croesawu'r ffaith fod y Cynulliad yn ystyried symleiddio'r rheolau parthed talu. Y farn broffesiynol, wrth gwrs, yw bod cael taliadau presgripsiynau yn tarfu ar degwch yn y system. Fel proffesiwn, byddem yn gryf o blaid peidio â chael taliadau o gwbl. Fodd bynnag, sylweddolwn wrth gwrs mai mater gwleidyddol yw hwnnw a rhywbeth y mae'n rhaid inni fyw gydag ef. Yr ydym wedi trafod materion eraill a allai fod o gymorth—a hoffech chi sôn am hynny,

would you like to pick up on that, Chris?

Chris?

Mr Martin: Are you happy for us to continue?

Mr Martin: A ydych chi'n hapus inni fynd ymlaen?

[209] **Dafydd Wigley:** Yes.

[209] **Dafydd Wigley:** Ydym.

Credaf fod yr wybodaeth hon yn werthfawr iawn. Mae'n werth ei chofnodi er lles adrannau o fewn y Cynulliad.

I think that this information is very valuable. It is worth recording it for the benefit of divisions within the Assembly.

Mr Martin: I have made a note of a couple of things in terms of talking to the Benefits Agency to try to get it to help us with the process so that when people are actually receiving benefits they are aware that when they go to a pharmacy for a prescription they have to take evidence. That is very much a matter of educational support again as far as that is concerned.

Mr Martin: Yr wyf wedi gwneud nodyn o un neu ddau o bethau o ran siarad â'r Asiantaeth Fudd-daliadau i geisio'i gael i'n helpu gyda'r broses, fel y bydd pobl yn ymwybodol, os ydynt yn derbyn budd-daliadau, fod yn rhaid iddynt fynd â thystiolaeth gyda hwy pan ânt i fferyllfa i gasglu bresgripsiwn. Mae hynny i raddau helaeth iawn yn fater o gefnogaeth addysgol lle bo hynny yn y cwestiwn.

I am not sure whether we have touched on this yet, but introducing robust monitoring systems with random checks for the health authority is important. That monitoring has to be in place. I think that we have identified that it may not be happening at the moment. However, that needs to be tightened up and sharpened up. We also need to ensure that the calls to the fraud line are followed up. It seems to be a little bit of a scandal, if that is not too strong a term. When people take the opportunity of calling the fraud line and those sorts of things are not followed up, then there is something wrong in the system.

Nid wyf yn siŵr a ydym wedi cyffwrdd ar hyn eto, ond mae'n bwysig i'r awdurdod iechyd gyflwyno systemau monitro cryf yn cynnwys gwirio ar hap. Rhaid i'r monitro hwnnw ddigwydd. Credaf ein bod wedi nodi nad yw'n digwydd efallai ar hyn o bryd. Fodd bynnag, mae angen tynhau hynny a rhoi mwy o awch iddo. Mae angen sicrhau bod y galwadau i'r llinell dwyll yn cael eu dilyn hefyd. Mae'n ymddangos yn dipyn o sgandal, os nad yw hynny'n derm rhy gryf. Pan gymer pobl y cyfle i alw'r llinell dwyll, ac na chaiff hynny ei ddilyn wedyn, yna mae rhywbeth o'i le yn y system.

[210] **Dafydd Wigley:** Yr wyf yn ddiolchgar iawn am yr atebion hynny. Mae'n ymddangos i mi fod pethau yn disgyn o dan ddau bennawd. Mae angen gwybodaeth a chymorth ar fferyllwyr. Fodd bynnag, mae angen systemau mwy effeithiol hefyd a fydd o help ichi. Nodais yn arbennig y systemau cyfrifiadurol a thechnoleg gwybodaeth y cyfeiriasoch atynt. I ba raddau yr ydych yn cynnal trafodaethau ynglŷn â hyn â'r swyddogion yr ydych yn delio â hwy yn y Cynulliad neu'r awdurdod iechyd? Mae'n amlwg bod hwn yn gwestiwn o system.

[210] **Dafydd Wigley:** I am very grateful for those answers. It seems to me that things fall under two headings. Pharmacists need information and support. However, more effective systems that will be of help to you are also needed. I noted especially the computer systems and IT to which you referred. To what extent are you having discussions about this with the officials that you deal with in the Assembly or the health authority? It is obvious that this is a question of system.

Mr Parry: We have been engaged in discussion with the Assembly about this issue for a while. It is not just a response to this particular issue. There are a whole load of

Mr Parry: Yr ydym wedi bod yn trafod y mater hwn gyda'r Cynulliad ers tro. Nid ymateb i'r pwnc arbennig hwn yn unig ydyw. Mae llw o resymau eraill pam yr hoffem weld

other reasons why we would want to see pharmacists more closely integrated into the IT system, which would have a more profound effect on the way in which we were able to interact with GPs, patients and to improve their care, with a consequent reduction in costs and improvement in therapy. When we are talking about us being added to the IT system, we are not simply talking about it in relation to trying to deal with this problem. It is part of a package that we are trying to negotiate with the Assembly in order to put in place a robust system that will achieve a lot of different results.

[211] **Dafydd Wigley:** Credaf y bydd aelodau eraill o'r Pwyllgor eisiau dilyn rhai agweddau ar y cwestiwn cyfrifiadurol. Felly, fe adawaf hynny. Fodd bynnag, a fyddwn yn gywir i ddweud yn gyffredinol, pe bai'r newidiadau yr ydych yn sôn amdanynt yma yn digwydd, byddai hyn hefyd yn ei gwneud yn haws i sicrhau bod fferyllwyr yn cyflawni gofynion yr amodau gwasanaeth a bod y ddau beth, felly, yn mynd gyda'i gilydd?

Mr Parry: Yes, absolutely.

[212] **Dafydd Wigley:** Diolch yn fawr. Felly, trof at Gymdeithas Fferyllol Frenhinol Prydain Fawr. Beth yw eich barn chi ynglŷn â hyn?

Mrs Barrie: I think that I would just reiterate what we said before about the IT links and the benefits. Initially, it would help with these administrative checks. However, as Mr Parry has already said, the potential for the future is that other things could add to it—

Miss Lewis: Other clinical benefits.

Mrs Barrie: Yes, I was just to about to say that. The potential, then, is that there would be clinical benefits for the patients because of the sharing of information. There would be access for pharmacists to the clinical information about the patient to help with that service. However, that is a benefit that could be built on to what, in the short term, could simplify these processes for the administrative checking.

fferyllwyr yn cael eu hintegreiddio'n agosach i'r system dechnoleg gwybodaeth, a fyddai'n cael effaith gryfach ar y ffordd y gallem ryngweithio â meddygon teulu a chleifion a gwella'u gofal, a fyddai, yn ei dro yn lleihau costau ac yn gwella'r therapi a roddir. Pan soniwn am gael ein hychwanegu at y system TG, nid dim ond sôn amdano mewn perthynas â delio â'r broblem hon a wnawn. Mae'n rhan o becyn yr ydym yn ceisio'i negodi gyda'r Cynulliad er mwyn sefydlu system gref a rydd llawer o wahanol ganlyniadau.

[211] **Dafydd Wigley:** I think that other Committee members will want to pursue some aspects of the IT question. Therefore, I will leave that. However, would I be correct in saying generally that if the changes that you are talking about here were to happen, that would also make it easier to ensure that pharmacists meet the requirements of the service conditions, and that the two things, therefore, go together?

Mr Parry: Ie, yn hollol.

[212] **Dafydd Wigley:** Thank you. Therefore, I turn to the Royal Pharmaceutical Society of Great Britain. What is your view on this?

Mrs Barrie: Credaf mai'r cyfan a wnawn i fyddai ailadrodd yr hyn a ddywedasom o'r blaen am y cysylltiadau TG a'r manteision. Ar y dechrau, byddai'n helpu gyda'r gwiriadau gweinyddol hyn. Fodd bynnag, fel y dywedodd Mr Parry eisoes, y potensial ar gyfer y dyfodol yw y gallai pethau eraill ychwanegu ato—

Miss Lewis: Manteision clinigol eraill.

