

Health and Social Care Committee

Meeting Venue:
Committee Room 1 - Senedd

Meeting date:
28 September 2011

Meeting time:
09:30

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

1. Introduction, apologies and substitutions

2. Inquiry into the contribution of community pharmacy to health services in Wales - Evidence from the Royal Pharmaceutical Society

(09:30 - 10:30) (Pages 1 - 18)

HSC(4)-04-11 paper 1

Mair Davies, Chair, Welsh Pharmacy Board
Paul Gimson, Director for Wales

3. Inquiry into the contribution of community pharmacy to health services in Wales - Evidence from Community Pharmacy Wales (10:30 - 11:30) (Pages 19 - 80)

HSC(4)-04-11 paper 2

Russell Goodway, Chief Executive
Ian Cowan, Chair
Chris James, Vice Chair

4. Inquiry into Residential Care for Older People - Agreement of terms of reference (11:30 - 11:40)

HSC(4)-04-11 paper 3

Agenda Item 2



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14th September 2011

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

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

Response from: The Royal Pharmaceutical Society

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

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

The RPS promotes and protects the health and well-being of the public through the professional leadership and development of the pharmacy profession. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

1. General comments

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

Patron: Her Majesty The Queen Chief Executive: Helen Gordon

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2. Key issues

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

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

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

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

3.1. Essential Services

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

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

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

3.2. Advanced Services

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

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

The number of MURs undertaken in England and Wales has been steadily increasing since 2005 and a positive patient response of between 65.5% and 98.1% was recorded by the National Pharmacy Association and Primary Care Pharmacists Association evaluation¹. This report also identified that MURs have resulted in greater patient knowledge in understanding medicines, a contributory factor to getting the best outcomes from medicines and improving patient safety in taking medicines.

¹ PCPA/NPA (2010) *Medicines Use Review Support and Evaluation Programme*.

<http://www.npa.co.uk/resources/press-releases/practice-matters/pcpanpa-report-medicines-use-review-support-and-evaluation-programme/> (Accessed 29th August 2011)

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

Example of a successful MUR service

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

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

3.3. Enhanced Services

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

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

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

4. Potential of the CPCF for innovation and service improvement

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

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

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

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

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

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

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

Prevention and management of coronary heart disease in West Wales:

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

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

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

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

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

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

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

5.1. Missed opportunities

5.1.1. Dovetailing of primary care contracts

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

5.1.2. Integration into service planning models

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

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

5.1.3. A focus on volume rather than quality:

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

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

5.1.4. Lack of independent prescribers within community pharmacy

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

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

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

Example of enhancing care with pharmacist prescribing

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

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

5.2. Barriers

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

5.2.1. Increased bureaucracy

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

5.2.2. Lack of appropriate IT advancements:

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

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

5.2.3. Restrictions on clinical freedoms:

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

6. Policy implementation gaps

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

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

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

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

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

6.1. Welsh Assembly Policy Intention

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

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

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

Spearheaded by *Designed for Life*, the new policy direction for health services in Wales cited community pharmacy as contributing to “co-ordinated efforts to provide a complete spectrum of immunisation and vaccination, screening, infection control and health surveillance programmes to local communities, and to ensure that individuals are not using unsatisfactory combinations of medicines” (Designed for Life 2005 pp21³).

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

6.1.2. Chronic Conditions Management (CCM)

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

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

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

“The correct administration and use of medicines is integral to good chronic conditions management and community pharmacists play an important role in supporting this. This includes improving medicines management, providing front line information and support for better prescribing in a community and acute setting and supporting hospital discharge. Identifying how the pharmacy contract and other developments such as enhanced services could support better patient care will need to be examined” (CCM Model and Framework 2007, pp30⁴)

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

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

6.1.4. Rural Health

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

⁴ Welsh Assembly Government (2007) *Designed to improve health and the management of chronic conditions in Wales: An integrated model and framework.*

<http://wales.gov.uk/topics/health/publications/health/strategies/designedimprovechronic?lang=en>

(Accessed 15th August 2011)

⁵ Welsh Assembly Government (2009) *Rural health plan: Improving integrated service delivery across Wales.* <http://wales.gov.uk/topics/health/publications/health/strategies/ruralhealthplan/?lang=en>

(Accessed 8th August 2011)

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

6.1.5. Sexual Health

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

6.1.6. Substance Misuse

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

6.1.7. Expert task and finish group

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

⁶ Welsh Government (2011) *Delivering Rural Health Care Services: A working paper produced by the Rural Health Implementation Group in support of the Welsh Rural Health Plan*.

<http://wales.gov.uk/topics/health/nhswales/healthstrategy/ruralhealth/publications/services/?lang=en>

(Accessed 22nd August 2011)

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

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

6.1.8. NHS reorganisation

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

7. A vision for pharmaceutical care in Wales

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

Our vision for community pharmacy services in Wales would mean:

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

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

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

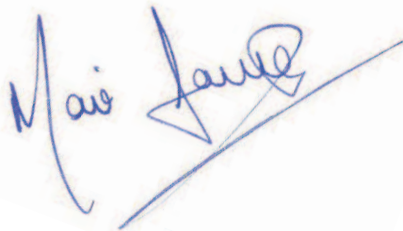
8. Conclusion and Recommendations

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

- Pharmaceutical care should feature more prominently in Health Board planning deliberations with models of care making innovative use of community pharmacy services through the provisions of the CPCF.
- Pharmaceutical needs assessment should be used to develop enhanced services and support service developments across Wales.

- The CPCF should be used to ensure greater involvement of community pharmacists in the overall medicines management aspects of patient care.
- Enhanced service developments that incorporate the skills of pharmacist prescribers in the community should be explored and developed to meet the needs patients and to address capacity issues in the NHS.
- Greater use of the CPCF is needed to support the development of services that improve medicines safety and help people to understand more about their medicines.
- The CPCF should be used to develop pharmaceutical clinical networks which facilitate a shift of services from hospital to community settings.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Mair Davies', with a long horizontal line extending from the end of the signature.

Mrs Mair Davies

Chair, Welsh Pharmacy Board

Appendix A

A vision of integrated community pharmacy services in Wales

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

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

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

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

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

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

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

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



Assembly Health & Social Care Committee

Submission for Inquiry into the Contribution of Community Pharmacy to Health Services in Wales

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Appendix 1

Good Health: The Best Medicines for Healthy Lives in Wales.
CPW's manifesto for 2011 National Assembly elections

Appendix 2

Public Health Wales Report on the first Wales-wide Public Health Campaign
in Community Pharmacies

1. Introduction

- 1.1 This response is submitted by Community Pharmacy Wales (CPW) to the Assembly Health & Social Care Committee to inform their inquiry into the contribution of Community Pharmacy to Health Services in Wales.
- 1.2 CPW is recognised in the National Health Services (Wales) Act 2006 and by the Welsh Government Minister for Health & Social Services as the only organisation responsible for representing all of the 708 community pharmacies in Wales on all matters relating to NHS community pharmacy services.
- 1.3 CPW is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to help protect and develop high quality community pharmacy services and to shape the NHS Community Pharmacy Contractual Framework (CPCF) and its associated regulations. In doing so, it aspires to achieve the highest standards of public health and the best possible patient outcomes.
- 1.4 Although health is a devolved matter, the CPCF remains an England & Wales contract, which is negotiated annually between the Department of Health in Whitehall and the Pharmaceutical Services Negotiating Committee, of which CPW is currently a constituent member. However, CPW is not represented on the negotiating committee and neither CPW nor Welsh Government officials attend the contract negotiations. CPW has made representations to the Minister for Health & Social Services in this regard arguing for the right of CPW and Welsh Government officials to be afforded observer status at the negotiations in order to facilitate more informed and effective discussions on their implications for Wales.
- 1.5 CPW represents a network of community pharmacies across Wales which provide essential and highly valued health and social care services at the heart of local communities. Community pharmacies operate in almost every community across Wales, including in rural communities, urban deprived areas and large metropolitan centres. It is currently estimated that on an average day the network of community pharmacies across Wales will, between them, deal with more than 50,000 individual cases.

2. General Comments

- 2.1 Community Pharmacy is the ultimate public-private partnership. Ever since the creation of the NHS in 1948, just like other primary care practitioners, such as most GPs, Dentists and Optometrists, community pharmacies are privately owned but deliver publicly funded NHS services under a contract with the Department of Health. With community pharmacies being wholly responsible for premises costs, staff and pensions and for stocks of medicines and appliances, the contract achieves a significant transfer of risk from the public sector to the private sector.
- 2.2 The NHS relies on the competitive purchasing power of the 11,000 strong community pharmacy network in Wales and England to drive down the costs of the medicines that they dispense. Since 2005, the buying power of the combined network has saved the NHS more than £1.5 billion in medicines costs.
- 2.3 The price the NHS pays the pharmacy for the prescription medicines it dispenses is set out in the Drug Tariff, which is a monthly catalogue of all the medicines that the NHS is prepared to fund. The community pharmacy network has to account for any surpluses (ie the difference between the Drug Tariff price it receives from the NHS and the cost of the medicine charged by the manufacturer or supplier) it generates on medicines or appliances dispensed. The community pharmacy contract requires the network in Wales and England to retain an agreed level of surpluses generated in this way. The NHS recovers any surpluses in excess of the agreed amount. Last year, NHS Wales benefitted to the tune of some £11 million from the buying power of Wales based community pharmacies. This means that although community pharmacies receive fees and allowances for the specific NHS services they deliver, they also generate funds for the NHS making it a unique public-private partnership benefiting the national healthcare system as a whole.
- 2.4 The community pharmacy network is open seven days a week, 365 days per year and operates outside the hours of 9.00 am to 5.00 pm. Consultations are provided without the need for an appointment. Most pharmacies have consultation rooms, which ensures patient confidentiality and most community pharmacies operate home delivery services for the provision of medicines, appliances and other requirements.

- 2.5 Despite widespread recognition of the massive potential of the community pharmacy network across the political and health professional spectrum, for reasons unknown it remains a hugely under-exploited healthcare asset.
- 2.6 All too often the reason given by Health Boards for not commissioning services which they recognise could be more effectively and usefully delivered via community pharmacy is that they are already paying GPs to do it. If that is the case, then by definition they are paying GPs to do the wrong things and that cannot be allowed to continue.
- 2.7 Community pharmacy is the most cost-effective option for a whole range of NHS funded services. Unlike GPs, who are primarily funded by a per capita payment for every registered patient that remains on their patient list but who, for certain other specifically commissioned services - such as administering flu vaccinations - are paid an additional fee every time that service is provided, community pharmacies are paid only for the actual services they deliver. Furthermore, research has revealed that the average cost of a GP consultation is £32 compared to the cost of a pharmacy consultation of £17.75. That is a saving for the NHS of £14.25 per consultation.¹ The same research has estimated that if patients with minor ailments alone were seen by their pharmacist instead of their GP, then potentially £30 million could be saved by the NHS in Wales every year.
- 2.8 People who are well do not need to see their doctor and certainly, their doctor does not want to see them. GP leaders in Wales have criticised, on the record, current Welsh Government ideas which aim to extend the hours that GPs are available for patient consultations saying *"they would redirect the NHS' scarce resources towards the worried well"*. In addition, they claim that what Wales needs to concentrate on is the *"need to protect people in their own homes and prevent frail and elderly populations from being dumped in hospitals by managing them in the community"*² and claim that this is *"going to be jeopardised"* by the Government's current direction of travel.

¹ The Bow Group: Delivering Enhanced Pharmacy Services in a Modern NHS

² Dr David Bailey, chairman of the British Medical Association's Welsh GP committee, *Western Mail*, 14 February 2011

Community pharmacies are a readily available resource and which are extremely well placed to help resolve this dilemma.

- 2.9 At present, the frail and elderly are in competition for a GP appointment with the so-called 'worried well' and others with non-urgent conditions who do not need to be seen by a doctor. The increasing use of new technologies for securing a GP appointment disadvantage the elderly population which often results in less needy cases being seen first. However, most people believe – and which is all too often true - that access to appropriate treatments requires a GP referral.
- 2.10 Unless pro-active steps are taken to change this situation, the Welsh Government's own demographic projections - which anticipates a 3% increase in population over the next 20 years, with the population over retirement age increasing by 11% and with the number of people over 85 expected to rise to over 82000³ - suggest that the ability of GPs to support people in their own homes or elsewhere in the community will be unsustainable. The resulting demands on hospital and secondary care services will inevitably become unviable.
- 2.11 The solution must be to ensure that more creative and extensive use is made of the existing primary care estate. The health care estate comprises more than buildings owned by the NHS. It includes those premises in which important health care services are delivered. The potential of the community pharmacy element of the nation's healthcare estate can be achieved without the need for any new legislation or major adjustments to existing regulations and, more than that, will require no additional public investment in real estate, no new money overall and can be achieved without any major disruption to existing services.
- 2.12 In the event that the NHS and Welsh Health Boards acknowledge the contribution that the community pharmacy network could make to primary care services it is highly likely that multi-disciplinary teams, including nurses and qualified health trainers, will operate from a community pharmacy base.
- 2.13 Community Pharmacy is pivotal to the delivery of the Welsh Assembly Government's Public Health agenda. The ability of the NHS to cope with future demands on its resources is heavily dependent on

³ Public Health Wales

the Government's ability to tackle diseases and illnesses related to lifestyle choices. Changing the habits of a lifetime is a tough challenge for anyone. Addictive behaviours are the toughest of all to overcome. The community pharmacy network of 708 High Street Healthy Living Centres as the channel for organised public health campaigns and offering the full range of services aimed at changing lifestyles and improving public health would make a substantial contribution to achieving existing Government targets.