Mrs Barrie: Ie, yr oeddwn ar fin dweud hynny. Y potensial, felly, yw y byddai manteision clinigol i'r cleifion oherwydd y rhannu gwybodaeth. Gallai fferyllwyr gael mynediad at yr wybodaeth glinigol am y claf i helpu gyda'r gwasanaeth hwnnw. Fodd bynnag, mantais yw honno y gellid ei hychwanegu at yr hyn a allai, yn y tymor byr, symleiddio'r prosesau hyn ar gyfer gwirio gweinyddol.

[213] **Dafydd Wigley:** Byddwn yn iawn, felly, yn dweud nad oes ystyriaethau proffesiynol a fyddai'n milwrio yn erbyn y math o newidiadau a awgrymwyd gan eich cyfeillion yn gynharach, at ba rai yr oeddech yn cyfeirio. A fyddech chi, o safbwynt proffesiynol, yn croesawu hyn?

Mrs Barrie: We would support it.

[214] **Janice Gregory:** It sounds like a good idea, but there is obviously a cost implication for small pharmacies. I have twittered on about the £800,000, but, Mr Parry, you broke it down into 4p per prescription. Where would you expect the money to come from? Would you expect the Assembly to stump up some more cash or would you encourage your own pharmacy members to invest in IT? It is a good idea, but there is more of a debt to cover. Also—very quickly, before the Chair gives me a row—Mr Parry, you mentioned a card. It sounds great. The customer can go into a corner and produce the card, but where will the card come from? There is a responsibility on the patient to return to the same pharmacy, is there not?

Mr Parry: No, not necessarily. A patient can go to any pharmacy that they choose.

[215] **Janice Gregory:** So the card would not be issued by a particular pharmacist? You mean a card that will be issued centrally from the Benefits Agency.

Mr Parry: Instead of somebody being sent a prepayment certificate from the health authority, for example, the card would be generated there. Perhaps, as part of the package that goes out with the benefit books, the card would be put in there as proof of exemption. That is the idea. I have forgotten the first part of your question.

[216] **Janice Gregory:** It was about the cost implications.

Mr Parry: We are always willing to accept any money that you may have. [*Laughter.*]

[217] **Janice Gregory:** I was not offering any money. I was just asking you where you

[213] **Dafydd Wigley:** I would be correct, therefore, in saying that there are no professional considerations which would militate against the type of changes that were suggested by your colleagues earlier, to which you referred. Would you, from a professional standpoint, welcome this?

Mrs Barrie: Byddem yn ei gefnogi.

[214] **Janice Gregory:** Mae'n swinio fel syniad da, ond yn amlwg mae goblygiadau cost i fferyllfeydd bach. Yr wyf fi wedi rhygnu ymlaen am yr £800,000, ond, Mr Parry, fe wnaethoch chi ei dorri i lawr i 4c am bob presgripsiwn. O ble y disgwyliech i'r arian ddod? A ddisgwyliech i'r Cynulliad ganfod mwy o arian ynteu a fyddech yn annog eich aelodau eich hunain i fuddsoddi mewn technoleg gwybodaeth ar gyfer eu fferyllfeydd? Mae'n syniad da, ond mae mwy o ddyled i'w thalu. Hefyd—yn sydyn iawn, cyn i'r Cadeirydd ddweud y drefn wrthyf—Mr Parry, soniasoch am gerdyn. Mae'n swinio'n wych. Gall y cwsmer fynd i gornel a dangos y cerdyn, ond o ble y daw'r cerdyn? Mae cyfrifoldeb ar y claf i fynd yn ôl i'r un fferyllfa, onid oes?

Mr Parry: Na, nid o reidrwydd. Gall claf fynd i unrhyw fferyllfa o'i ddewis.

[215] **Janice Gregory:** Felly ni fyddai fferylllydd arbennig yn rhoi'r cerdyn? Yr ydych chi'n sôn am gerdyn a ddaw'n ganolog oddi wrth yr Asiantaeth Fudd-daliadau.

Mr Parry: Yn lle bod rhywun yn cael tystysgrif rhagdalau oddi wrth yr awdurdod iechyd, er enghraifft, câi'r cerdyn ei gynhyrchu yno. Efallai, fel rhan o'r pecyn a anfonir allan gyda'r llyfrau budd-dâl, y câi'r cerdyn ei gynnwys yn hwnnw fel prawf o eithriad. Dyna'r syniad. Yr wyf wedi anghofio rhan gyntaf eich cwestiwn.

[216] **Janice Gregory:** Yr oedd yn ymwneud â goblygiadau o ran cost.

Mr Parry: Yr ydym bob amser yn barod i dderbyn unrhyw arian a fo gennych. [*Chwerthin.*]

[217] **Janice Gregory:** Nid oeddwn yn cynnig unrhyw arian. Yr oeddwn yn gofyn i

thought it was coming from.

Mr Parry: We are hoping that some of it will come from you. That is the honest answer. However, we have not really got into the depths of negotiation on that. I would not want to prejudge any of that.

[218] **Janice Gregory:** But you have costed it?

Mr Parry: No.

Mr Martin: May I just add to that? I do not want to complicate that situation, but obviously we are all aware of the problems that Health Solutions Wales has had over the last 12 months, which are continuing. It is, again, one of the other pieces of the jigsaw that will help us along this way. We are in discussions as far as trying to look at ways of simplifying the pricing of prescriptions by electronic transmission of information. That is all part of it. It has not been mentioned, but it is all part of the overall game plan that we are looking at.

Mr Parry: Chair, may I say one thing? What we are looking for and, I think that it is probably achievable in this area, is that we end up with a win-win situation that works for both of us.

[219] **Alun Cairns:** I would like to place my questions in the context of the responses that we have already received. Many of them slightly repeat some of the questions that we have had already. However, I still want to ask them, because I am concerned about the utopia that we are envisaging with this IT system and the suggestion that it will answer all our problems. That is certainly my perception of how it is viewed. I do not mean to be light about it, but that concerns me. IT frequently does not answer all our problems, plus, in the meantime, there is a more short-term agenda, because it will be some time before that sort of system would be introduced. Even after it is introduced, it will be some time before it is sufficiently robust to meet the needs and expectations that we are talking about. In a number of the answers that we have had—I do not want to name anyone in particular—there has been a call

chi o ble y disgwyliech i'r arian ddod.

Mr Parry: Yr ydym yn gobeithio y daw rhywfaint ohono oddi wrthych chi. Dyna'r ateb gonest. Fodd bynnag, nid ydym mewn gwirionedd wedi negodi hynny'n fanwl. Ni hoffwn ragfarnu dim o hynny.

[218] **Janice Gregory:** Ond yr ydych wedi ei gostio?

Mr Parry: Naddo.

Mr Martin: A gaf fi ychwanegu at hynny? Nid oes arnaf eisiau cymhlethu'r sefyllfa honno, ond yn amlwg yr ydym i gyd yn ymwybodol o'r problemau a gafodd Health Solutions Wales dros y 12 mis diwethaf, sydd yn parhau. Eto, dyma un arall o ddarnau'r jigso a fydd yn ein helpu ar hyd y ffordd hon. Yr ydym wrthi'n trafod sut i symleiddio dull prisio presgripsiynau drwy drosglwyddiad gwybodaeth electronig. Mae hynny i gyd yn rhan ohono. Ni soniwyd amdano, ond mae'r cyfan yn rhan o'r cynllun cyffredinol sydd dan sylw gennym.

Mr Parry: Gadeirydd, a gaf fi ddweud un peth? Yr hyn yr ydym yn edrych amdano, ac yr wyf yn meddwl y gellir ei gael yn y maes hwn yn ôl pob tebyg, yw ein bod yn cael sefyllfa a fydd yn plesio pawb ar ddiwedd y dydd a fydd yn gweithio i'r ddwy ochr.

[219] **Alun Cairns:** Hoffwn osod fy nghwestiynau yng nghyd-destun yr atebion a gawsom yn barod. Mae llawer ohonynt yn ailadrodd rhyw fymryn ar rai o'r cwestiynau a glywsom eisoes. Fodd bynnag, yr wyf yn dal i fod eisiau eu gofyn, oherwydd yr wyf yn bryderus ynghylch yr iwtopia yr ydym yn ei rhagweld gyda'r system dechnoleg gwybodaeth hon a'r awgrym y gwnaiff ateb ein holl broblemau. Dyna'n sicr yw'r ymateb yn ôl a welaf fi. Nid wyf yn bwriadu bod yn ysgafn ynglŷn â hyn, ond y mae'n peri pryder imi. Yn aml, nid yw technoleg gwybodaeth yn ateb ein problemau i gyd, ac ar ben hynny, yn y cyfamser, mae gennym agenda mwy byrdymor, oherwydd ni châi system o'r math hwnnw ei chyflwyno am gryn amser. Hyd yn oed ar ôl ei chyflwyno, bydd cryn amser cyn y bydd yn ddigon cadarn i ateb yr anghenion a'r disgwyliadau yr ydym yn sôn amdanynt. Mewn amryw o'r atebion a gawsom—nid oes

for simplification of the system. If the proof of exemption were much simpler, it would be far easier for the chemist or pharmacist in terms of dispensing prescriptions. Therefore, turning to the detail of the Auditor General's report, what can be done to improve the situation with regard to the checks on age-related exemptions? There cannot be a simpler question than 'How old are you?' I want to tie that in to what you have already said about simplifying the process. If someone is over 60 years of age, they are automatically exempt. That would then underline their claim in terms of a free prescription.

Mr Parry: It may sound easy. It is not all that difficult a question to ask; I appreciate that. However, we are not talking about what people say but what they can prove. That is a different thing. I have already said that we welcome the simplification of the age exemption at the lower end to everyone under 25 years of age. However, what are we going to accept as evidence? I think that if we start asking people to bring their passports in, we are going to be in a rather over-heavy, big brother kind of situation, which I do not think any of us want to see. We do not have a uniform kind of card that shows what patients' ages are. I think that that will be a major challenge. It is something that we are obviously keen to discuss with your officers and yourselves in trying to come up with an answer to it. However, I think that that will be a major area. For example, we know that a great many teenagers carry bogus cards to allow them to get into pubs and clubs. We may end up with a somewhat similar situation unless there is some kind of process. The easiest process would be for the GP to put the age on the script. Then we would know. We would not have a problem and it would be absolutely right.

At the other end of the spectrum, you get some people who are actually trying to claim that they are younger than 60 years of age. I have come across a few of those. You certainly cannot try to take a guess at it. Again, there is no documentation that is readily available that establishes age. I think that that is why there has been a delay and why this has not come into effect. If you are asking me whether we can put this into effect

arnaf eisiau enwi neb yn arbennig—cafwyd galwad am symleiddio'r system. Pe bai'r modd o brofi eithriad yn llawer symlach, byddai'n haws o lawer i'r fferylllydd o ran dosbarthu presgripsiynau. Felly, gan droi at y manylion yn adroddiad yr Archwiliwr Cyffredinol, beth y gellir ei wneud i wella'r sefyllfa parthed gwirio eithriadau ar sail oedran? Ni ellir cael cwestiwn symlach na 'Beth yw eich oed?'. Hoffwn gysylltu hynny â'r hyn a ddywedasoeh eisoes ynghylch symleiddio'r broses. Os yw rhywun dros 60 oed, cânt eu heithrio'n syth. Byddai hynny wedyn yn tanlinellu'u hawl o ran presgripsiwn am ddim.

Mr Parry: Efallai ei fod yn swnio'n hawdd. Nid yw'n gwestiwn mor anodd â hynny i'w ofyn; sylweddolaf hynny. Fodd bynnag, nid ydym yn sôn am yr hyn a ddywed pobl ond am yr hyn y gallant ei brofi. Mae hynny'n beth gwahanol. Dywedais eisoes ein bod yn croesawu symleiddio'r eithriad oedran ar y pen isaf i bawb dan 25 mlwydd oed. Fodd bynnag, beth a dderbyniwn ni fel tystiolaeth? Yr wyf yn meddwl pe bawn yn dechrau gofyn i bobl ddod â'u pasbort i mewn, y byddwn yn symud i sefyllfa or-drwm, 'brawd-mawr' ei naws, ac ni chredaf fod neb ohonom am weld hynny. Nid oes gennym gerdyn unffurf sydd yn dangos beth yw oed cleifion. Credaf y bydd hynny'n her fawr. Mae'n rhywbeth yr ydym yn amlwg yn awyddus i'w drafod gyda'ch swyddogion a chithau, er mwyn ceisio cael ateb. Fodd bynnag, credaf y bydd hwnnw'n faes eang. Er enghraifft, gwyddom fod llawer iawn o bobl yn eu harddegau'n cario cardiau ffug i gael mynediad i dafarnau a chlybiau. Gallem gyrraedd sefyllfa debyg oni cheir rhyw fath o broses. Y broses hawsaf fyddai i'r meddyg teulu roi'r oed ar y sgript. Wedyn byddem yn gwybod. Ni fyddai gennym broblem a byddai'n hollol gywir.

Ar ben arall y sbectrw, ceir rhai pobl sydd yn ceisio honni eu bod yn iau na 60 mlwydd oed. Yr wyf fi wedi dod ar draws ychydig o'r rheini. Yn sicr ni allwch geisio dyfalu eu hoed. Eto, nid oes dim dogfennaeth sydd ar gael yn rhwydd i gadarnhau oed. Credaf mai dyna pam y cafwyd oedi a pham nad yw hyn wedi dod i rym. Os ydych yn gofyn imi a allwn weithredu hyn yfory wrth i ni wneud rhywbeth, credaf mai 'na' fyddai'r ateb, oni

tomorrow by us doing something, I think that the answer would have to be 'no', unless the GPs actually put the age on the script.

[220] **Alun Cairns:** Thank you for that answer. However, in response to previous questions, you said that if the date of the birth were on the prescription, that would make it far easier in terms of assessing whether someone should be exempt or not. What is the difference between asking for someone's date of birth and it being provided? I appreciate that the prime responsibility should lie with the GP. However, this Committee's role is to analyse the current situation, not to propose policy. Under current policies, there is no arrangement for that to happen. Therefore, I am trying to explore how we, in the very short term, can make a difference in terms of saving the taxpayer money.

Mr Parry: I understand that. I am struggling a little bit with the difficult difference between them telling me that they are under 25 or over 60, and my asking them. They tell us that they are. What we need is the evidence.

[221] **Alun Cairns:** Thank you for that. This is a similar question, really. How can we improve the situation in relation to the health authority certificates, to ensure that people are genuinely exempt from prescription charges? We have already talked about the card that would be useful for the future. Again, that is a longer-term measure, as it would require the introduction of policy. Is there anything that can be done in the shorter term to help improve this?

Mr Parry: I think that there are some things that could be done in the short term. First of all, we talked about simplification of the back of the prescription form. At the moment there are around 13 or 15 boxes on the back of the form. Perhaps we can take a look at whether we could just have an age exemption box, for example—which would be simpler for patients to use—rather than having one for the under 25s and another for the over 60s. We could also have a health authority certificate exemption box that would apply to maternity exemption, medical exemption and prepayment. Therefore, we would be using a

bai fod y meddygon teulu'n rhoi'r oed ar y sgript.

[220] **Alun Cairns:** Diolch am yr ateb hwnnw. Fodd bynnag, wrth ateb cwestiynau blaenorol, dywedasochoch pe bai'r dyddiad geni ar y presgripsiwn, y byddai hynny'n ei gwneud hi'n llawer haws o ran asesu a ddylai rhywun gael eu heithrio ai peidio. Beth yw'r gwahaniaeth rhwng gofyn am ddyddiad geni rhywun a'i gael ar y presgripsiwn? Sylweddolaf y dylai'r prif gyfrifoldeb fod ar y meddyg teulu. Fodd bynnag, rôl y Pwyllgor hwn yw dadansoddi'r sefyllfa gyfredol, nid cynnig polisi. Dan bolisiâu cyfredol, nid oes trefniant sydd yn peri bod hynny'n ddigwydd. Felly, yr wyf yn ceisio archwilio sut y gallwn ni, yn y tymor byr iawn, wneud gwahaniaeth o ran arbed arian i'r trethdalwr.