- 2.14 If the ability of the NHS to cope with future demands is dependent on people changing the habits of a lifetime then the same applies to the Government itself. A national commitment to sustainable change is required to secure the outcomes Wales needs. Government needs to recognise that the NHS is more than simply a service delivered by doctors and nurses and that doctors and nurses don't only need to work in hospitals and surgeries.
- 2.15 Services commissioned one year only to be decommissioned the next to help make ends meet are not the drivers of change the NHS in Wales requires. Properly commissioned services, over a continuous period will result in increased investment by community pharmacy contractors in premises, more staff and training which will secure not only health care improvements but also new economic and employment opportunities for the local population.
- 2.16 In advance of the elections for the National Assembly for Wales on 5 May 2011, CPW published its own manifesto *Good Health: The Best Medicine for Healthy Lives in Wales*, which argued for a stronger, more proactive role for community pharmacies as providers of front line health and social care services in Wales. In particular it called for the new Welsh Government to:
- a) *Give Community Pharmacy greater responsibility in delivering front line NHS, public health and social care services in Wales;*
 - b) *Introduce a community pharmacy based National Minor Ailments Service;*
 - c) *Create a network of Healthy Living Pharmacies using the existing community pharmacy network;*

- d) *Make community pharmacy central to medicines management in Wales through a range of targeted Medicines Management Services.*
- e) *Introduce a national community pharmacy based Targeted Medicines Waste service;*
- f) *Introduce a community pharmacy based Chronic Conditions Management Service;*
- g) *Establish a national community pharmacy based Hospital Discharge Medicines Reconciliation & Support Service to help patients transferring between care settings.*

2.17 CPW was encouraged by the inclusion of many of the commitments called for in the manifestos of all four main parties at those elections. A copy of the CPW manifesto document is attached at Appendix 1 and forms part of this submission.

3. The NHS Community Pharmacy Service

3.1 The CPCF is made up of three different service levels:

- a) Essential Services – provided by all contractors;
- b) Advanced Services – can be provided by all contractors once accreditation requirements have been met;
- c) Enhanced Services – the specification and value agreed nationally but commissioned locally by Health Boards in response to the needs of the local population.

3.2 **Essential Services:**

- a) Dispensing - Supply of medicines or appliances, advice given to the patient about the medicines being dispensed and advice about possible interactions with other medicines. Also recording all medicines dispensed and significant advice provided, referrals and interventions made.
- b) Repeat dispensing – Management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient’s need for a repeat supply of a particular medicine. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate.
- c) Disposal of unwanted medicines - Collection of unwanted medicines from households and individuals via pharmacies. Special arrangements will apply to Controlled Drugs (post Shipman Inquiry).
- d) Promotion of Healthy Lifestyles (Public health) - Opportunistic one to one advice given on healthy lifestyle topics such as smoking cessation to certain patient groups who present prescriptions for dispensing. Also involvement in six local campaigns a year, organised by Health Boards. Campaign examples may include promotion of flu vaccination uptake or educating the public about the appropriate use of antibiotics.

- i) CPW has argued for some time that public health campaigns would be more far more effective if they were generally run as national campaigns across Wales at the same time. All seven Welsh Health Boards agreed to run a national Diabetes Awareness Campaign organised jointly by CPW and Diabetes UK Cymru over the same two week period in June 2011. The results of the campaign demonstrate that exceptional added value to the existing arrangements was realised and proved to be highly successful. A copy of the Public Health Wales report on the campaign is attached at Appendix 2. CPW would hope to see more of the 6 annual campaigns being run on an all Wales basis in future.
- e) Signposting patients to other health care providers – Pharmacist and staff will refer patients to other health care professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient groups.
- f) Support for self-care – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The service will initially focus on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- g) Clinical governance - Requirements include use of standard operating procedures, patient safety incident reporting to National Patient Safety Agency, demonstrating evidence of pharmacist Continuing Professional Development, conducting clinical audits and patient satisfaction survey.

3.3 Advanced Services

- a) Medicines Use Review (MUR) & Prescription Intervention Service – The pharmacist conducts a concordance centred medication review with the patient. The review assesses any problems with current medication and its administration. The patient's knowledge of their medication regimen is assessed and a report is fed back to the patients GP. The patient's knowledge of their medication and why they are taking it is increased; problems with their medication are identified and addressed.

b) The MUR is conducted on a regular basis, e.g. every 12 months. The Prescription Intervention Service is in essence the same as the MUR service, but conducted on an ad hoc basis, when a significant problem with a patient's medication is highlighted during the dispensing process. The pharmacist will feed back suggestions and comments to the prescriber using standardised paperwork (eventually electronically). Reviews have to be conducted in a consultation area which ensures patient confidentiality. Pharmacists must successfully pass a competency assessment before they can provide Advanced services.

i) Discussions between CPW and Welsh Government officials are currently on-going in connection with the possible introduction of a new advanced service in Wales. The Post Discharge Medicines Service would provide support to patients recently discharged from hospital by ensuring that changes to patients' medicines made during a hospital admission are enacted as intended in the community, helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. This new service will cost £3.6 million and is funded out of the Government's share of £11 million "profit-on-purchasing medicines" referred to above. The £3.6 million was calculated belatedly as a consequential of the release of £55 million in England for a new medicine service.

3.4 Enhanced Services

a) Services include:

- Minor ailments management
- Diabetes screening
- Substance misuse services
- Disease specific medicines management services
- Palliative care services
- Emergency Hormonal Contraception service
- Full Clinical medication review
- Care home services
- Head Lice management service
- Smoking cessation service
- Gluten Free food supply service
- Needle exchange scheme
- Services to schools

b) It is envisaged that the contract framework will develop over time, to keep pace with the changing needs of patients and the NHS. This gradual contract development may for example see some Advanced or Enhanced services becoming part of the Essential category.

i) The Emergency Hormonal Contraception Service, introduced in April 2011, is the only National Enhanced Service currently commissioned in Wales although locally commissioned EHC services were available in parts of Wales albeit based on varying service specifications and varying fees. This is one of four services which, in September 2009, a Ministerial Task & Finish Group recommended should be introduced as National Enhanced Services. The other three services are a national smoking cessation service, a national minor ailments service and a national service aimed at tackling substance misuse, namely a syringe and needle exchange service and supervised administration service.

ii) Two examples of locally commissioned enhanced services currently available in Wales are smoking cessation services, albeit of a disparate nature, and the the Torfaen Minor Ailments Service, established by the former Torfaen LHB but now being reviewed by the successor Aneurin Bevan Health Board with a view to it being decommissioned.

4. Specific issues on which the Committee has invited views

4.1 The effectiveness of the Community Pharmacy contract in enhancing the contribution of community pharmacy to health and wellbeing services.

- a) CPW believes that the existing contractual arrangements in Wales are in danger of becoming a major barrier to enhancing the contribution of community pharmacy to health and wellbeing services.
- b) The existing community pharmacy contract is an England and Wales contract negotiated in 2005 with the express purpose of enabling community pharmacy to deliver a wider range of NHS services than its core dispensing services. The contract recognises that pharmacists are the medicines experts in the team of healthcare professionals and the contract was intended to use this extensive skill on a wider range of NHS patient care services.
- c) The contract in England is underpinned by the *National Health Service (Pharmaceutical Services) Regulations 2005*. However, a planned set of consolidated regulations to underpin the Welsh dimension of the contract have never been produced. Instead, current arrangements in Wales rely on the 1992 regulations which have been subject to a series of amendments in attempt to reflect the changing situation in Wales. Amendments to correct anomalies in NHS dispensing arrangements in Welsh rural market towns – the so-called “rural regs.” – introduced in 2009 are a recent example of such amendments.
- d) The pattern of NHS services delivered via the Welsh community pharmacy network is becoming increasingly divergent from the situation in England. This is due to significant changes in English NHS policy that, justifiably, have not been mirrored in Wales.
- e) In the absence of a set of consolidated regulations underpinning the Welsh arrangements and with no specific contract for Wales, practitioners and commentators are beginning to question whether the current arrangements remain valid and to argue that the Welsh Government needs to give early consideration to the consequences of the English changes in the Welsh context. It is clearly incumbent on Welsh Government officials to attempt to maintain the integrity of the current contract such that they often

struggle to translate English only developments into credible Welsh proposals capable of delivering Welsh Government priorities. There is a clear reluctance to divert too far from the English framework for fear of reinforcing current concerns about the contract's validity.

- f) The recent appointment of the current Welsh Government's Chief Pharmaceutical Officer and Pharmacy Policy Manager had resulted in pharmacy in Wales being better served than at any time in the recent past. However, CPW remains concerned about the lack of official capacity within the civil service machinery to give effect to the changes necessary to realise Government ambitions. In particular, CPW is not persuaded that, after 6 years, the Welsh Government has the legislative capacity to produce consolidated pharmaceutical regulations and that this could adversely affect progress on the delivery of the policy agenda if it is not addressed as a matter of some urgency.

4.2 **The extent to which Local Health Boards have taken up opportunities presented by the contract to extend pharmacy services through the provision of 'enhanced' services and examples of successful schemes**

a) There are a few examples of successful schemes:

i) Torfaen Minor Ailments Scheme

In Torfaen the former LHB used "Wanless monies" to introduce a minor ailment service in 2006 where people can visit their local pharmacy for advice and treatment free of charge. During 2009/10, in just one Cwmbran pharmacy, 752 people received a minor ailment consultation releasing an estimated 125 hours of local GPs time and a saving of some £10,800 for the LHB. However, Aneurin Bevan Health Board are currently considering decommissioning the scheme.

ii) North Wales Level 3 Smoking Cessation Services

Level 3 services have continued to be available across most of North Wales, with only the former Flintshire LHB failing to commission the service. The Level 3 service in North Wales has generated quit rates of around 46%, which are amongst the highest anywhere achieved. However, the national enhanced service is likely to be a Level 2 (supply only) service.

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

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

pharmacist and the patients ensuring a patient willingness to restart their medicines and take them as prescribed.

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

iv) Prevention and management of coronary heart disease in West Wales:

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

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

Pharmacists working in Torfaen LHB have delivered educational sessions on medication at Structured Education Course Groups facilitated by the Long Term Conditions Specialist Nurses. These sessions have included COPD, diabetes, the cardiac exercise group and the stroke rehabilitation group. The sessions were well received by patients as they allowed for two way discussions about their disease management and provided appropriate advice to help improve health literacy. They also provided an opportunity for broader discussions about the use of the CPCF, the costs of medicines, and the use of branded and generic medicines.⁴

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

⁴ Examples (iii) to (v) taken from Royal Pharmaceutical Society Wales : Submission to NAW Health & Social Care Committee Inquiry into contribution of community pharmacy to health services in Wales.

- c) However, notwithstanding the above examples and despite the major thrust behind the 2005 community pharmacy contract and the more recent publication of *Setting the Direction* – a statement of Welsh Government policy to achieve a fundamental shift in the delivery of health care services from the secondary sector to the primary sector - the commissioning of enhanced services by the Welsh Health Boards has been extremely disappointing. The anticipated transformation of community pharmacies into High Street Health Care centres has at best been slow and piecemeal and, at worst, been non-existent.
- d) If anything, recent experience suggests that Health Boards see community pharmacy as an easy target to generate the savings necessary to balance Health Board budgets. This is reflected in a number of Health Boards considering decommissioning enhanced services such as Level 3 smoking cessation services and minor ailments services.
- e) In addition, Health Boards have sought to undermine the main tenets of the contract by directing prescribers to prescribe branded generic medicines flying in the face of the agreement to promote the prescribing of generic products and by procuring dressings and other products traditionally obtained on prescription from community pharmacies from other sources.
- f) All too often, these are measures of are counter-productive and generate false economies which can have an adverse impact on patient wellbeing and patient outcomes. Two examples of switching medicines are outlined below, the first demonstrating that the switch did not generate the expected savings, the second highlighting the danger to patient safety as a result of switching medicines to save a few pence:

Example 1:

Prednisolone 5mg is a commonly prescribed steroid tablet and is available in both an uncoated form and an enteric coated (ec) form. It is believed that that the enteric coated form should be prescribed for patients with a history of stomach problems or patients on it long-term so as to protect their stomachs. However, the fact that the ec tablet provides more protection has recently been challenged and prescribing advisors in one Health Board have directed that the uncoated tablet be prescribed and, as a result, patients have been switched.

The cost of prednisolone (uncoated) tablets cost £1.23 (June 2011 DT) whereas the cost of prednisolone E/c costs £9.86 (June 2011 DT), each patient switched would save the LHB £8.63. BCUHB expected a saving of £75,000 by performing this switch in 2010/11.