Mr Parry: Yr wyf yn deall hynny. Yr wyf yn cael ychydig o drafferth gyda'r gwahaniaeth anodd rhwng eu bod hwy'n dweud wrthyf fi eu bod dan 25 neu dros 60, a minnau'n gofyn iddynt. Maent hwy'n dweud wrthym eu bod. Mae angen tystiolaeth arnom.

[221] **Alun Cairns:** Diolch ichi am hynny. Mae hwn yn gwestiwn tebyg, â dweud y gwir. Sut y gallwn ni wella'r sefyllfa parthed tystysgrifau'r awdurdod iechyd, er mwyn sicrhau bod pobl wedi'u heithrio'n wirioneddol rhag taliadau presgripsiynau? Yr ydym eisoes wedi sôn am y cerdyn a fyddai'n ddefnyddiol i'r dyfodol. Eto, cam tymor hir yw hwnnw, gan y byddai angen cyflwyno polisi. Oes yna unrhyw beth y gellir ei wneud yn y tymor byr i helpu i wella hyn?

Mr Parry: Yr wyf yn meddwl bod rhai pethau y gellid eu gwneud yn y tymor byr. Yn gyntaf oll, soniasom am symleiddio cefn y ffurflen bresgripsiwn. Ar hyn o bryd mae rhyw 13 neu 15 o flychau ar gefn y ffurflen. Efallai y gallem ystyried cael dim ond blwch eithriad oedran, er enghraifft—a fyddai'n symlach i gleifion ei ddefnyddio—yn hytrach na chael un i rai dan 25 ac un arall i rai dros 60. Gallem hefyd gael blwch eithriad tystysgrif awdurdod iechyd a fyddai'n cynnwys eithriad mamolaeth, eithriad meddygol a rhagdaliad. Felly, byddem yn defnyddio dull mwy unedig o wneud hynny.

more unified means of doing it. I do not know whether that is actually, in the long term, useful to you as the Assembly, because you may want a breakdown of exemptions, and you would lose that to a certain extent, except that it exists in the health authority anyway.

[222] **Alun Cairns:** So, that is in relation to the health authority certificate in particular, but I assume that that answer would apply—

Mr Parry: No, actually the answer was in relation to the prescription form. We will be redrafting that by April.

[223] **Alun Cairns:** It was in response to my question about certificates specifically, but I assume that the same answer would apply to benefit-related exemptions and so on.

Mr Parry: Absolutely. You asked about the health authority forms; certainly schemes have been in place where pharmacists accept a cheque from the patient, get him or her to fill the form out and it is then put in the post for the health authority. There may be a way of simplifying that system so that pharmacists can provide that form in the pharmacies, which would ease the whole process for the patient. Certainly, we are interested in looking at that and we have actually run some schemes along those lines before.

Looking at medical exemption, one of the problems that we are seeing in some of the figures from the report, is that the sums of money involved in relation to the medical exemption and the prepayment certificate were quite high. However, I think that that is due to confusion on the part of the patient and us when it comes to medical exemption. For example, if someone is diabetic and you know that they have been diabetic for 30 years, the assumption is that they are exempt because they should be, but they may never have had an exemption certificate. A similar consideration applies to prepayment certificates where the patient can send the prepayment certificate off and backdate the cheque so that they can start at the beginning of the month and so on. However, when they

Ni wn a ydyw hynny'n ddefnyddiol i chi fel Cynulliad yn y tymor hir mewn gwirionedd, oherwydd efallai y bydd arnoch chi eisiau dadansoddiad o'r eithriadau, a byddech yn colli hynny i ryw raddau, heblaw ei fod ar gael yn yr awdurdod iechyd beth bynnag.

[222] **Alun Cairns:** Felly, mae hynny mewn perthynas â thystysgrif yr awdurdod iechyd yn arbennig, ond yr wyf yn cymryd y byddai'r ateb yn berthnasol—

Mr Parry: Na, mewn gwirionedd yr oedd yr ateb yn ymwneud â'r ffurflen bresgripsiwn. Byddwn yn ailddrafftio honno erbyn mis Ebrill.

[223] **Alun Cairns:** Yr oedd yn ateb fy nghwestiwn ar dystysgrifau'n benodol, ond yr wyf yn cymryd y byddai'r un ateb yn berthnasol i eithriadau ar sail budd-dâl ac ati.

Mr Parry: Yn hollol. Holasoch am ffurflenni'r awdurdod iechyd; yn sicr mae cynlluniau wedi bod ar waith lle bo fferyllwyr yn derbyn siec gan y claf, yn ei gael ef neu hi i lenwi'r ffurflen ac wedyn ei phostio i'r awdurdod iechyd. Efallai bod modd symleiddio'r system honno fel y gall fferyllwyr ddarparu'r ffurflen honno yn y fferyllfeydd, a byddai hynny'n hwyluso'r broses gyfan i'r claf. Yn sicr, mae gennym ddi-ddordeb mewn ystyried hynny ac yr ydym mewn gwirionedd wedi rhedeg ambell gynllun ar hyd y llinellau hynny o'r blaen.

O edrych ar eithriad meddygol, un o'r problemau a welwn yn rhai o ffigurau'r adroddiad yw bod y symiau arian dan sylw o ran eithriad meddygol a'r dystysgrif rhagdaliad yn eithaf uchel. Fodd bynnag, credaf mai dryswch ar ran y claf a ninnau ar fater eithriadau meddygol sydd wrth wraidd hynny. Er enghraifft, os yw rhywun yn dioddef o'r clefyd siwgr a chithau'n gwybod eu bod yn dioddef o'r clefyd ers 30 o flynyddoedd, tybir eu bod wedi'u heithrio oherwydd y dylent fod, ond efallai nad ydynt erioed wedi cael tystysgrif eithrio. Mae ystyriaeth arall yn berthnasol i dystysgrifau rhagdaliad lle gall y claf anfon y dystysgrif rhagdaliad i ffwrdd ac ôl-ddyddio'r siec fel y gall gychwyn ar ddechrau'r mis ac ati. Fodd bynnag, pan ddaw i mewn i'r fferyllfa, nid

come into the pharmacy, the declaration that they make then has not actually gone through the administrative system. I think, to a certain extent, that that was taken into account when the National Audit Office did the report, but there may be elements of that that we can avoid by being able to issue these things within the pharmacy. So, instead of the medical exemption application going from the general practitioner to the health authority, in effect, it would come into the pharmacy and we would issue the certificate there and then. That way we are keeping things tighter and helping the patients.

[224] **Alun Cairns:** Thank you for that. More generally, what additional support could be given to pharmacists from the Assembly or from the health authorities in order to help them better discharge their duties under the contractual arrangements that already exist?

Mr Parry: I think, as we said before—and it sounds like rather a strange thing for us to be saying—to set more punishment, really.

[225] **Alun Cairns:** I would advocate that, but I was thinking more along the lines of support and training.

Mr Parry: I think that support and training is something that we could see from the health authorities in particular. In the past, we have run schemes—which are nothing to do with this at all—where the health authority and our educational support people have worked together to produce packages for training pharmacists. I see no reason why that could not be done.

Mr Martin: May I also add that we are going out on roadshows, the week after next, due to the pricing backlog and the problems that we have had with Health Solutions Wales. We see it as an opportunity to tell our contractors about the problems that we have had on this wonderful afternoon in trying to explain, in a way, what we should and should not be doing and the importance of getting this right, as far as the profession is concerned. It also strikes up something else that has not yet been considered, which is our

yw'r datganiad a wna bryd hynny wedi mynd drwy'r system weinyddol. Yr wyf yn meddwl, i ryw raddau, yr ystyriwyd hynny pan fu'r Swyddfa Archwilio Genedlaethol yn paratoi'r adroddiad, ond efallai bod elfennau o hynny y gallwn eu hosgoi drwy allu rhoi'r rhain o fewn y fferyllfa. Felly, yn lle bod y cais am eithriad meddygol yn mynd oddi wrth y meddyg teulu i'r awdurdod iechyd, mewn gwirionedd, byddai'n dod i'r fferyllfa a byddem ni'n rhoi'r dystysgrif yn y fan a'r lle. Drwy wneud hynny byddwn yn cadw pethau'n dynnach ac yn helpu'r cleifion.

[224] **Alun Cairns:** Diolch ichi am hynny. Yn fwy cyffredinol, pa gefnogaeth ychwanegol y gallai'r Cynulliad ei rhoi i fferyllwyr neu'r awdurdodau iechyd er mwyn eu helpu i gyflawni'u dyletswyddau'n well dan y trefniadau contract sydd yn bodoli eisoes?

Mr Parry: Yr wyf yn meddwl, fel y dywedasom o'r blaen—ac mae'n swnio'n beth od braidd i ni fod yn ei ddweud—gosod mwy o gosb, yn y bôn.

[225] **Alun Cairns:** Byddwn innau'n ategu hynny, ond yr oeddwn yn meddwl mwy o ran cefnogaeth a hyfforddiant.

Mr Parry: Yr wyf yn meddwl bod cefnogaeth a hyfforddiant yn rhywbeth y gallem ei gael gan yr awdurdodau iechyd yn enwedig. Yn y gorffennol, yr ydym wedi cynnal cynlluniau—nad oes a wnelont ddim oll â hyn—lle gweithiodd yr awdurdod iechyd a'n pobl cymorth addysg ni gyda'i gilydd i lunio pecynnau ar gyfer hyfforddi fferyllwyr. Ni welaf unrhyw reswm pam na ellid gwneud hynny.

Mr Martin: A gaf i ychwanegu hefyd ein bod yn mynd â sioe ar y ffordd, yr wythnos ar ôl nesaf, oherwydd yr oedi gyda phrisio a'r problemau a gawsom gyda Health Solutions Wales. Yr ydym yn ei weld fel cyfle i ddweud wrth ein contractwyr am y problemau a gawsom ar y prynhawn braf hwn yn ceisio egluro, mewn ffordd, beth y dylem ac na ddylem fod yn ei wneud a phwysigrwydd gwneud hyn yn iawn, cyn belled ag y bo'r proffesiwn yn y cwestiwn. Mae hyn hefyd yn codi mater arall nad

problem of prescription switching, which is mentioned in the report and the fact that that is hitting contractors in the pocket. So, with the two side by side, we will ensure that they are aware of the problems regarding point of dispensing checks and we will ensure that they are aware that they should be filling in the backs of the forms correctly so that they are not in a situation in which they are going to lose money. So, I think that those two approaches will help us. That is something that we are going to do now, as in the week after next.

[226] **Alun Cairns:** Thank you very much. Does the Royal Pharmaceutical Society have any professional views on that? Are there any issues of professional concern in relation to that?

Mrs Barrie: We are happy with what has been said.

[227] **Janet Davies:** I now move on to wider issues that affect the value for money that the Assembly secures from the £380 million spent on prescribed medicines. However, I think that the questions that I was going to ask you have been covered already. So I do not propose to go over the same ground again. I think that Peter Law has some further questions.

[228] **Peter Law:** You are very kind, Chair. I thought that the questions that I had were turkeys.

I would like to get to the point, if I may. I have been listening to a commitment to the future, which I appreciate. I know it has been made sincerely. However, you are looking at this as a pilot scheme. What we are saying to you is that, for £800,000, it was an expensive pilot scheme and we expected better. Hindsight is a wonderful thing. However, I would have expected a number of the points that you raised as pharmacists this afternoon to have been foreseen. When someone sat down and negotiated a contract with you and said that these were the terms of service that you were expected to administer, I would have expected you to have foreseen some of these problems. I do not say that to be deliberately provocative.

ystyriwyd eto, sef ein problem o gyfnewid presgripsiynau, a grybwyllir yn yr adroddiad, a'r ffaith bod hynny'n taro contractwyr yn y boced. Felly, gyda'r ddau beth ochr yn ochr, byddwn yn sicrhau eu bod yn ymwybodol o'r problemau gyda gwiriadau wrth ddsbarthu ac yn sicrhau eu bod yn ymwybodol y dylent fod yn llenwi cefnau'r ffurflenni'n gywir fel nad ydynt mewn sefyllfa lle y byddant yn colli arian. Felly, yr wyf yn meddwl y bydd y ddwy agwedd hynny o gymorth. Dyna rywbeth yr ydym yn mynd i'w wneud yn awr, hynny yw, yr wythnos ar ôl nesaf.

[226] **Alun Cairns:** Diolch yn fawr. A oes gan y Gymdeithas Fferyllol Frenhinol unrhyw sylwadau proffesiynol ar hynny? A oes unrhyw gwestiynau o bwys proffesiynol ynglŷn â hynny?

Mrs Barrie: Yr ydym yn hapus gyda'r hyn a ddywedwyd.

[227] **Janet Davies:** Symudaf ymlaen yn awr at faterion mwy cyffredinol sydd yn effeithio ar y gwerth am arian a gaiff y Cynulliad am y £380 miliwn a gaiff ei wario ar foddion presgripsiwn. Fodd bynnag, yr wyf yn meddwl bod y cwestiynau yr oeddwn yn mynd i'w gofyn wedi cael eu trafod yn barod. Felly ni fwriadaf fynd dros yr un tir eto. Credaf fod gan Peter Law gwestiynau pellach.

[228] **Peter Law:** Yr ydych yn garedig iawn, Gadeirydd. Yr oeddwn i'n meddwl y cefais innau gwestiynau gwael.

Hoffwn ddod at y pwynt, os caf. Yr wyf wedi bod yn gwrandao ar ymrwymiad i'r dyfodol, rhywbeth yr wyf yn ei werthfawrogi. Gwn iddo gael ei wneud yn ddiffuant. Fodd bynnag, yr ydych yn edrych ar hyn fel cynllun peilot. Yr hyn yr ydym ni'n ei ddweud wrthy ch yw mai cynllun peilot drud iawn ydoedd, am £800,000, a'n bod wedi disgwyl gwell. Peth da iawn yw synnwyr trannoeth. Fodd bynnag, buaswn wedi disgwyl y buasid wedi rhagweld nifer o'r pwyntiau a godasoch chi fel fferyllwyr y prynhawn yma. Pan eisteddodd rhywun i lawr a negodi contract gyda chi gan ddweud mai dyma'r telerau gwasanaeth y disgwyliid ichi eu gweinyddu, buaswn wedi disgwyl i rywun ragweld rhai o'r problemau hyn. Nid

wyf yn dweud hynny er mwyn bod yn fwriadol bryfoclyd.

However, for £800,000, one would have thought that it would all have been in place and would have run reasonably well. However, even on the training—and there was, in effect, no training—it was disappointing that the profession did not draw things up in a more cast-iron way, bearing in mind the commitment that was being made. I can see that you have total commitment for the future, but I think that a lot of people outside the Assembly would expect us today to question the £800,000 that has been spent up to now. This really was not meant to be a pilot scheme. There may be arguments on all sides. Certainly there are many questions to be asked about Health Solutions Wales. A number of us have asked those questions and will continue to do, I am sure. Health authorities will also be questioned about what they are doing in terms of what we have heard. These are all parts of the jigsaw. However, I return to the point that the profession made a commitment that has not been honoured as much as we would have liked it to be. We have heard a number of reasons why that has not happened and, hopefully, things will change in the future.

I had intended to ask about modern technology and IT, but, in fairness to Mrs Barrie, she has covered that already, and I think that you would all subscribe to what she said. I think that we would all accept that that is the answer for the future, if it can be done, and we need to pursue that in a modern society. So, I do not have much more to ask.