However, due to stock shortages Prednisolone 5mg has been added to the list of drugs where NCSO can be endorsed. (NCSO - No Cheaper Stock Obtainable) is when a preparation in part VIII of the Drug Tariff cannot be obtained by the Contractor at the listed basic price and payment can be made at the list price for the alternative). The current price being endorsed by contractors for prednisolone is now approximately the same as that of the enteric coated tablet, thereby not realising the expected cost savings.

This is another example of how switching does not work and only creates a short-term solution, long-term solutions need to be used to create savings for the LHBs by targeting waste with potential harm to patients.

Example 2

Significant problems have arisen as a consequence of switching co-codamol to zapain. In addition to problems in obtaining supplies of zapain, a number of patients have failed to understand that zapain is co-codamol and have ended up taking both or taking paracetamol in addition to zapain, which could prove to be lethal and certainly result in hospitalisation. In other instances, patients have simply refused to take zapain as a result of a failure to understand the switch which has resulted in additional waste medicines.

- g) Taken together, such measures have threatened the integrity of the community pharmacy contract, one of the main elements of which is the generation of surpluses on purchasing which are shared with the NHS. They also undermine the viability of a number of pharmacies, especially smaller pharmacies serving rural and disadvantaged communities across Wales. Increasingly the question arises about the status of Health Boards and whether they are bodies autonomous of government or whether they are delivery agents of government policy.

4.3 The scale and adequacy of 'advanced' services provided by community pharmacies

- a) Advanced services are those which Government directs Health Boards to commission from accredited contractors. There are currently only two advanced services in Wales – the MUR and Prescription Intervention Service, referred to earlier, and the stoma and incontinence appliance supply service. A new advanced service – the Post Discharge Medicines Service is currently under consideration.

4.4 The scope for further provision of services by community pharmacies in addition to the dispensing of NHS medicines and appliances, including the potential for minor ailments schemes.

- a) The CPW manifesto *Good Health – The Best Medicine for Healthy Lives in Wales*, calls on the Welsh Government to commission the following services from community pharmacy:
- h) *Introduce a community pharmacy based National Minor Ailments Service;*
 - ii) *Create a network of Healthy Living Pharmacies using the existing community pharmacy network;*
 - iii) *Make community pharmacy central to medicines management in Wales through a range of targeted Medicines Management Services.*
 - iv) *Introduce a national community pharmacy based Targeted Medicines Waste service;*
 - v) *Introduce a community pharmacy based Chronic Conditions Management Service;*
 - vi) *Establish a national community pharmacy based Hospital Discharge Medicines Reconciliation & Support Service to help patients transferring between care settings.*
- b) The CPW manifesto document is attached. It contains detailed arguments about the merits of each service and case studies outlining the benefits the services have generated in areas where they have been commissioned.

Flu Vaccination Services

- c) A meeting in January 2011, with the then Minister for Health & Social Services and the Chief Medical Officer received a report on the low take up of free flu vaccinations amongst target groups, namely over 65s, people under 65 with chronic conditions and pregnant women. The take up amongst over 65s was 62% against a target of 70% whereas just 34% of healthy pregnant women have had the flu jab and only 43.7% of at-risk patients aged under 65.

- d) As a result interested parties were asked to submit proposals to provide flu vaccination services during the 2011/12 season. CPW submitted proposals on behalf of community pharmacy contractors and pilot schemes were proposed in areas of exceptionally low take-up in the Cwm Taf and Aneurin Bevan Health Board areas. However, following representations by GPs that the pilots were confirmed only after they had placed orders for their supplies of vaccines, the pilot proposals were withdrawn.
- e) The very real concern is that whatever the reason for the low take-up of the vaccination, people probably died unnecessarily. There are over 700 pharmacies in Wales. They dispense the prescriptions of every single person who is at risk of becoming seriously ill from flu. They see them and have contact with them every single month of the year. Not only when they become ill or need an annual review. They are on every High Street of every town. They open long hours, determined by the Health Board. They control stocks of drugs, like flu vaccines, as part of their every day jobs, with no need to pre-order or guess the uptake that is likely to happen in 6 months time. They know that they must keep enough in stock to meet demand but if they hold too much stock they pay the price of it going out of date, and so have twice daily delivery arrangements with their suppliers. They provide services based on cost of drug and a fee for the service. So if pharmacists are qualified to provide flu vaccination services, which they are, are cost effective, which they are, and are the most accessible health care professional in contact with at risk patients every month and having conversations with them every month, which they are, why on earth would Health Boards not commission pharmacies to provide the service when people at risk maybe dying because Government targets are not being met.
- f) CPW has more recently been involved in discussions regarding the possible introduction of a community pharmacy based flu vaccination service in 2012/13.

4.5 The current and potential impact on demand for NHS services in primary and secondary care of an expansion of community pharmacy services and any cost savings they may offer.

- a) The main thrust of Welsh Government Health Policy since the publication of *Setting the Direction* in February 2010 has been to achieve a fundamental shift in the delivery of health services from the secondary sector into the primary and community sector. An increased role for community pharmacy is crucial to the delivery of that overall objective.
- b) Community pharmacies in their role as the High Street Health Centre are key to encouraging and supporting people to lead healthy lifestyles. Community pharmacy based public health campaigns can help people understand that smoking, over eating, excessive drinking and drug abuse can wreck their lives. Community pharmacy based smoking cessation services, alcohol awareness services and weight management services can help people adopt healthier lifestyles which will keep them healthier longer and reduce the burden on the NHS.
- c) Community pharmacy based minor ailments services can help release valuable GP and Practice Nurse time to devote to the care of vulnerable people who want to live at home for as long as possible. By switching the responsibility for dealing with minor ailments from GP surgeries to community pharmacies could release as much as £30 million in Wales to care for sick people in the community. By delivering services such as flu vaccination, ear syringing, head lice treatment etc through community pharmacies, GP practice nurses could be released to undertake domiciliary care visits to vulnerable people in their homes.
- d) Community pharmacy based chronic conditions management services and associated medicines management services can help people live with a condition which could otherwise result in the requirement of hospital admission and treatment. This will reduce the number of expensive hospital beds and secondary care treatments needed to support an ageing population.

- e) Putting community pharmacies in charge of the war on medicines waste will not only achieve a significant reduction in the amount of medicines wasted every year, but will also help ensure that patients get only the medicines they need and help make sure that they maximise the benefits of the medicines they take.

- f) The CPW manifesto, a copy of which is attached at Appendix 1, details the improvements in patient outcomes that can be achieved through the commissioning of community pharmacy based services and calculates that a potential £95 million could be saved every year from the introduction of community pharmacy based minor ailments services, post discharge medicines services, medicines management services and medicines waste services.

4.6 Progress on work currently underway to develop community pharmacy services

- a) CPW and Welsh Government officials are currently engaged in discussions about a range of potential community pharmacy services with a view to them being rolled out during the term of the present Welsh Government. Early discussions about the scope and implementation of the 5 community pharmacy specific commitments included in the Government party's election manifesto have started. CPW has identified an additional 17 manifesto commitments which will require community pharmacy to act as one of the delivery agents.
- b) CPW is working effectively with the Welsh Government's Chief Pharmaceutical Officer and the part-time Pharmacy Policy Manager. CPW believes that if the Government's ambitions for community pharmacy are to be achieved during the lifetime of this Assembly then the pharmacy team will need to be supported by additional resources, especially if new consolidated regulations are to be produced with a view to generating a Welsh community pharmacy contract.
- c) The following six work streams have been identified and are included in the current pipeline, namely:
- A new advanced service – the Post Discharge Medicines Service
 - A community pharmacy flu vaccination service
 - A new National Enhanced Smoking Cessation Service
 - A potential National Enhanced Substance Misuse Service
 - National Public Health Campaigns
 - Department of Health Modernising Pharmacy Careers Programme
- d) In addition there are 3 major areas where CPW current proposals would deliver very significant dividends for patient care in Wales and for NHS Wales budgets. These are :

- a network of Good an all Wales minor ailments service as outlined above;
- a Targeting Medicines Waste campaign proposed by CPW to the Welsh Government to which no response has been received;
- Good Health pharmacies.

5. Conclusions & Recommendations

- 5.1 CPW believes that the Welsh Government should:
1. Give Community Pharmacy greater responsibility in delivering front line NHS, public health and social care services in Wales;
 2. Introduce a community pharmacy based National Minor Ailments Service;
 3. Create a network of Good Health/Iechyd Da Pharmacies using the existing community pharmacy network;
 4. Make community pharmacy central to medicines management in Wales through a range of targeted Medicines Management Services.
 5. Introduce a national community pharmacy based Targeted Medicines Waste service;
 6. Introduce a community pharmacy based Chronic Conditions Management Service;
 7. Establish a national community pharmacy based Hospital Discharge Medicines Reconciliation & Support Service to help patients transferring between care settings;
 8. At least half of the 6 annual public health campaigns to be Wales wide;
 9. Welsh contractor involvement in Department of Health Modernising Pharmacy careers programme;
 10. Production of consolidated Welsh pharmaceutical regulations;
 11. Extending resource in support of community pharmacy within Welsh Government;
 12. Welsh Government to give serious consideration to appropriateness of current contract position in Wales.

- 5.2 In this submission, CPW has explored and demonstrated the contribution that the network of community pharmacies can make to the NHS in Wales. It sets out how and why Government must enhance the role of community pharmacy in the everyday delivery of NHS services in Wales. It identifies the steps that Government could adopt in achieving the shared objective of maximising the use of the community pharmacy estate and “sweating” the asset that already exists on every High Street and in every community. It contains 12 key recommendations that will translate ambition into action and lead to the improvements in the health and wellbeing of the people of Wales which we all want to see. The election of the fourth National Assembly provides the launch pad for an exciting new era for Welsh Health services and community pharmacy is eager to play a major role in delivering the programme necessary for its achievement.
- 5.3 CPW is content for this response to be made publicly available, to give oral evidence to the Committee if required and would like to be sent a copy of any relevant papers and reports that the Health and Social Care Committee produce as part of this inquiry.

For further information:

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Appendix 1

Good Health : Iechyd Da. The Best Medicines for Healthy Lives in Wales. CPW's manifesto for 2011 National Assembly elections

Appendix 2

Public Health Wales Report on the first Wales-wide Public Health Campaign in Community Pharmacies

Good Health

Community Pharmacy:
The Best Medicine for Healthy Lives in Wales.



Community
Pharmacy Wales
Fferylliaeth
Gymunedol Cymru



Community
Pharmacy Wales
Fferylliaeth
Gymunedol Cymru

Community Pharmacy Wales

Community Pharmacy Wales is recognised in the National Health Services (Wales) Act 2006 and by the Welsh Assembly Government Minister for Health & Social Services as the only organisation responsible for representing all of the 707 community pharmacies in Wales on all matters relating to NHS pharmacy services.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to help protect and develop high quality community pharmacy services and to shape the NHS community pharmacy contract and its associated regulations in order to achieve the highest standards of public health and the best possible patient outcomes.

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The Community Pharmacy Wales Board

Ian Cowan, Chair
Chris James, Vice-Chair

Elected by Independent Community Pharmacies in Wales:

Raj Aggarwal OBE	R K Aggarwal Ltd, Cardiff
Steve Davies	A & J M Sheppard Ltd, Neath
Chris James	Walter Lloyd & Son Ltd, Carmarthen
Gwyn Morris	G & E J Morris Ltd, Bridgend
Gerald Thomas	Vittoria Healthcare Ltd, Wrexham
Tim Williams	Ffordd Elan Pharmacy, Rhyl

Nominated by the Company Chemists Association Welsh Management Board:

Liz Colling	The Co-operative Pharmacy
Ian Cowan	L Rowlands & Co Ltd
Marc Donovan	Boots UK Ltd
Peter Jones	Boots UK Ltd
Andy Murdock	Lloyds Pharmacies Ltd
Steve Ridd	Lloyds Pharmacies Ltd

Welsh Representative on the Pharmaceutical Services Negotiating Committee:

Mark Griffiths T D Owen & M Griffiths

Chief Executive:

Russell Goodway

Introduction

This Manifesto argues for a stronger, more proactive role for community pharmacies as providers of front line health and social care services in Wales. Community Pharmacy Wales believes that the skills, experience and the facilities available at the 707 community pharmacies in Wales are under-utilised and should be more extensively used for the benefit of the Welsh people. Community pharmacies will be a vital component in the delivery of modern, cost-effective, fit-for-purpose, outcome driven health and social care services in Wales.

The Welsh Assembly Government already shares many of our aims. The Welsh Government is right to emphasise the need to achieve a step-change in NHS thinking from treating illness to preventing it arising in the first place. To achieve that ambition will require effective and timely delivery and a determined commitment to patient-led community based services designed to improve the health and well-being of the people who live and work in Wales. The network of community pharmacies – a community based Good Health network - is fundamental to achieving that outcome.

This manifesto calls on the new Welsh Assembly Government to make that commitment and sets out the actions needed to achieve that goal.