The nub of it is that I would have liked the pharmaceutical profession to have been prepared for this scheme, bearing in mind that this had all been negotiated. It seems to have been negotiated on the back of a cigarette packet and everybody went along with what seemed on the surface to be not a bad deal for us—4p per prescription. However, at the end of the day, it does not seem to have been drawn up tightly enough. We will probably need to pursue that with our officials as well because there is

Fodd bynnag, am £800,000, buasid wedi meddwl y byddai popeth yn ei le ac wedi rhedeg yn eithaf da. Fodd bynnag, hyd yn oed ar yr hyfforddiant—ac nid oedd unrhyw hyfforddiant, mewn effaith—yr oedd yn siomedig na lwyddodd y proffesiwn i lunio pethau mewn ffordd fwy cadarn, o gofio'r ymrwymiad yr oedd yn ei wneud. Gallaf weld fod gennych ymroddiad llwyr i'r dyfodol, ond yr wyf yn meddwl y byddai llawer o bobl y tu allan i'r Cynulliad yn disgwyl inni heddiw gwestiynu'r £800,000 a wariwyd hyd yma. Ni fwriadwyd i hwn fod yn gynllun peilot mewn gwirionedd. Fe all fod dadleuon ar bob ochr. Yn sicr gellir gofyn llawer o gwestiynau am Health Solutions Wales. Mae nifer ohonom wedi gofyn y cwestiynau hynny a byddwn yn parhau i wneud, yr wyf yn siŵr. Holir awdurdodau iechyd hefyd ynghylch beth y maent hwy'n ei wneud yn nhermau'r hyn a glywsom. Mae'r rhain i gyd yn rhannau o'r jig-so. Fodd bynnag, dychwelaf at y pwynt fod y proffesiwn wedi gwneud ymrwymiad na chafodd ei anrhydeddu gymaint ag y buasem wedi'i ddymuno. Clywsom nifer o resymau pam na ddigwyddodd hynny, a bydd pethau'n newid yn y dyfodol, gobeithio.

Yr oeddwn wedi bwriadu gofyn ynghylch technoleg fodern a TG, ond chwarae teg i Mrs Barrie, mae hi wedi ymdrin â hynny'n barod, ac yr wyf yn meddwl y byddech i gyd yn cyd-fynd â'r hyn a ddywedodd. Yr wyf yn meddwl y byddem i gyd yn derbyn mai dyna'r ateb i'r dyfodol, os gellir ei wneud, ac mae angen inni fynd ar ôl hynny mewn cymdeithas fodern. Felly, nid oes gennyf lawer mwy i'w ofyn.

Craidd y mater yw y buaswn wedi hoffi i'r proffesiwn fferyllol fod wedi paratoi ar gyfer y cynllun hwn, gan gofio fod hyn i gyd wedi'i negodi. Mae'n ymddangos fel pe bai wedi'i negodi ar gefn paced sigarêts a bod pawb wedi cyd-fynd â rhywbeth a ymddangosai ar yr wyneb yn fargen eithaf da i ni—4c y presgripsiwn. Fodd bynnag, ar ddiwedd y dydd, nid yw'n ymddangos ei fod wedi'i lunio'n ddigon tynn. Mae'n debyg y bydd angen inni fynd ar ôl hyn gyda'n swyddogion ni hefyd oherwydd mae

responsibility on both sides. It seems to have been left to fortune, to an extent. We are now learning and we will be able to get it right for the future. Would you like to comment on that?

Mr Parry: This comes back to what I said earlier about what we mean by value for money in this respect. To a certain extent, this was not a piloted system, as has been said. We put in place a scheme that, to a large extent, was imposed on us by the NHS executive. Initially, there was great concern within the profession that we would not be able to make the system work because we would have to deal with what we were given. We are, after all, to a certain extent in the hands of a purchaser who is monopolistic. Therefore, to a certain extent, the difficulty surrounding the performance of these checks, and the kinds of issues that you raised about what the profession did and why it did not do more, relates to the fact that the scheme was largely given to us. We managed to make it a more user-friendly system that allowed pharmacists a little bit of discretion as to whether they accepted evidence or not. The initial scheme, as it was given to us by the NHS executive, intended for us to see evidence for exemption on every occasion. There was no opportunity for us to mark the box to say that we had not seen any evidence. That would have meant that patients would have been sent away to fetch proof of exemption—which some do not have—before getting their prescription. The profession, therefore, had an awful lot of work to do to try to make this scheme as workable as possible. We thought that we had ended up with something that was reasonably workable, although admittedly it had not been piloted, and we thought that the amount of money being paid for it was also reasonable. There have been some unforeseen difficulties. I come back to the point that, to a certain extent, if health authorities had been on top of this and had been providing a feedback mechanism that made it obvious that we needed to do the job better at an earlier stage, then that would have happened, but it has not happened. I do not want to be seen to be terribly defensive, but it is not something that is of our making.

cyfrifoldeb ar y ddwy ochr. Mae'n ymddangos ei fod wedi'i adael i ffawd, i raddau. Yr ydym yn dysgu bellach a byddwn yn gallu ei wneud yn iawn yn y dyfodol. A hoffech chi roi sylw ar hynny?

Mr Parry: Daw hyn yn ôl at yr hyn a ddywedais yn gynharach ynghylch yr hyn a olygwn wrth sôn am werth am arian yn y cyd-destun hwn. I ryw raddau, nid system a gafodd ei pheilota oedd hon, fel y dywedwyd. Rhoesom gynllun ar waith a oedd wedi'i wthio arnom i raddau helaeth gan weithrediaeth yr NHS. Ar y cychwyn, yr oedd pryder mawr o fewn y proffesiwn na fyddem yn gallu gwneud i'r system weithio oherwydd y byddai'n rhaid inni ddelio â'r hyn a roddwyd inni. Yr ydym, wedi'r cyfan, i ryw raddau yn nwylo prynwr sydd yn fonoplistig. Felly, i ryw raddau, mae'r anhawster ynghylch perfformio'r gwiriadau hyn, a'r math o gwestiynau a godasoch parthed beth wnaeth y proffesiwn a pham na wnaeth ragor, i'w priodoli i'r ffaith fod y cynllun ar y cyfan wedi'i roi inni. Llwyddasom i'w gwneud yn system haws i'w defnyddio a fyddai'n caniatáu mymryn o ddisgresiwn i fferyllwyr o ran derbyn tystiolaeth ai peidio. Bwriad y cynllun cyntaf, fel y'i rhoddwyd inni gan weithrediaeth yr NHS, oedd inni weld tystiolaeth dros eithrio ar bob achlysur. Nid oedd cyfle inni farcio'r blwch i ddweud nad oeddem wedi gweld unrhyw dystiolaeth. Buasai hynny wedi golygu anfon cleifion i ffwrdd i fynd i nôl prawf o'u statws eithriedig—rhywbeth nad oes gan bawb mohono—cyn y caent eu presgripsiwn. Yr oedd gan y proffesiwn, felly, beth wmbredd o waith i'w wneud i geisio gwneud y cynllun hwn mor ymarferol â phosibl. Yr oeddem yn meddwl ein bod wedi llwyddo yn y diwedd i gael rhywbeth a oedd yn weddol weithiadwy, er rhaid cyfaddef nad oedd wedi bod drwy beilot, a chredem fod y swm o arian a delid amdano'n rhesymol hefyd. Cafwyd rhai anawsterau na allesid eu rhagweld. Deuaf yn ôl at y pwynt, i ryw raddau, pe bai'r awdurdodau iechyd wedi bod ar ben hyn ac wedi darparu gweithdrefn adborth a fyddai'n amlygu'r ffaith bod angen inni wneud y gwaith yn well ac yn gynharach, yna byddai hynny wedi digwydd, ond nid yw wedi digwydd. Nid oes arnaf eisiau swnio'n ofnadwy o amddiffynol, ond nid sefyllfa o'n

gwneuthuriad ni yw hon.

[229] **Peter Law:** I understand the difficulties that you have had, as well as your compassionate approach to patients, which is understood and appreciated by many of us here. However, you were not dictated to by the NHS executive. If it had dictated to you, then it would not have been a negotiation. If you are dictated to, then you have not had an opportunity to state your point of view and that is not a true agreement, is it?

Mr Parry: I have to say that this is often the way in which negotiation with the NHS executive goes.

[230] **Peter Law:** I am glad that this is being recorded. Mr Wilcox is particularly pleased that it is being recorded; I am sure that it will go back to the department.

Mr Parry: It happens in terms of the negotiation that we have over remuneration on an annual basis. Quite frequently in the last five years, we have had our remuneration package imposed on us and not negotiated to the satisfaction of both sides.

[231] **Peter Law:** But this was different, was it not?

Mr Parry: It was a part of that negotiation package.

[232] **Peter Law:** Because you agreed to allow it to be part of that. You could have rejected it.

Mr Parry: We may not have had the option. The NHS executive has the power to change our terms of service and the regulations without our agreement.

[233] **Peter Law:** So, the NHS executive can dictate to you on all of this?

Mr Parry: It has to play a slightly give and take game because clearly at some point, it all falls down. I think that it saw the sense of what we were saying in the negotiation that we did have on this—that what it was proposing to put in place was not workable and was not in patients' interests.

[229] **Peter Law:** Deallaf yr anawsterau a gawsoch, yn ogystal â'ch agwedd gydymdeimladwy tuag at gleifion, a ddeallir ac a werthfawrogir gan lawer ohonom yma. Fodd bynnag, ni fu gweithrediaeth yr NHS yn rhoi gorchmynion ichi. Pe bai wedi rhoi gorchmynion ichi, yna nid negodiad fuasai hynny. Os rhoddir gorchmynion ichi, yna nid ydych wedi cael cyfle i ddatgan eich barn, ac nid gwir gytundeb yw hynny, nage?

Mr Parry: Rhaid imi ddweud mai dyma beth sydd yn digwydd yn aml wrth negodi gyda gweithrediaeth yr NHS.

[230] **Peter Law:** Yr wyf yn falch fod hyn yn cael ei gofnodi. Mae Mr Wilcox yn arbennig o falch ei fod yn cael ei gofnodi; yr wyf yn siŵr yr aiff hynny yn ôl i'r adran.

Mr Parry: Mae'n digwydd yn nhermau'r negodi a gawn dros dâl yn flynyddol. Yn weddol aml dros y pum mlynedd diwethaf, gorfodwyd y pecyn tâl arnom heb ei negodi er boddhad y ddwy ochr.

[231] **Peter Law:** Ond yr oedd hyn yn wahanol, onid oedd?

Mr Parry: Yr oedd yn rhan o'r pecyn negodi hwnnw.

[232] **Peter Law:** Oherwydd i chi gytuno i ganiatáu iddo fod yn rhan o hynny. Gallasech fod wedi'i wrthod.

Mr Parry: Efallai nad oedd y dewis gennym. Mae gan weithrediaeth yr NHS hawl i newid ein telerau gwasanaeth a'r rheoliadau heb ein cytundeb ni.

[233] **Peter Law:** Felly, gall gweithrediaeth yr NHS ddweud wrthy ch chi beth i'w wneud yn hyn i gyd?

Mr Parry: Mae'n rhaid iddo chware gêm o gyfaddawdu ryw ychydig oherwydd yn amlwg, ar ryw bwynt, mae'r cyfan yn cwmpo. Yr wyf yn meddwl y gwelodd synnwyr yr hyn yr oeddem yn ei ddweud yn y negodi a gawsom ar hyn—sef nad oedd yr hyn yr oedd yn cynnig ei sefydlu yn

weithiadwy nac er lles y cleifion.

[234] **Peter Law:** But if it could have done that, you would not be receiving £800,000 would you? Obviously, you negotiated to the extent that you had £800,000—

[234] **Peter Law:** Ond pe bai wedi gallu gwneud hynny, ni fyddech yn derbyn £800,000, fyddech chi? Yn amlwg, fe negodwyd i'r graddau i chi lwyddo i gael £800,000—

Mr Parry: Again because we thought that that was a reasonable—

Mr Parry: Eto oherwydd inni feddwl bod hynny'n rhesymol—

[235] **Peter Law:** I am not arguing with that, but you did have a say in that, it was not imposed on you?

[235] **Peter Law:** Nid wyf yn dadlau â hynny, ond cawsoch lais yn hynny, ni chafodd ei orfodi arnoch?

Mr Parry: Yes, all right. No, sorry, actually I think that the figure, at the end of the day, was imposed.

Mr Parry: Do, iawn. Na, maddeuwch imi, mewn gwirionedd yr wyf yn meddwl mai cael ei osod arnom wnaeth y ffigur, ar ddiwedd y dydd.

[236] **Peter Law:** Was it imposed without consultation or was it consulted upon but you did not agree with it?

[236] **Peter Law:** A gafodd ei osod heb ymgynghori ynteu a ymgynghorwyd arno a chithau heb gytuno arno?

Mr Parry: We were consulted but we did not necessarily agree with it.

Mr Parry: Ymgynghorwyd â ni ond nid oeddem o reidrydd yn cytuno ag ef.

[237] **Peter Law:** Sorry to pursue this, but what does 'not necessarily agree' mean? You must have signed up to something; you either agreed or did not agree. Did you put in a caveat under any pressure, a qualifier, saying 'We really should have had £1 million but we are having £800,000'—

[237] **Peter Law:** Mae'n ddrwg gennyf am fynd ymlaen am hyn, ond beth yw ystyr 'ddim o reidrydd yn cytuno'? Rhaid eich bod wedi llofnodi rhywbeth; un ai yr oeddech yn cytuno neu nid oeddech yn cytuno. A roesoeh gafeat i mewn dan unrhyw bwysau, cymhwysiad, yn dweud 'Dylem wir fod wedi cael £1 miliwn ond yr ydym yn cael £800,000'—

Mr Parry: I am working from memory a little bit, I am afraid. My recollection of that is that we were told how much we were going to get. We thought—

Mr Parry: Yr wyf yn gweithio o'm cof ychydig bach, mae arnaf ofn. Fy nghof i o hynny yw y dywedwyd wrthym faint y byddem yn ei gael. Yr oeddem yn meddwl—

[238] **Janet Davies:** If you are working from memory, I think that we should perhaps leave it at that.

[238] **Janet Davies:** Os ydych yn gweithio o'ch cof, efallai y dylem adael y mater ar hynny.

[239] **Peter Law:** That is the beauty of these evidence hearings.

[239] **Peter Law:** Dyna ogoniant y gwrandawriadau tystiolaeth hyn.

[240] **Janet Davies:** Owen, did you have a couple of questions that you wanted to ask?

[240] **Janet Davies:** Owen, a oedd gennych chi gwestiwn neu ddau i'w gofyn?

[241] **Owen John Thomas:** What is the Royal Pharmaceutical Society's view on encouraging greater use of generic drugs?

[241] **Owen John Thomas:** Beth yw barn y Gymdeithas Fferyllol Frenhinol ar annog mwy o ddefnydd ar gyffuriau cyffredinol?

Mrs Barrie: It is interesting that you raise that. The situation currently is that generic prescribing of drugs is part of an advice package that prescribing advisers and pharmaceutical advisers have been promoting with GPs over a number of years. As I understand it, there has been a pretty good uptake throughout Wales. Probably, the benefit from that generic prescribing is about at its optimum point. It is recommended by health authorities to GPs as a mechanism to get value for money from their prescribing, and where that is appropriate for patient care, we support it.

There are particular situations or particular medicines, where, because of the particular—I do not want to get into too much detail—but on occasion it is important that the patient gets exactly the same dose from a medicine, which might vary between different generic drugs. In cases like that, the doctor needs to prescribe the exact brand, and the patient needs to get the same medicine each time.

[242] **Owen John Thomas:** And you have to order that before you—

Mrs Barrie: Sorry?

[243] **Owen John Thomas:** And that would not be in stock, perhaps?