“ Community pharmacies will be a vital component in the delivery of modern, cost-effective, fit-for-purpose, outcome driven health and social care services in Wales. ”



Six Key Reasons why the next Welsh Assembly Government Needs to Support Community Pharmacy:

1

A Lifelong Relationship

Whether your life be long or short and whether you are young or old, chronically sick or simply the worried well, throughout your lifetime the timely intervention of your pharmacist will make a massive difference to your health and well-being.

2

Medicines Experts, Trusted Professionals

When it comes to medicines, pharmacists are the experts. They know how medicines work, when to take them and how they should be used. Community pharmacists are highly trained, clinically qualified health care professionals who rank amongst the most trusted professionals on whom the public rely.

3

The Health Centre on Every High Street

This network of clinically qualified healthcare professionals receives over 35 million visits a year and is available through 707 outlets located on every Welsh High Street and which the public can access 7 days a week without the need for an appointment.

4

A Readily Available National Health Asset

The health care estate comprises more than buildings owned by the NHS. It includes those premises in which important health care services are delivered. The potential of this element of the nation's healthcare estate can be achieved without the need for any new legislation or major adjustments to existing regulations and, more than that, will require no additional investment in real estate, no new money overall and can be achieved without any major disruption to existing services.



5

Economic Dynamos

Community Pharmacies in Wales provide over 5000 well-trained, well-paid, quality jobs in local businesses that provide the lifeblood to villages and rural communities, which are the backbone of many district shopping centres and the anchor of city-centre shopping malls. Individually and collectively, they are an economic dynamo for local and regional economies across Wales.

6

A Cost Effective Partner

Although community pharmacies receive fees and allowances for the specific NHS services they deliver, they also contribute funds to the NHS making it a unique public-private partnership benefiting the whole national healthcare system.

Plus, the following Ninety-Five Million Reasons to do so...

Medicines Management

A University of London study revealed that 70% of residents in care homes are subject to at least one drug error. The involvement of community pharmacists at the care home has been shown to reduce these errors. Additional research has shown that between 30% and 50% of other patients fail to take their medicines correctly or are otherwise non-compliant with their prescribed medicines regime. This often results in unnecessary hospital admissions and other interventions, which costs the NHS in Wales almost **£10million** a year.

£10 MILLION SAVED

Minor Ailments

If patients with minor ailments were seen by their pharmacist, instead of their GP, then **£30 million** could potentially be saved for NHS Wales every year.

£30 MILLION SAVED

Hospital Discharge Specialists

Recent research has shown that hospital discharge information is poor, with 25% of discharge letters never reaching the patient's GP and 38% of hospital readmissions related to medication, 61% of which are preventable. A hospital discharge medicines reconciliation service could save the NHS more than **£5million** a year in avoidable and unnecessary secondary care services.

£5 MILLION SAVED

Medicines Waste

The scandal of medicines prescribed but which are never taken costs the NHS in Wales almost **£50 million** a year in wasted medicines. A community pharmacy based Targeted Medicines Waste Service would significantly reduce the amount of medicines waste.

£50 MILLION SAVED



The Health of Wales

An Increasingly Sophisticated Population

Almost 3 million people currently live in Wales and as the country faces up to future challenges the nation's health needs will be dictated by the make-up of the population.

Increased access to the internet and with increased health related content carried by an ever-expanding broadcast media, as well as the result of Government sponsored health awareness initiatives, it is not surprising that the population is becoming more knowledgeable and sophisticated about health solutions and their own healthcare options. As a result, the so-called "worried well" will inevitably place increased demands on health and social care services. Most will end up taking medicines or receiving services that involve medicines.

Old Age Doesn't Come Alone

For a quarter of a century or more, the proportion of older people in Wales has steadily increased and, as birth rates fall, it will continue to do so. Welsh Assembly Government statistics suggest that the proportion of the population aged over 60 accounts for one in four people in Wales. They indicate that the overall increase in the Welsh population over the next 20 years will be 3% yet the number of people of retirement age will grow by 11%. WAG expects the number of people aged 85 and over to rise by more than a third to 82,000.¹

The adage "old age doesn't come alone" will almost certainly be true in Wales. All political parties are committed to improving standards of healthcare and providing equal access to health and social services across Wales. There is cross-party consensus about the need to ensure that as people grow older they get the help they need to "maintain their health, well being and independence for as long as possible including prompt, seamless, quality treatment and support when required"²

As we get older we expect to suffer more from the loss of mobility, sight and hearing as well as other disabilities and chronic conditions. Most older people, to some extent, will come to depend on medicines to help delay the onset or the progress of these conditions and to help them live with them. Incorrect treatments or mismanagement of medicines often results in a loss of independence but, managed properly, medicines can ensure that certain conditions do not become a burden for either the patient or NHS Wales, underscoring the vital role the community pharmacist plays in the maintenance of health and well-being.

¹Public Health Wales

²Older Persons National Service Framework (NSF)

Children & Young People

According to Government, children and young people are those aged 0-24 years. They make up just over 30% of the population of Wales. Research shows that the vital foundations of adult health are set down in prenatal life and early childhood. Childhood inequalities in physical, mental and emotional health are strongly associated with increased lifetime risk of poor physical and mental health in adulthood. In terms of preventing ill-health and/or social disadvantage in the long term, the importance of promoting and protecting the health and well-being of children and young people cannot be overestimated. Providing access to the right medicines as well advice on healthy living will be crucial to their development.

What other network of clinically qualified healthcare professionals are available through 707 Health Centres located on every Welsh High Street and which the public can access 7 days a week without the need for an appointment?

Why Community Pharmacy?

Community Pharmacy must play a critical role if Wales is going to successfully address future health and social care challenges. Wales' community pharmacies receive over 35 million visits every year. Every one of them provides ready access to at least one qualified healthcare professional. They are the Health Centre on every High Street. Their customers and their patients trust them and find them reliable. Even more than that, when it comes to medicines, pharmacists are the experts. They are qualified to give advice and support and to deliver many of the healthcare services that people need.

What other network of clinically qualified healthcare professionals are available through 707 Health Centres located on every Welsh High Street and which the public can access 7 days a week without the need for an appointment? Government is really missing a trick when it appears to be reluctant to maximise the potential of this existing and incredibly sophisticated healthcare network. Government needs to "sweat" all of Wales' assets, for the benefit of its people. The community pharmacy network is no exception. Dedicated as it is to public service, the potential of this element of the nation's healthcare estate can be achieved without the need for any new legislation or major adjustments to existing regulations and, more than that, will require no additional investment in real estate, no new money overall and can be achieved without any major disruption to existing services.

Seven Simple Steps the next Welsh Assembly Government need to take to Build a Healthier Wales:

1

Give Community Pharmacy greater responsibility in delivering front line NHS, public health and social care services in Wales;



2

Introduce a community pharmacy based **National Minor Ailments Service**;

3

Create a network of **Healthy Living Pharmacies** using the existing community pharmacy network;

4

Make community pharmacy central to medicines management in Wales through a range of targeted **Medicines Management Services**.



5

Introduce a national community pharmacy based **Targeted Medicines Waste service**;

6

Introduce a community pharmacy based **Chronic Conditions Management Service**;

7

Establish a national community pharmacy based **Hospital Discharge Medicines Reconciliation & Support Service** to help patients transferring between care settings;



In terms of preventing ill-health and/or social disadvantage in the long term, the importance of promoting and protecting the health and well-being of children and young people cannot be overestimated.



The Case for Community Pharmacy

A Life-Long Relationship

Whether your life be long or short and whether you are young or old, chronically sick or simply the worried well, throughout your lifetime the timely intervention of your pharmacist will make a massive difference to your health and well-being. The trusted skills and experience of your pharmacist are vital influences during the most critical and worrying episodes we all face along life's journey.

Unique Skills & Expertise

For too long, too many have viewed the NHS in Wales as simply a service of doctors and nurses. In reality, "it is a multi-disciplinary service that goes well beyond two medical professions".³ Through their unique skills and professional expertise community pharmacists are an increasingly vital front-line provider in the modern NHS both as the experts in the best use of medicines and as primary care campaigners and educators. Community Pharmacy Wales is dedicated to increasing awareness and understanding of this constantly developing and increasingly important role.

In Tune with Current Priorities

As part of our essential work, Community Pharmacy Wales has worked closely with all of the main political parties in Wales. It has been most encouraging to learn that, without exception, they all understand that community pharmacy can and must play a pivotal role in delivering additional front-line NHS services. But, on its own, understanding is not enough. What Wales needs now is action to deliver. This manifesto sets out the steps that we believe Government needs to take to ensure the delivery of improvements in public health and better patient outcomes that, we believe, can only be achieved by making best use of the community pharmacy network.

Providers of Extensive Range of Quality Services

A Healthy Living Pharmacy in the community provides more than a set of services, it is a place where the public feel they get high quality advice, reliable and consistent support and access to a highly qualified healthcare professional whenever they need to.

Some pharmacies already offer services traditionally carried out in outpatient clinics, such as blood tests for patients on warfarin, which are more cost effective for the NHS and more convenient for the patient.

Highly Trained, Clinically Qualified Professionals

Community pharmacists are entitled to practice only after a rigorous four-year university training programme followed by a whole year of supervised practical pre-registration training before they can practice. They are

also required to undertake a mandatory programme of continuing professional development throughout their careers. They are, therefore, qualified, highly trained healthcare professionals who can provide a wide range of front line services that go beyond basic medicines dispensing, important as that is to patients.

Trusted Healthcare Professionals

Research, both in the UK and around the world has revealed that community pharmacists rank amongst the most trusted healthcare professionals on whom the public rely - a hard-earned accolade resulting from their dedication to patient care and their precise and consistently accurate performance. Government should place them at the forefront of tackling many current day challenges from the multi million pounds scandal of wasted medicines to the fight against sexually transmitted diseases.

Important Drivers of Local Economies

Community pharmacies in Wales provide over 5000 well-trained, well-paid, quality jobs in local businesses that provide the lifeblood to villages and rural communities, which are the backbone of many district shopping centres and the anchor of city-centre shopping malls. They are a network of economic dynamos across Wales. Individually and collectively, they make a significant contribution to local and regional economies.

Responsive to People's Needs

As businesses, they are instinctively more accessible, flexible and responsive. Community pharmacies located near train or bus stations will certainly be open to service the needs of commuters and the travelling public. Where they are located in town and city centres or on retail parks, they will open seven days a week to make sure that they meet the needs of patients and customers. When situated near a GP surgery, their hours will frequently coincide with those of the surgery. In other words, community pharmacies operate at the heart of the community, and yet provide healthcare services to people who are often hardest to reach but who need it the most. Community Pharmacy is a patient-led service network which in today's demanding 24/7 society, is the only professional healthcare network that is readily accessible wherever people live, work or travel.

A Willing Partner

The next Welsh Assembly Government, like the current one, will find Community Pharmacy Wales is a willing partner in its endeavour to improve public health and we remain committed to working with the Welsh Government to ensure that the community pharmacy network responds positively to the call.

³The Bow Group: Delivering Enhanced Pharmacy Services in a Modern NHS

It's Because Community Pharmacy Delivers...

Minor Ailments

Coughs and colds, diarrhoea and earache, hay fever and tummy upsets, head-lice, warts and verrucas are the hazards we face as we go about our daily lives. Athletes foot, headaches, heartburn, indigestion, sore throats are part of the price we all pay from time to time simply for living. People with these conditions are not necessarily "ill" but rather just bit "under the weather" or suffering from an annoying side effect of everyday social interaction. Should they really need to get an appointment to visit their GP to obtain remedies that are readily available at the local chemist? It seems a nonsense that they have to stand by the phone at 8.00 am and dial repeatedly to arrange an appointment at the surgery just to collect a piece of paper that they then have to take to the local pharmacy anyway. It's even more annoying and disruptive to daily routines if you need to take time off work or take your child out of school in order to keep that appointment.

In Wales an estimated 5 million GP consultations every year concern minor ailments that could be dealt with at a pharmacy. Every GP in Wales spends an estimated one hour each day dealing with minor ailments or self-limiting conditions. An independent review concluded that almost 40% of these consultations could have been handled more than adequately in a community pharmacy. The average cost of a GP consultation is £32 compared to the cost of a pharmacy consultation of £17.75. That is a saving of £14.25.⁴ If patients with minor ailments were seen by their pharmacist instead of their GP, then £30 million could potentially be saved for NHS Wales every year.

In Wales an estimated 5 million GP consultations every year concern minor ailments that could be dealt with at a pharmacy.



A community pharmacy based **National Minor Ailment Service** would reduce pressure on GPs and simultaneously improve both access and choice for their patients. And, with over 2/3rds of sickness absence from work resulting from these common ailments it would have far reaching benefits for the Welsh economy as a whole.

⁴ The Bow Group: Delivering Enhanced Pharmacy Services in a Modern NHS

Community Pharmacy Delivers...

In **Torfaen** in 2006 the former LHB pioneered a state of the art minor ailments service where people can visit their local pharmacy for advice and treatment free of charge. The success of the scheme is evidenced by the fact that during 2009/10, in just one Cwmbran pharmacy, 752 people received a minor ailment consultation releasing an estimated 125 hours of local GPs time and a saving of some £10,800 for the LHB.