Mrs Barrie: No, it usually is, because normally patients go to the same pharmacy. Therefore, if they are on a particular brand that needs to be prescribed by brand, the chances are that there will be a relationship between the pharmacist and the patient so that they get that. However, where generic prescribing is appropriate, we are completely supportive of it.

Mr Martin: May I add something? As you possibly know, I am a member of the task and finish group on prescribing in Wales, which was set up by Jane Hutt and the National Assembly. We look forward to the recommendations that will come out of the task and finish group report, which I believe is going before the Health and Social Services Committee in March. Certainly, generic substitution prescribing was dealt with in that remit.

Mrs Barrie: Mae'n ddi-ddorol eich bod yn codi hynny. Y sefyllfa ar hyn o bryd yw bod rhagnodi cyffuriau cyffredinol yn rhan o becyn cyngor y mae cynghorwyr presgripsiwn a chynghorwyr fferyllol wedi bod yn ei hybu ymhlith meddygon teulu ers rhai blynnyddoedd. Yn ôl a ddeallaf fi, manteisiwyd yn eithaf da arnynt ledled Cymru. Mae'n debyg fod y budd o'r rhagnodi cyffredinol hwnnw oddeutu ei bwynt uchaf. Fe'i hargymhellir gan awdurdodau iechyd i feddygon teulu fel gweithdrefn i gael gwerth am arian o'u presgripsiynau, a lle bo'n briodol i ofal y claf, cefnogwn ninnau hynny.

Y mae sefyllfaoedd penodol neu foddion penodol, lle oherwydd yr—nid oes arnaf eisiau mynd i ormod o fanylder—ond weithiau mae'n bwysig i'r claf gael yn union yr un dos o feddyginiaeth, a all amrywio rhwng gwahanol gyffuriau cyffredinol. Mewn achosion felly, mae angen i'r meddyg ragnodi'r union enw, ac mae angen i'r claf gael yr un moddion bob tro.

[242] **Owen John Thomas:** Ac mae'n rhaid ichi archebu hwnnw cyn ichi—

Mrs Barrie: Mae'n ddrwg gennyf?

[243] **Owen John Thomas:** Ac ni fyddai hwnnw mewn stoc, efallai?

Mrs Barrie: Na, y mae fel arfer, oherwydd fel rheol bydd cleifion yn mynd i'r un fferyllfa. Felly, os ydynt ar fath arbennig o foddion sydd angen ei ragnodi yn ôl gwneuthuriad, y tebygolrwydd yw y bydd perthynas rhwng y fferylllydd a'r claf ac felly y caiff hynny. Fodd bynnag, lle mae'n briodol rhoi presgripsiwn cyffredinol, yr ydym yn cefnogi hynny'n llwyr.

Mr Martin: A gaf fi ychwanegu rhywbeth? Fel y gwyddoch efallai, yr wyf yn aelod o'r grŵp gorchwyl a gorffen ar bresgripsiynau yng Nghymru, a sefydlwyd gan Jane Hutt a'r Cynulliad Cenedlaethol. Edrychwn ymlaen at yr argymhellion a ddaw allan o adroddiad y grŵp gorchwyl a gorffen, a aiff ger bron y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol, mi gredaf, ym mis Mawrth. Yn sicr, deliwyd â phresgripsiynau cyffuriau cyffredinol yn y cylch gorchwyl hwnnw.

[244] **Owen John Thomas:** This question is to the Royal Pharmaceutical Society again. To what extent can pharmacists influence the prescribing habits of GPs to encourage them, where appropriate, to make more use of generic drugs?

Miss Lewis: There have been many schemes, but I think that that is really a matter for policy rather than for this Committee. However, we support that.

[245] **Owen John Thomas:** Finally, what is the Welsh Central Pharmaceutical Committee's view on the issues raised by encouraging GPs to make more use of generic drugs?

Mr Parry: Do you want to handle this, Chris?

Mr Martin: I am in a difficult position, being part of the task and finish group. It would be wrong for me to pre-empt the recommendations that will come before the Health and Social Services Committee, other than to say that it was certainly discussed at length. I think that I would just bear out what Erica has said. We have gone a long way in Wales in terms of getting the levels of generic prescribing up to around about 70 per cent. We believe that there is probably a limited amount that can be done from here on in, but some great work has gone on to date, where pharmacists and GPs have worked closely together to identify areas where they can co-operate on this.

[246] **Owen John Thomas:** Thank you.

[247] **Janet Davies:** I point out that that report will come to the Health and Social Services Committee at an appropriate time.

We have come to the end of the evidence-taking session. I would like to thank all the witnesses for their full and helpful answers to the questions. A draft transcript will be sent to you so that you can check it for factual accuracy before it is published as part of the minutes. When the Committee publishes its

[244] **Owen John Thomas:** Cwestiwn i'r gymdeithas Fferyllol Frenhinol yw hwn eto. I ba raddau y gall fferyllwyr ddylanwadu ar arferion rhagnodi meddygon teulu er mwyn eu hannog, lle bo'n briodol, i wneud mwy o ddefnydd o gyffuriau cyffredinol?

Miss Lewis: Cafwyd sawl cynllun, ond yr wyf yn meddwl mai mater polisi yw hwnnw mewn gwirionedd yn hytrach na mater i'r Pwyllgor hwn. Fodd bynnag, yr ydym yn cefnogi hynny.

[245] **Owen John Thomas:** Yn olaf, beth yw barn Pwyllgor Fferyllol Canolog Cymru ar y materion a godir wrth annog meddygon teulu i wneud mwy o ddefnydd o gyffuriau cyffredinol?

Mr Parry: A hoffech chi ymdrin â hyn, Chris?

Mr Martin: Yr wyf mewn sefyllfa anodd, a minnau'n rhan o'r grŵp gorchwyl a gorffen. Ni fyddai'n iawn imi achub y blaen ar yr argymhellion a ddaw ger bron y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol, ar wahân i ddweud y cafwyd trafodaeth faith ar y cwestiwn heb os. Yr wyf yn meddwl y byddwn yn ategu'r hyn a ddywedodd Erica. Yr ydym wedi mynd ffordd bell yng Nghymru yn nhermau codi lefelau rhagnodi cyffredinol i fyny i oddeutu 70 y cant. Credwn mai cyfyngedig yn ôl pob tebyg yw'r hyn y gallwn ei wneud o hyn ymlaen, ond mae gwaith ardderchog wedi'i gyflawni hyd yma, gyda fferyllwyr a meddygon teulu'n cydweithio'n agos i nodi manau lle gallant gydweithredu ar hyn.

[246] **Owen John Thomas:** Diolch.

[247] **Janet Davies:** Hoffwn nodi y daw'r adroddiad hwnnw ger bron y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol ar adeg briodol.

Daethom at ddiwedd y sesiwn derbyn tystiolaeth. Hoffwn ddiolch i'r tystion i gyd am eu hatebion llawn a buddiol i'r cwestiynau. Anfonir trawsgrifiad drafft atoch fel y gallwch fwrw golwg drosto i sicrhau cywirdeb ffeithiol cyn iddo gael ei gyhoeddi yn rhan o'r cofnodion. Pan fydd y Pwyllgor

report, the transcript will be included as an annex. yn cyhoeddi'i adroddiad, caiff y trawsgrifiad ei gynnwys fel atodiad.

*Daeth y sesiwn gymryd tystiolaeth i ben am 3.45 p.m.
The evidence-taking session ended at 3.45 p.m.*

¹ Hoffai Cymdeithas Fferyllol Frenhinol Prydain Fawr ei gwneud yn glir bod yr ateb hwn yn cyfeirio at faterion telerau gwasanaeth yn gyffredinol, fel y crybwyllwyd yn ateb Miss Lewis i gwestiwn [165], ac nid at wiriadau wrth ddsbarthu yn benodol.

The Royal Pharmaceutical Society of Great Britain would like to make clear that this answer refers to terms of service matters in general, as indicated in Miss Lewis's answer to question [165], and not to point of dispensing checks in particular.