In **Finland**, a country just under twice the size of Wales, people routinely consult their community pharmacist in preference to their GP. By putting community pharmacy on the front



line, independent research indicates that Finland has benefited from 6.2 million fewer GP consultations, 2.6 million fewer prescriptions and 750,000 fewer trips to A&E. This has generated a saving equivalent to £450 million for their health service.

In **Scotland**, the **National Minor Ailment Service** enables people north of the border to access their community pharmacy as the first port of call for the consultation and treatment of a common condition, on the NHS and without the need to visit a GP. This service supplies some 3 million items every year improving convenience and speed of treatment and allowing Scottish GPs to devote more time to patients with more serious conditions.

Fighting Lifestyle Related Illnesses

Community Pharmacy is pivotal to the delivery of the Welsh Assembly Government's Public Health agenda. The ability of the NHS to cope with future demands on its resources is heavily dependent on the Government's ability to tackle diseases and illnesses related to lifestyle choices. Changing the habits of a lifetime is a tough challenge for anyone. Addictive behaviours are the toughest of all to overcome.

It is a UK wide problem, but Wales has experienced some of the worst rates of alcohol abuse over the last decade with an associated increase in the number of hospital admissions and deaths due to alcohol poisoning. Despite a punitive tax regime and legislation to ban smoking in public places, smoking related diseases continue to claim thousands of lives each year. If Wales is serious about reducing the smoking levels from 24% of the population, to match places, like Sweden, with the lowest rates in the World (14%) then a national community pharmacy based stop smoking service is essential.⁵ Wales has some of the highest obesity rates in Europe leading to diseases such as diabetes, cancer and heart disease. Between them they place a heavy financial burden on NHS Wales.

The Welsh Assembly Government's Chief Medical Officer has recognised the need to "re-balance health and social services in favour of prevention and early intervention". To achieve that objective, Wales urgently needs an effective network of Healthy Living Pharmacies to help people challenge established cultures and lifestyles and change their habits. Community pharmacies are especially well placed to capture those hard to reach groups and to work with them to address these challenges.

With 35 million visits each year, community pharmacies are the most effective channel available to deliver public



health messages. The next Welsh Assembly Government could achieve a significant shift in peoples' behaviours simply by switching the focus of the delivery of its public health services into community pharmacies for which provision is already made in the community pharmacy contract. As part of an integrated NHS/Public Health Wales agenda, Government should act to ensure a full vascular risk assessment, advice and support to stop smoking, help to reduce alcohol consumption and assistance to manage their weight, are available in every community pharmacy making access to these services as easy as going to the shops.

A 707 strong network of **Health Living Pharmacies** as the channel for organised public health campaigns and offering the full range of services aimed at changing lifestyles and improving public health would make a substantial contribution to achieving Government targets.

⁵ The Bow Group: Delivering Enhanced Pharmacy Services in a Modern NHS

Community Pharmacy Delivers...

In **North Wales**, in one twelve month period over 4,000 people were provided with stop smoking support from community pharmacies. Public Health Wales confirmed that all self-reported quit rates (44.8%) fell within National Institute of Health and Clinical Excellence expected success rate targets emphasising the effectiveness of the community pharmacy based service when compared to other providers.

In **Scotland**, a national community pharmacy based stop smoking service has doubled the accessibility of smoking cessation interventions in primary care.

In **Portsmouth**, rhetoric has been converted into reality through the creation of 'Healthy Living



Pharmacies', each with its own Health Trainer Champion and each pharmacy providing support on weight management and smoking cessation, as well as free blood pressure testing and a comprehensive range of health advice. In addition, more than 3,500 took part in a recent alcohol intervention exercise.

In **South Birmingham**, a 'heart MOT' service delivered through 24 community pharmacies identified vascular disease risk and provided a full range of advice and support with 28% of the people assessed being referred to their GP of which 82% were male.

In **Coventry**, a community pharmacy based Obesity Management Service resulted in 68% of clients losing weight and 72% achieving a reduction in waist measurement.

Medicines Management

Few of us will enjoy a life free from medicines. That's why medicines and the proper management of medicines are critical to a smart, modern, fit-for purpose NHS. The Welsh Assembly Government already spends some £600 million each year on prescribed medicines. That's almost £200 a year for every person in Wales.

Pharmacists are the medicines experts. They know what medicines do, what they are for and how to use them most effectively. Effective use of medicines can help prevent people from becoming ill in the first place. Proper management of medicines can ensure that people with illnesses, including chronic illnesses, can lead normal lives, even to continue to work. Medicines can delay the progression of certain illnesses, which means that people don't have to interrupt their lives prematurely simply because of the onset of a particular condition. In short, medicines used properly and under the supervision of a pharmacist – a clinical professional available on every Welsh High Street – can help prevent sickness becoming too great a burden on the patient and on the NHS.

Between 30% and 50% of patients fail to take their medicines correctly. This could mean that they fail to take the full course of treatment, take an unsuitable combination of medicines or they fail to comply with the directed dosage. Whatever the reason, medicines mismanagement results in hospital admissions which would otherwise be avoidable and which costs the NHS in Wales almost £10 million a year.

'the involvement of community pharmacists and medication reviews does lead to more effective medicines management and has economic advantages'.

Whenever medicines are involved, community pharmacy needs to be central to the medicines management regime. Whether it be improving patient's use of medicines, increasing safety in care homes, supporting safe transfer between care settings through the performance of medicines reconciliations, or providing medicines advice and support to other healthcare professionals, community pharmacy is pivotal to ensuring compliance with medicines regimes. Two recent case studies undertaken within the Welsh Chronic Conditions Management Demonstrator sites

found that *'the involvement of community pharmacists and medication reviews does lead to more effective medicines management and has economic advantages'.*

This is why it is crucial that the next Welsh Assembly Government makes community pharmacy central to medicines management in Wales. This can be achieved through the introduction of a range of targeted national community pharmacy based **Medicines Management Services** aimed at improving compliance and patient's use of medicines.



Medicines Waste

The most expensive medicines the NHS provide are those that are never taken. The scandal of medicines prescribed but never taken costs the NHS in Wales almost £4 million every month in wasted medicines. The Welsh Assembly Government's public awareness campaign *Waste Medicines, Wastes Money*, is seeking to highlight the extent of the problem. The causes of medicines waste are well known. The solutions are clear. Inefficiencies in ordering, prescribing and supply results in up to 50% of medicines for chronic conditions not being taken as intended adding a further £13 million of unnecessary spending every year.

None of the solutions to the waste medicines problem are expensive 'big ticket initiatives'. They are straightforward, effective, smart and affordable ways of improving service delivery and ensuring that NHS in Wales achieves best value from its single biggest expenditure commitment. The community pharmacy based **Targeting Medicines Waste service** put forward in response to the Welsh Government's campaign will make the most significant contribution to the reduction of wasted medicines which the Government is seeking.

Community Pharmacy Delivers...

In **Wales**, since 2005 the number of Medicines Use Reviews conducted in community pharmacies has grown from zero to over 100,000 each year. Almost half of these will have resulted in a recommendation from the pharmacist that the patient changes their medicines regime and a quarter will have resulted in a referral to their GP.

In **Australia**, community pharmacies deliver a Home Medication Service, providing much needed support to patients needing domiciliary support.



Chronic Conditions Management

Wales suffers some of the highest rates of long-term illness in the UK. This places a massive burden on health service resources making the management of chronic conditions the number one challenge for NHS Wales.

The proportion of people with chronic conditions admitted to hospital unnecessarily is high. This is generally the result of the ineffective management of their condition. Those who suffer from diabetes, heart disease, asthma and chronic obstructive pulmonary disease (COPD) are amongst the most intensive users of the most expensive NHS services, making them an expensive cohort of health service users.

Effective health promotion and self-care are integral to the effective management of chronic conditions. With proper support, people suffering from these conditions can continue to live in the community, with reduced exacerbations, reduced incidence of falls and hip fractures helping to avoid unnecessary hospital treatment and care. Through the provision of high quality medicines management services coupled with regular monitoring and support, community pharmacies can play a significant role in supporting people living with chronic conditions.

This demands the introduction of a community pharmacy based **Chronic Conditions Management Service** where community pharmacies are fully integrated into chronic conditions pathways providing easily accessible facilities for testing a range of morbidities, delivering flu vaccinations, supporting people living with diabetes, heart disease and respiratory conditions and by playing a key role in the development of tele-health services.

The proportion of people with chronic conditions admitted to hospital unnecessarily is high. This is generally the result of the ineffective management of their condition.



Community Pharmacy Delivers...

In **City and Hackney**, the Primary Care Trust introduced a community pharmacy based flu vaccination service to address the shortfall against immunisation targets. This resulted in them achieving their uptake target for the very first time.

The PCT also introduced a community pharmacy based Asthma Medicines Support Service. As a result 56% of patients were discovered to be using their medicines ineffectively and 38% needed changes to their medication. In addition, the number of patients with poor control decreased by 30% and the number of patients with well-controlled asthma rose by 80%.



In **Germany**, community pharmacies are at the forefront of the challenge to improve the management of asthma and COPD under a national contract and have provided support to 1.2 million patients.

In **Portugal**, community pharmacies manage diabetes, hypertension and asthma.

In **Scotland**, community pharmacies operate a shared care agreement with GPs to manage individual patients with long-term conditions as part of their national community pharmacy contract.

Medicines Reconciliations on Hospital Discharge

Regrettably, many of us, at some stage in our lives, will require treatment and care in hospital, a care home or a hospice. Whenever and wherever medicines are involved in the provision of treatment or care community pharmacies have a crucial role to play in providing advice and support on how to mitigate the worst effects of the causes of pain and suffering.

The transfer of patients between various care settings can, in itself, be traumatic. Patients are exposed to increased risk when transfers coincide with less than effective medicines management regimes. Between 4% and 5% of hospital admissions result from preventable medicines related incidents. In addition recent research has shown that discharge information is poor, with 25% of discharge letters never reaching the patient's GP and 20% of discharges leading to readmission due to lack of information. Against this background, it is essential that community pharmacists, as the experts in medicines and often a key patient contact prior to admission and on discharge, are involved in the transfer process. On-going discussions with the Welsh Assembly Government confirm that this is the case.

Problems with medicines management are also prevalent in care homes. Research has shown that at a time when community pharmacy services to care homes are being de-commissioned, a staggering 70% of patients in care homes are subject to at least one drug error and one third of the medicines that should be monitored for side effects are not. The feedback from one of the Chronic Conditions Demonstrator Sites in Wales concluded that pharmacists reviewing the medicines of residents in nursing and residential homes could save the NHS in Wales over £200,000 annually.

These situations clearly demonstrate that by not establishing robust medicines management processes in care settings, and as part of admission and discharge processes, NHS Wales is both failing to protect patients and failing to benefit from potential savings. This underscores the need for a national community pharmacy based **Hospital Discharge Medicines Reconciliation and Support Service** for patients transferring between care settings and for the involvement of community pharmacy in the effective management of medicines processes in care homes



... a staggering 70% of patients in care homes are subject to at least one drug error and one third of the medicines that should be monitored for side effects are not.

Community Pharmacy Delivers...

In **Bournemouth and Poole**, a joined up medicines management service to vulnerable patients in their home, which makes full use of the skills of local community pharmacists, has been estimated to have reduced emergency admission to hospital by 25%, while at the same time prescribing costs were reduced by £25,000.

In **Wrexham**, a community pharmacy based pilot scheme involving medicines information exchange on patient discharge from hospital resulted in clinically significant interventions in 19% of patients.



In **North Wales**, a study involving community pharmacy advice to care homes estimated that a total annual cost saving of £202,126 could be realised from the extension of the service across Wales.

In **Central Lancashire**, nurses working with a community pharmacy to provide support to care homes reduced GP call outs to those homes by over 90% and achieved a 7% reduction in hospital admissions.



Sexual Health Services

Life doesn't always go to plan. When things do not quite work out as we would have wanted, being able to get the advice and support we need to put things right is pretty essential. Community pharmacies are available to provide that ever-necessary helping hand.

Whether its help to improve your health, assistance to support lifestyle choices or the provision of a safety net when things go wrong, the community pharmacy network is uniquely placed to offer the advice that people need as they travel through life.

Wales has one of the worst rates of sexually transmitted infections. The Office of National Statistics estimates that in 2008 over 2000 girls under 18 in Wales fell pregnant and the number of pregnancies amongst girls under 16 was around 400. Community pharmacies can provide advice and support on sexual health to those in both first and established relationships.

Community pharmacies have become the provider of choice for the supply of Emergency Hormonal Contraception (EHC), which has been further reinforced by the decision of the Welsh Assembly Government to introduce a community pharmacy based national Directed Enhanced Service from April 2011.

However, the Welsh Government's ambitions for a holistic sexual health service goes way beyond the supply of EHC. It requires the provision of a comprehensive, easily

accessible sexual health service delivered by professionals operating at the heart of every community. If the sexual health needs of the Welsh population are to be met, then it is essential that every community pharmacy is able to offer a comprehensive range of sexual health services including; immunisation for cervical cancer, testing and treatment for sexually transmitted infections, the supply of oral contraception and the treatment of erectile dysfunction.

If the sexual health needs of the Welsh population are to be met, then it is essential that every community pharmacy is able to offer a comprehensive range of sexual health services ...

Drug Abuse & Substance Misuse

From time to time, some people's lives simply go off the rails. Drug abuse and substance misuse cost the UK billions of pounds in terms of health treatments and the associated cost of drug related crime.

Community pharmacies can, and in some areas do, provide access to clean syringes and needles for those who need them. Community pharmacies can, and sometimes do, provide supervised consumption services for clients in treatment. However, these services are both minimal and sporadic.

In the main, publicly funded drug and substance misuse services are inaccessible, costly and fail to appreciate the unpredictable behaviour of those trapped by their addiction. All too often, these services are available only to those with a criminal conviction.

Addicts find it extremely difficult to engage with traditional healthcare services, especially those that depend on a regime of strict appointments. That is why community pharmacy is well placed to offer a more accessible, flexible combination of advice and support ranging from syringe and needle exchange, to advice on safe injecting techniques to the provision of the full range of paraphernalia required by those battling with addiction.

Community Pharmacy Delivers....

In **Manchester**, the community pharmacy based Sexual Health Service was established in 2008. Following on from the successful community pharmacy emergency contraception service, it provides sexual health advice and support at the centre of the City's most disadvantaged communities. The Service allows community pharmacies to provide clients with condoms and/or the contraceptive pill, conduct pregnancy testing services and provide chlamydia testing & treatment as part of a comprehensive sexual health service that is an integrated part of the Manchester Sexual Health Commissioning Strategy.

In **Scotland**, in 2009/10 over 85% NHS funded EHC was supplied by community pharmacies.



The Community Pharmacy Contract



The NHS also relies on the competitive purchasing power of the 11,000 strong community pharmacy network in Wales and England to drive down the costs of the drugs that they dispense. Since 2005, the buying power of the combined network has saved the NHS more than £1.5 billion.

Fees & Allowances

Under the terms of the contract, the NHS pays community pharmacies a fee for dispensing prescription medicines and a fixed practice allowance if they dispense in excess of a certain number of prescriptions each month. In addition, they are paid a fee for delivering services that the NHS specifically commissions from selected community pharmacies such as Stop Smoking services, Obesity Management services, Syringe and Needle Exchange services and Minor Ailments services. However, in Wales, none of these services are available universally from every community pharmacy even within a particular Health Board area. The network is currently generating an annual 3.5% efficiency saving under the terms of the community pharmacy contract.

A Unique Public Private Partnership

Community Pharmacy is the ultimate public-private partnership. Ever since the creation of the NHS in 1948, just like other primary care practitioners, such as most GPs, Dentists and Optometrists, community pharmacies are privately owned but deliver publicly funded NHS services under a contract with the Department of Health. With community pharmacies responsible for premises, staff and stocks of medicines and appliances, the contract achieves a significant transfer of risk from the public sector to the private sector.

An England & Wales Arrangement

Although health is a devolved matter, the Community Pharmacy contract remains an England & Wales contract, which is negotiated annually between the Department of Health in Whitehall and the Pharmaceutical Services Negotiating Committee, of which Community Pharmacy Wales is a constituent member. However, the pattern of NHS services that community pharmacies deliver on the ground, is now becoming increasingly divergent from the situation in England. This is largely due to significant recent changes in English NHS policy that, justifiably, have not been mirrored in Wales. However, in the absence of a set of consolidated regulations reflecting the Welsh dimension of the England and Wales contract and with no specific contract for Wales, practitioners and commentators are, understandably, beginning to argue that the Welsh Government will need to give early consideration to the consequences of the English reforms in a Welsh context.

A Profit Sharing Partner with the NHS

The NHS also relies on the competitive purchasing power of the 11,000 strong community pharmacy network in Wales and England to drive down the costs of the drugs that they dispense. Since 2005, the buying power of the combined network has saved the NHS more than £1.5 billion.

The price the NHS pays the pharmacy for the prescription medicines it dispenses is set out in the Drug Tariff, which is a monthly catalogue of all the medicines that the NHS is prepared to fund. The community pharmacy network has to account for any surpluses (ie the difference between the Drug Tariff price it receives from the NHS and the cost of the medicine charged by the manufacturer or supplier) it generates on medicines dispensed. The community pharmacy contract requires the network in Wales and England to retain an agreed level of surpluses generated in this way. The NHS recovers any surpluses in excess of the agreed amount. This year, NHS Wales is benefiting to the tune of some £11 million from the buying power of Wales based community pharmacies.

This means that although community pharmacies receive fees and allowances for the specific NHS services they deliver, they also contribute funds to the NHS making it a unique public-private partnership benefiting the national healthcare system as a whole.

Conclusion

This manifesto has set out details of the effective healthcare partnership that exists between the people of Wales and their community pharmacy which they visit more than 35 million times every year. It explains the potential of the community pharmacy network in Wales in helping deliver the Welsh Assembly Government's agenda for change in the focus of health and social care on prevention through early intervention.

The proposals captured in this document together form the basis of Community Pharmacy Wales challenge to all those who seek election to the fourth National Assembly for Wales and, in particular, to those who aspire to form the next Welsh Assembly Government following the National Assembly elections in May 2011.

We urge the new Government to become full partners in our life-long relationship with our patients and customers and to adopt the range of practical steps that are set out in this manifesto. We fully intend to engage you in a detailed discussion of our proposals and we look forward to working with the new Government to ensure its effective delivery for the benefit of the people of our country.

“ We urge the new Government to become full partners in our life-long relationship with our patients and customers and to adopt the range of practical steps that are set out in this manifesto. ”

The last twenty years has seen an enormous change in the role of community pharmacies. These are just some of the services that community pharmacies deliver today, which, in some areas, are funded by the NHS:

- Advice & Support for sufferers of Alcohol Abuse
- Blood pressure testing
- Blood tests for warfarin patients
- Care Home Services
- Cervical Cancer vaccinations
- Chlamydia screening and treatment services
- Cholesterol testing
- Chronic Conditions Management services
- Confidential healthcare consultations
- Contraception Advice Services
- Emergency Hormonal Contraception
- First Prescription Schemes
- Flu vaccinations
- Managed Repeat Dispensing
- Medicines management services on admission and discharge from hospital
- Medicines Use Reviews & Advice Services
- Minor Ailments Services
- Monitored Dosage Systems & Medicines Compliance Aids
- Obesity & Weight Management advice and support services
- Prescription collection & delivery services
- Repeat Dispensing
- Sexual Health Advice services
- Signposting Services
- Stop Smoking Services
- Supervised Administration for Drug Users
- Supply of Medicines & Appliances
- Supporting Public Health Campaigns
- Syringe & Needle Exchange Services
- Unscheduled Care Services
- Vascular Health Checks

Community Pharmacy Contractors in Wales

The following contractors operate the network of 707 community pharmacies in Wales:

A & J.M SHEPPARD



A C BROOKES

A D RICHARDS

A D SWETTENHAM CHEMISTS



A DAGHLIAN

A FRASER-JONES LTD

A J EVANS

A J GILBERT LTD

A JINA (CYNON STORES LTD)

A M WILLIAMS

A MARTIN

A PATEL

A R DAVIES & H M EVANS LTD

A THOMAS LTD

ABC COMMERCE LTD

AE PETERSEN LLP

ALI MURAD

ALKAMOOSI LTD

ANDOJG LTD

ANDREW PHILLIPS PHARMACY

ANEURIN BEVAN HEALTH BOARD

ANEURIN EVANS LTD

ANGELA M GOUGH LTD

ASDA STORES LTD



ASSURA PHARMACY LTD



AYC NORTH END LTD

B GILBERT

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B SVIRDEE LTD

BASSALEG PHARMACY

BLANE RETAIL LTD

BODELWYDDAN PHARMACY LTD

BOOTS UK LTD



BORTH PHARMACY LTD

BRIDGE PHARMACY LTD

BURRY PORT PHARMACY LTD

BYROM SOUTH WALES LTD

C CAMPBELL

CASTLE PHARMACY CAERNARFON LTD

CECIL JONES LTD

CHANA AND MEHTA

CILFYNYDD CHEMIST LTD

COHENS CHEMIST

CRAIG HINKS LTD

D H & S MORGAN

D J BARLOW

D J RAJYAGURY

D R CECIL JONES & SON LTD

D R MORGAN

D R ROSSER LTD

D TAYLOR & RICHELD LTD

DAVIES CHEMIST LTD

DAVIS & SOLTYS LTD

DOWLAIS PHARMACY LTD

DUDLEY TAYLOR (KENILWORTH) LTD



DYFFRYN PHARMACY LTD

E J PHARM LTD

E M MORRIS (CHEMISTS) LTD

E P PARRY

EW RICHARDS LTD

EBBW CONSORTIUM

ESTHER VAUGHAN EVANS

F M JONES

FAITH PHARMACY LTD

FFERYLLFA LLYN CYF

FFORDD ELAN PHARMACY

G & E J MORRIS

G L & S WILLIAMS

G P NOOTT

G ROWE SERVICES LTD

G S BHO GAL

GARNANT PHARMACY LTD

GELLI PHARMACY LTD

GEORGETOWN PHARMACY LTD

GERAINT DAVIES PHARMACIES LTD

GLEN THOMPSON

GLYN LTD

GOFAL HEALTH CARE LTD

GORGEMead LTD

GRAVELLS PHARMACY LTD

H A CROOK (PHARMACY)

H BAINBRIDGE LTD

H S REES

H SHACKLETON LTD

HAMMAN (PRESTEIGNE)

HANFORDS CHEMIST LTD

HELDANSTEP LTD

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HOPE PHARMACY LTD

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HUGH MORRIS LTD

HUW EVANS (CHEMISTS) LTD

I G THOMAS

I OWEN LTD

INSYNC HEALTHCARE PHARMACY

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JA JONES

J C WOOTTON

J FWHEELER & WILLIAMS LTD

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J G ROBERTS

J HUGHES

J R G WILLIAMS

JAMFORM LTD

JUDITH M EVANS

K M JONES & FA JONES

K.D.G.S (2005) LTD

KIDWELLY PHARMACY LTD

Contractwyr Fferylliaeth Gymunedol yng Nghymru

Mae'r contractwyr dilynol yn gweithredu'r rhwydwaith o 707 fferyllfa gymunedol yng Nghymru

L N HEALTH LTD

L ROWLAND & CO LTD



LANREATH LTD

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LLANHARAN PHARMACY LTD

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M & D P LLOYD

M E & C J DUNN

M OLDFIELD

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The co-operative
pharmacy

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NIGEL WILLIAMS

NORTH ROAD PHARMACY LTD

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OCI CONSULTING LTD

OVERDRAKE LTD

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P A MORGAN

P C BULLEN

P DRISCOLL

P GRIFFITHS

P HOPKINSON

P K TANEJA

P NOOTT

PV DAVIES

PARMAR & ROGERS



PATHVALLEY LIMITED

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PHARMAMED LTD

PONTLLANFRAITH CONSORTIUM LTD

R A DAVIES

R D & M R PARRY (CHEMISTS) LTD

R HUGHES & J.H JONES LTD

R JABAR

R K AGGARWAL LTD



R M JONES (PHARMACY) LTD

REES & MOORE

RJ & JG DAVIES

S B CARR LTD

S E JOHN

S J SIGGERY

S L DANBY

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S R BAILEY LTD

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T H & L JONES LTD

T H PRICHARD & SONS LTD

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TANDY INC LTD

TESCO STORES LTD



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W GRIFFITHS

W J POWELL LTD

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WATKIN-DAVIES LTD

WELCHEM LTD

WOODVILLE ROAD PHARMACY

YSGOL PHARMACY LTD



Community pharmacy diabetes risk health promotion campaign

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Purpose and Summary of Document:

To report on the national diabetes risk awareness health promotion Campaign delivered through community pharmacies in Wales during two weeks commencing June 13th 2011.

EXECUTIVE SUMMARY

Wales has over 700 community pharmacies that deliver NHS pharmaceutical services for the people of Wales. Included in the essential services element of the NHS community pharmacy contract is a requirement to deliver up to six health promotion campaigns each year as agreed with the contracting Health Board. Previously Health Boards in Wales have determined health promotion campaigns in line with locally identified priorities. This year, the Chief Pharmacists of all seven Health Boards in Wales agreed to support a national campaign designed by Diabetes UK Cymru and Community Pharmacy Wales to be facilitated by the Pharmaceutical Public Health Team in Public Health Wales.

The campaign's key objectives were to identify people at high risk of developing / having diabetes and refer them to their GP practice for further investigation and to provide the public with information and advice relating to healthy lifestyle. Extensive media coverage was achieved by partners in support of the campaign. During the 2 week campaign in June 2011 the public were invited to complete a diabetes risk questionnaire at pharmacies across Wales.

Results were recorded for 17,507 people with 1478 / (8.44 percent) categorised as being at high risk i.e. a one in three risk of developing diabetes in the next ten years. High risk individuals were referred to their GP practice for further investigation. Fact sheets relating to healthy eating and exercise were made available to all participants regardless of whether they completed the questionnaire at the pharmacy or chose to self test at home.

Although recorded results account for 17,507 people over 50,000 questionnaire forms were provided and many people may have taken forms home to complete with family and friends. The forms provided advice about seeking a GP appointment and many more people may have self-referred as a result of the campaign.

It is recommended that agreement should be sought to deliver further national health promotion campaigns through community pharmacies.

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Acknowledgement to the Public Health Wales NHS Trust to be stated.

1 Introduction

Diabetes is a term that covers a group of disorders that result in raised blood glucose levels. Most people recognise diabetes as being a condition that needs either insulin for Type 1 diabetes or dietary measures and/or tablets for Type 2 diabetes to control sugar levels. Generally Type 1 diabetes is found in younger people, and Type 2 diabetes in older people although more young people are developing Type 2 diabetes and many older diabetic patients eventually need insulin as diabetes control worsens. Long term poor blood glucose control can affect eye sight, result in cardiovascular and renal damage as well as damage to nerves especially in the extremities. Prompt diagnosis is therefore important.

In Wales more than 153,000 people are diagnosed as having diabetes and an estimated 66,000 people probably have the condition but don't know it. [Quality and Outcome Framework](#) statistics for Wales shows a year on year increase in reported disease prevalence rates for GP registered patients with diabetes mellitus rising from 4.2 per cent in 2006/07 to 4.4 per cent in 2007/08 to 4.6 per cent in 2008/09. Diabetes is getting more common as levels of obesity rise in the population through excess intake of calories and insufficient physical activity to burn off those calories. Other factors such as age and ethnicity also impact on the chances of someone developing the condition. Risk factors associated with diabetes are also closely associated with cardiovascular disease and the two often go hand in hand.

For two weeks commencing June 13th 2011, every pharmacy in Wales, n=708, was asked to offer a diabetes risk assessment to members of the public as part of a nationwide health promotion campaign aimed at raising awareness of the factors contributing to the risk of developing the condition. Community pharmacy contractors are required to participate in up to six health promotion campaigns per year as part of the community pharmacy contract. This was the first national campaign to be delivered by all pharmacies in Wales.

2 Objectives

- To identify people at high risk of developing / having diabetes and refer them to their GP for further investigation
- To provide the public with information and advice relating to healthy lifestyle

- To demonstrate the potential of the community pharmacy contractual framework to reach a high number of people through campaign activity
- To raise public awareness in Wales of the risk of developing diabetes
- To determine whether a national health promotion campaign could be co-ordinated in a manner acceptable to Health Boards (HBs) and pharmacy contractors

3 Method

The key campaign intervention involved members of the public being offered and where needed, being supported in completing a diabetes risk test questionnaire (**Appendix 1**) designed to identify whether they were at risk of already having or developing diabetes. Each pharmacy was provided with 80 hard copy questionnaire forms. The [risk score test](#) was developed by Diabetes UK, University of Leicester and University of Leicester Hospitals Trusts. Additionally, participants were provided with fact sheets on the subject of healthy eating and exercise and verbal advice where required from the pharmacist or appropriately trained pharmacy staff. People found to be in a high risk category according to the test score were referred to their GP practice for further investigation.

Pharmacists were requested to record the risk scores for those persons completing the form in the pharmacy who were willing to share their details. If the person provided their postcode this was also noted as Public Health Wales wished to explore the high risk categorisation by deprivation quintile based on the postcode. It was anticipated that some people would want to complete the form themselves at home with no record of their score result being recorded at the pharmacy. For such people the form provided advice on what to do next depending on the risk score.

The campaign was designed by Diabetes UK Cymru in partnership with Community Pharmacy Wales (CPW), based on a previous campaign promoted by both partners in 2009. That year the campaign was not formally adopted by all HBs, extrapolated figures suggested it could have delivered up to 22,000 risk assessments with approximately 1879 persons being referred to their GP had all contractors participated.

In June 2011, all seven Welsh HBs agreed to include the diabetes risk campaign as one of the community pharmacy health promotion campaigns required under the community pharmacy contract. Pharmaceutical Public Health in Public Health Wales was asked to facilitate the process on behalf of the HB Chief Pharmacists and to produce a report based on information gathered. Materials for the campaign were designed and provided at no cost to HBs by Diabetes UK Cymru, who also paid for the distribution of the material to central HB locations. The HBs arranged onward delivery of

campaign packs to individual pharmacy contractors. Public Health Wales paid for the postal costs to cover the return of risk score information to be collated by the Pharmaceutical Public Health Team in order to produce this report.

The campaign was endorsed by the Chair of Public Health Wales Professor Sir Mansel Aylward and supported by the British Medical Association (BMA) and the Royal Pharmaceutical Society (RPS) in Wales. These organisations also assisted in raising awareness of the campaign amongst medical and pharmacist professionals.

Prior to and during the campaign extensive media coverage was co-ordinated by Diabetes UK Cymru, CPW, RPS and Public Health Wales public relation teams.

4 Results

Table 1. Summary of All Wales Risk Test Score Results

Total number of pharmacies	Number of questionnaire results returned	Number of pharmacies returning results	% Number of pharmacies returning Results
708	17507	514	73%
Risk Test Score Breakdown			
Low risk 1 in 20 risk of developing Type 2 diabetes in the next 10 years	Increased risk 1 in 10 risk of developing Type 2 diabetes in the next 10 years	Moderate risk 1 in 7 risk of developing diabetes Type 2 in the next 10 years	High risk 1 in 3 risk of developing Type 2 diabetes in the next 10 years
5203	6546	4280	1478
% referred to GP as high risk	8.44%		

Table 2. Results by Health Board and Local Authority

Deprivation Ranking * (1= less deprived and 22 = most deprived)	Health Board	Local Authority	No of Pharmacies in Local Authority area	Proportion of pharmacies responding	Total number of questionnaire results reported	Number of questionnaire results reported by each pharmacy (range)	Proportion of returns with high risk score
1	Aneurin Bevan	Monmouthshire	17	82%	418	4 -75	9.8%
2	Powys	Powys	23	70%	545	5 - 77	8.3%
3	Hywel Dda	Ceredigion	20	40%	229	15-50	5.6%
4	BCUHB	Gwynedd	30	83%	1140	6-100	7.1%
5	Hywel Dda	Pembrokeshire	31	45%	401	1-81	8.5%
6	BCUHB	Ynys Mon	13	77%	440	11-96	7.9%
7	Cardiff and Vale	Vale of Glamorgan	28	71%	566	3-71	13.4%
8	BCUHB	Flintshire	28	89%	1223	12-81	6.5%
9	Hywel Dda	Carmarthenshire	48	65%	879	3-77	11.0%
10	BCUHB	Denbighshire	24	96%	1228	3-103	7.8%
11	BCUHB	Wrexham	30	90%	1450	1-140	7.9%

Table 2. Results by Health Board and Local Authority contd.

Deprivation Ranking * (1= less deprived and 22 = most deprived)	Health Board	Local Authority	No of Pharmacies in Local Authority area	Proportion of pharmacies responding	Total number of questionnaire results reported	Number of questionnaire results reported by each pharmacy (range)	Proportion of returns with high risk score
12	BCUHB	Conwy	28	75%	668	4-73	7.2%
13	ABMUHB	Bridgend	33	70%	603	3-90	7.0%
14	Aneurin Bevan	Torfaen	20	55%	329	3-69	6.7%
15	ABMUHB	Swansea	59	78%	1492	4-74	8.9%
16	Cardiff and Vale	Cardiff	77	66%	1688	1-82	9.8%
17	Aneurin Bevan	Caerphilly	43	67%	986	6-75	8.1%
18	Aneurin Bevan	Newport	30	67%	750	5-104	6.0%
19	ABMUHB	Neath Port Talbot	33	76%	664	2-78	6.9%
20	Cwm Taf	Rhondda Cynon Taf	64	61%	1100	1-84	10.1%
21	Cwm Taf	Merthyr Tydfil	13	85%	307	8-69	8.8%
22	Aneurin Bevan	Blaenau Gwent	16	88%	401	2-89	11.7%

BCUHB = Betsi Cadwaladr University Health Board

ABMUHB = Abertawe Bro Morgannwg University Health Board

*Ranked in order of proportion % population in most deprived fifth, overall WIMD 2008 excluding Health domain (Public Health Wales observatory)

There was no agreement with GPs to report on the number of patients seeking an appointment as a result of the campaign nor is the diabetes status of persons presenting to them as advised by their pharmacist known to Public Health Wales. Public Health Wales cannot confirm how many people referred actually had diabetes.

5 Discussion

This was the first national public health campaign to be delivered by all 708 community pharmacies in Wales. At the time of writing this report, 73 per cent of pharmacies had returned report forms evidencing 17,507 questionnaire results. Public Health Wales cannot account for the risk scores from those pharmacies not returning information or for risk scores not reported by people choosing to self test.

Health Boards would normally require pharmacy contractors to provide activity level information to them in line with the pharmacy contract. The NHS Pharmaceutical services regulations in relation to the essential service *Promotion of Healthy Lifestyles – Public Health Campaigns*, require that the pharmacist and pharmacy staff participate, in a manner reasonably requested by the HB in up to six campaigns each calendar year to promote public health messages to users of the pharmacy and where requested record the number of people to whom any information has been provided as part of that campaign.

Some HBs requested that activity levels be reported to them as well. This might have caused some confusion in terms of what returns were needed despite the instructions provided in the campaign pack to return risk score information to Public Health Wales. Additionally some contractors posted campaign report forms to CPW and these were forwarded to Public Health Wales for inclusion in the analysis.

Community Pharmacy Wales agreed that the number of interventions a pharmacy could reasonably be asked to undertake during the campaign period would be 70. Diabetes UK Cymru provided materials sufficient to support that, plus 10 extra forms per pharmacy, at a cost to the charity including staff time and delivery to designated HB centres of £5650. Health Boards are normally responsible for the costs associated with materials in support of community pharmacy public health campaigns and therefore NHS Wales will have benefitted from the partnership arrangements employed in this national campaign through those savings. A detailed breakdown of media coverage including average value estimates (AVE) had it been purchased is provided by Diabetes UK Cymru. **(Appendix 2)**

The number of questionnaire test results reported by each pharmacy returning the required information varied, suggesting differences in the

level of involvement of pharmacists and pharmacy staff in this campaign. **(Table 2)** Risk test forms were retained by individuals undertaking the test as a record of their risk test score result and as a reminder of which factors contributed to their risk score to be shared with their GP where a referral was indicated.

Not all pharmacies collected postcode information and a planned analysis of the scores considering deprivation factors may not be possible. Pharmaceutical Public Health will continue to work with the information provided to explore the issue further.

Anecdotal feedback suggests that GPs were very supportive of the campaign and it was well received by the public.

As well as the requested test scores obtained from the returned report forms several community pharmacies also provided additional information giving more insight to how local community pharmacies supported delivering the health promotion message. A few examples are provided below to illustrate how many went above and beyond the requested level of involvement.

One pharmacy used the campaign materials at the Grangetown Community Festival in Cardiff. Pharmacy staff able to speak Arabic, Urdu and Bengali supported members of those ethnic groups, who can be at high risk of developing diabetes in undertaking the risk assessments. Additionally free blood pressure checks were also made available.

Photographic evidence from an independent pharmacy showing the front window of the pharmacy promoting the campaign by involving people through posing questions to the public about diabetes on placards placed in the display.

Feedback from a pharmacy contractor, "A really positive campaign that is well organised, well received and am happy to be involved. GP colleagues are also very supportive as they see this as a very positive step and have welcomed the referral letters. Really helps to get across the lifestyle interventions as well."

Posters, leaflets and balloons were employed to highlight the campaign in the pharmacy and make customers aware of the campaign activity.

Despite being based in a Health Centre where patients could speak to a nurse or GP based in that location about lifestyle issues a pharmacy was still able to undertake the test with 56 patients in the two week campaign period resulting in 9 patients being deemed to be at high risk of developing diabetes being referred to the GP practice in the Health Centre.

6 Recommendations

- Agreement should be sought to develop future national community pharmacy public health campaigns to address major public health issues in Wales.
- Campaigns should be agreed and planned in advance of each financial year cycle to plan resources accordingly and ensure that there is no duplication with local public health campaign activity planned as part of the pharmacy contractual arrangements
- Appropriate partnerships should be encouraged where players can provide relevant expertise and resource in support of the aims of the campaign in line with NHS partnership policies
- Health Boards will remain responsible for governance associated with the community contractual arrangements to ensure compliance
- Pharmaceutical Public Health in Public Health Wales could facilitate national campaigns and provide advice on appropriate methodologies and evaluations.
- IT solutions could be explored to improve campaign reporting by contractors or the public The on line diabetes risk test provided by Diabetes UK is a good example of how technology can aid both the provision of information and education as well as the collection of health related data.

Appendix 1.

The Diabetes risk score was developed by:



University Hospitals of Leicester **NHS**
NHS Trust



Diabetes risk score

Questions

1 How old are you?

- A** 49 or younger [0]
B 50–59 [5]
C 60–69 [9]
D 70 or older [13]

2 Are you female or male?

- A** Female [0]
B Male [1]

3 What is your ethnic background?

- A** Only white European [0]
B Other ethnic group [6]

4 Do you have a father, mother, brother, sister and/or own child with Type 1 or Type 2 diabetes?

- A** Yes [5]
B No [0]

5 Measure the person's waist circumference and choose the range:

- A** Less than 90cm (35.3in) [0]
B 90–99.9cm (35.4–39.3in) [4]
C 100–109.9cm (39.4–42.9in) [6]
D 110cm (43in) or above [9]

6 Calculate the person's Body Mass Index (BMI) and choose the range (a BMI chart can be used).

- A** Less than 25 [0]
B 25–29.9 [3]
C 30–34.9 [5]
D 35 or above [8]

7 Have you been given medicine for high blood pressure OR told that you have high blood pressure, by your doctor?

- A** Yes [5]
B No [0]

Your score is: _____ points

Risk level	Chances of having Type 2 diabetes now	Chance of high blood glucose now, meaning risk of Type 2 in 10 years	What you need to do
0–6 points (Low risk)	1 in 200	1 in 20	Keep up the good work, make lifestyle adjustments to further reduce risk.
7–15 points (Increased risk)	1 in 50	1 in 10	Make lifestyle changes.
16–24 points (Moderate risk)	1 in 33	1 in 7	See your GP to discuss your risk and how to reduce it.
25 or more points (High risk)	1 in 14	1 in 3	See your GP as soon as possible for a blood test.

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This risk score was conducted by _____ (name) on _____ (DD/MM/YY)
 on behalf of _____ (person scored) at _____ (venue)

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Appendix 2. Diabetes risk campaign media coverage list

Broadcast

Monday 16 May: Pharmacist interviewed on BBC Radio Cymru's Y Post Cyntaf (AVE £1,274) (Listeners: 25,487)

Friday 27 May: Diabetes UK Cymru interviewed on Bro Radio (AVE £100) (Listeners: 1,000)

Tuesday 31 May: Diabetes UK Cymru interviewed on Rhondda Radio. (AVE £100) (Listeners: 1,000)

Tuesday 7 June: Diabetes UK Cymru interviewed on Tudno FM (AVE £300) (Listeners: 1,000)

Monday 13 June: Diabetes UK Cymru interviewed on BBC Radio Wales' Good Morning. (AVE £15,828) (Listeners: 79,100)

Monday 13 June: Case study on BBC Radio Cymru's Y Post Cyntaf. (AVE £3,822) (Listeners: 25,487)

Monday 13 June: Pharmacist interviewed on BBC Radio Cymru's Y Post Prynawn. (AVE £3,822) (Listeners: 25,487)

Monday 13 June: Case study on BBC Radio Wales' Good Evening Wales (AVE £11,865) (Listeners: 79,100)

Monday 13 June: BBC Wales live broadcast from a pharmacy 6.30pm programme. Pharmacist interviewed. (AVE £1,182) (Viewers: 78,981)

Monday 13 June: ITV Wales' Wales Tonight short piece on campaign (AVE £10,080) (Viewers: 340,200)

Monday 13 June: Pharmacist interviewed S4C's. (AVE £1,554) (Viewers: 110,362)

Newspaper

Monday 16 May: Article in the Western Mail, *Pharmacies leading the way to find undiagnosed diabetes* (page 27) (AVE £4,600) (Readership: 129,389)

Monday 16 May: Article in the South Wales Evening Post, *Chemists' free checks to discover risk of diabetes* (page 6) (AVE £1,483) (Readership: 121,024)

Monday 16 May: Article in the Shropshire Star, *Hunt on for 66,000 at risk of diabetes* (AVE £1,476) (Readership: 200,959)

Thursday 16 May: Article in the South Wales Echo, *Check your diabetes risk* (page 16) (AVE £1,078) (Readership: 129,376)

Thursday 19 May: Article in the Pontypridd Observer, *Pharmacies work to trace diabetics* (page 17) (AVE £935) (Readership: 75,743)

Thursday 19 May: Article in the Rhondda Leader, *Free diabetes risk assessments available* (page 11) (AVE £935) (Readership: 21,996)

Monday 23 May: Article in the Daily Post, *Pharmacies to offer free testing* (page 16) (AVE £1,377) (Readership: 116,545)

Wednesday 25 May: Article in the Llanelli Star, *I'm lucky my diabetes was diagnosed early* (first person piece by reporter with Type 2 diabetes, which mentioned the pharmacy campaign)

Wednesday 25 May: Letter to the editor appeared in the Rhyl Journal (AVE £630) (Readership: 42,140)

Thursday 26 May: Letter to editor appeared in the South Wales Echo (p.39)

Thursday 26 May: Letter to editor appeared in the Rhymney Valley Express (AVE £450) (Readership: 49,752)

Thursday 26 May: Letter to editor appeared in the Merthyr Express (AVE £859) (Readership: 44,595)

Thursday 26 May: Letter to editor appeared in the Gwent Gazette (AVE £708) (Readership: 30,090)

Thursday 2 June: Article in the South Wales Echo, *Players back diabetes effort* (p.7) (AVE £1,078) (Readership: 129,376)

Thursday 2 June: Article in the Cynon Valley Leader, *Chemists to offer free test to check your risk of diabetes* (p.14) (AVE £1144) (Readership: 30,331)

Thursday 2 June: Article in the Gwent Gazette, *Chemists to offer free test to check your risk of diabetes* (p.18) (AVE £1,133) (Readership: 30,090)

Thursday 2 June: Article in the Pontypridd and Llantrisant Observer, *Chemists to offer free test to check your risk of diabetes*, (p.22) (AVE £1,496) (Readership: 75,743)

Thursday 2 June: Article in the Rhondda Leader, *Chemists to offer free test to check your risk of diabetes*, (p.22) (AVE £1,496) (Readership: 21,996)

Thursday 2 June: Article in Rhymney Valley Express, *Chemists to offer free test to check your risk of diabetes*, (AVE £800) (Readership: 49,752)

Thursday 2 June: Article in Glamorgan Gazette, *Chemists to offer free test to check your risk of diabetes*, (AVE £1,375) (Readership: 44,595)

Thursday 2 June: Article in Merthyr Express, *Chemists to offer free test to check your risk of diabetes*, (AVE £1,496) (Readership: 63,340)

Thursday 2 June: Letter to editor appeared in the Gwent Gazette (p.20) (AVE £200) (Readership: 30,090)

Thursday 2 June: Letter to editor appeared in the Rhymney Valley Express (AVE £200) (Readership: 49,752)

Friday 3 June: Letter to editor appeared in the Mid Wales Journal (AVE £381) (Readership: 9,478)

Friday 3 June: Article in the South Wales Evening Post, *Rugby stars talk diabetes* (AVE £1,483) (Readership: 121,024)

Thursday 9 June: Letter to editor appeared in the Cynon Valley Leader (AVE £286) (Readership: 30,331)

Thursday 9 June: Letter to editor appeared in the North Wales Chronicle (AVE £355) (Readership: 50,019)

Monday 13 June: Article in the Western Mail, Free checks aim to uncover hidden diabetes sufferers (pp. 22-23). Also banner on the front page, *Is your health at risk? Free walk-in diabetes assessments from 700 chemists across Wales start today* (AVE £5,750) (Readership: 129,389)

Monday 13 June: Article in the Shropshire Star, *Diabetes checks at pharmacies* (AVE £590) (Readership: 200,959)

Monday 13 June: Article in the South Wales Echo, *Free diabetes assessments at pharmacies* (p.15) (AVE £1,078) (Readership: 129,376)

Wednesday 15 June: Letter to editor appeared in North Wales Pioneer (AVE £756) (Readership: 41,863)

Wednesday 16 June: Article in the Cambrian News, *Eirian backs diabetes test at pharmacies* (AVE £1,156) (Readership: 66,553)

Wednesday 16 June: Article in the Rhondda Leader, *Get up to speed on diabetes risk* (AVE £374) (Readership: 21,996)

Friday 17 June: Article in the South Wales Argus, *Campaign aims to cut risk of diabetes cases* (AVE £1,312) (Readership: 72,495)

Thursday 23 June: Article in the Free Press Series, *Cwmbran diabetes sufferer backs new campaign encouraging people to get checked for the condition*

Trade

Friday 22 July: Article in The Pharmaceutical Journal, *Diabetes campaign in Wales paves the way for future public health initiatives* (p.130)

Online

Sunday 15 May: Article on Medical News Today, *Pharmacies to offer assessments to find the one in 50 people with undiagnosed diabetes in Wales*

Monday 16 May: Article on Wales Online, *Pharmacies leading the way to find undiagnosed diabetes* (AVE £1,564) (Readership: 68,243)

Monday 16 May: Article on This is South Wales, *Chemists' free checks to discover risk of diabetes* (AVE £3,916) (Readership: 156,648)

Monday 16 May: Article on BBC Wales online, *Free tests aim to reveal diabetes*

Monday 16 May: Article on BBC Cymru arlein, *Ymgyrch i ganfod diabetes*

Monday 16 May: Article on PJ Online, *Diabetes public health campaign to launch across Wales*

Monday 16 May: Article on Chemist and Druggist, *Welsh pharmacies to launch diabetes screening campaign*

Monday 16 May: Article on Aberdare Online, *Pharmacies to offer assessments to help find the one in 50 people with undiagnosed diabetes in Wales* (AVE £25) (Readership: 500)

Monday 16 May: Article on In Pharmacy, *Diabetes campaign for community pharmacy*

Wednesday 18 May: Article on Nursing Times, *Diabetes test campaign planned*

Wednesday 18 May: Article on OnMedica, *Welsh GPs could see a flood of diabetes*

Saturday 21 May: Article on Healthpromotions.co.uk, *Pharmacies offer Type 2 assessments*

Thursday 2 June: Article on Aberdare Online, *Wales players show their support for Diabetes Week and free Type 2 risk assessment campaign* (AVE £25) (Readership: 500)

Friday 3 June: Article on This is South Wales, *Rugby stars talk diabetes* (AVE £3,916) (Readership: 156,648)

Monday 13 June: Article on Wales Online, *Health assessments aim to uncover Wales' hidden Type 2 diabetes sufferers* (AVE £1,706) (Readership: 68,243)

Monday 13 June: Article on BBC Wales online, *Welsh pharmacies offer free diabetes risk assessments*

Monday 13 June: Article on BBC Cymru arlein, *Fferyllfeydd Cymru'n cynnig asesiadau diabetes am ddim*

Monday 13 June: Video on Wales Online about the pharmacy campaign and having a risk assessment, *Pharmacies to offer free diabetes risk assessment*

Monday 13 June: Article on Aberdare Online, *The Health Minister, Lesley Griffiths, launches first Wales-wide public health campaign in community pharmacies with diabetes*

Monday 13 June: Article on Physical Activity and Nutrition Networks Wales News, *Diabetes campaign launched in Welsh pharmacies*

Tuesday 14 June: Article on Chemist + Druggist, *Welsh pharmacies launch national diabetes screening campaign*

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Agenda Item 4

Health and Social Care Committee

HSC(4)-04-11 paper 3

Inquiry into Residential Care for Older People - Agreement of terms of reference

Please find attached draft terms of reference for the inquiry into residential care for older people as an annex to this paper.

Committee Service



Health and Social Care Committee

Residential Care for Older People

Draft terms of reference for an inquiry into residential care for older people in Wales

Date of meeting:

28 September 2011

This paper has been produced by the Research Service for use by the Health and Social Care Committee.

For further information, contact Stephen Boyce in the Research Service
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Members'
Research
Service



Introduction

The Committee agreed to undertake an inquiry into residential care in Wales at its meeting on 13 July 2011, and considered a scoping paper at its meeting on 22 September 2011. This paper sets out draft terms of reference for such an inquiry following discussion of the scope of the inquiry. Once agreed by the Committee the draft terms of reference will be the subject of a 2-week consultation with key stakeholders.

Background

Committee Members attended a briefing session on residential care with Welsh Government officials on 28 July 2011. A background briefing paper¹ was provided by the Welsh Government prior to the meeting.

Earlier this year the Welsh Government published a policy paper² setting out its intentions for social care for the next ten years, which include the publication of a Social Care Bill in the Fourth Assembly. The paper includes proposals for a national framework contract for residential care; the development of a new National Outcomes Framework to promote service improvement; and reforms to the regulation and inspection of social care providers, who will require a 'licence to operate'.

The Deputy Minister for Children and Social Services is setting up a Task and Finish Group to examine issues around the care and accommodation needs of older people. Its membership is to be announced in autumn 2011.

Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- **the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.**
- **the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.**
- **the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.**
- **new and emerging models of care provision**

¹ Welsh Government *Residential care: a briefing paper for the health and social care scrutiny committee meeting 28 July 2011* [accessed 2 September 2011].

² Welsh Government *Sustainable Social Services for Wales: A Framework for Action* (2011) [accessed 5 September 2011]



- **alternative funding and ownership models such as those offered by the cooperative and mutual sector**