

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

**HSC PSS 53**

**Ymateb gan: | Response from: [Cymdeithas Fferylliaeth Genedlaethol](#) | [National Pharmacy Association](#)**

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### **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

#### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

**Q1. Which of the issues listed above do you think should be a priority, and why?**

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The NPA is the body which represents the vast majority of independent community pharmacy owners in the UK. We count amongst our members independent regional chains through to single-handed independent pharmacies. Within Wales, the NPA membership totals over 230 pharmacies. This spread of members, our UK-wide geographical coverage, and our remit for NHS and non-NHS affairs means that we are uniquely representative of the independent community pharmacy sector. In addition to being a representative voice, we provide members with a range of professional services to help members prevent, maintain and improve the health of the communities they serve.



## **Public Health and prevention**

Community pharmacy straddles health and social care, and the community pharmacist is a valued healthcare professional integral to the primary care multi-disciplinary team. The pharmacy's accessibility and in some cases anonymity makes it the first port of call for the public, regardless of their state of health, and provides both formal and informal public health (prevention) services. Community pharmacy is ideally placed to offer targeted support, tailored lifestyle advice, personalised care and be a part of the healthcare workforce that offers protection against future public health threats.

NPA members are an agile and pioneering group of healthcare professionals and have often utilised the most recent advances in technology for the benefit of their patients. The NPA believes that new technologies such as genomics and artificial intelligence will help us create a new prevention model, however, we must caution against inadvertently creating inequality due to the patients' inability to access technology due to poverty, or because of cognitive illnesses such as dementia or Parkinson's disease.

Community pharmacists are specialists in medicines, but also have a broad training in disease and its prevention and treatment. They operate from over 713 highly accessible premises across Wales. The current distribution of community pharmacies is unusual in the health service and unlike other healthcare providers pharmacies buck the inverse care law, by being more concentrated in areas of deprivation where the health needs are greatest.

## **Mental Health**

Community pharmacists are in frequent contact with people suffering from mental and physical ill-health, through the dispensing of prescriptions and other services. The NPA suggests that a more joined up and integrated approach with the health and social care systems be implemented in order to prevent ill health.

The Royal Pharmaceutical Society's report: "No health without mental health: How can pharmacy support people with mental health problems?" highlights the crucial role of community pharmacists and their teams in the identification and then valuable support of patients with mental health. Initiatives such as Every Mind Matters are a useful tool for encouraging people to talk about mental health and to seek help if necessary. For some people, pharmacies can be a good place to open up a conversation about mental health, because of the relative informality of the setting.

The NPA recognises that pharmacists themselves, and other pharmacy staff, are under immense pressure as a result of the increased workload incurred during the pandemic and that this takes a toll on their own mental wellbeing.

## **The role of Community Pharmacy in the prevention, management and treatment of High Blood Pressure**

A community pharmacy hypertension service could help detect thousands of people with undiagnosed high blood pressure and improve clinical outcomes thus reducing cardiovascular events and additional treatment costs. The latest PHE reports reveal that diseases caused by high blood pressure are estimated to cost the NHS circa £2 billion per annum. Over 5 million people are unaware they have high blood pressure and it is predicted to affect 1 in 4 adults and is one of the biggest risk factors for premature death.

High blood pressure accounts for 12% of all visits to GPs in England, and it is a major contributory factor to stroke, which according to recent NHS figures is estimated to cost the NHS around £3bn per year, with additional cost to the economy of a further £4bn in lost productivity, disability and informal care. People from the most deprived areas are 30% more likely than the least deprived to have high blood pressure. Whilst these statistics relate to England, the inevitability is the findings would more than likely be replicated in Wales.

Community pharmacy Blood Pressure service could also incorporate Ambulatory blood pressure monitoring, this would all testing and diagnosis can be undertaken in one place.

The community pharmacy blood pressure report (2017), highlights a number of case studies where commissioning through community pharmacy has led to successful outcomes.

## **Blaenoriaethau allweddol ar gyfer y Chweched Senedd**

### **Key priorities for the Sixth Senedd**

**Q2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:**

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

**Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:**

- a) health services;**
  - b) social care and carers;**
  - c) COVID recovery?**
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### **Gwasanaethau iechyd**

#### **Health services**

The NPA welcomes the progress being made in Community Pharmacy in Wales with regards Independent Prescribing (IP) for community pharmacists. This is vital to the sharing of the work load in Primary Care and the ability of the pharmacist to use their entire skillset within the Community Pharmacy environment.

To continue to drive this, a suite of IP services are necessary in order to ensure the entire skillset of the pharmacists within the network are maximised.

The Committee should consider the level of new NHS investment in community pharmacy to ensure that there are sufficient resources available to fully support the services being offered. This investment will be required for the backfill of pharmacists to allow routine services to still be available and also pay for the time taken to maintain and develop the skills of IPs.

Currently the IP services available are for contraception and Minor Illness, but the NPA has always been supportive of the concept of the NHS health check programme. This service could entail the pharmacy undertaking the diagnostics, followed by the management of the disease state. The management could involve guidance on lifestyle changes, disease prevention or if required the prescribing of medication. Since 2013, this service was being commissioned through community pharmacies in some localities across the United Kingdom and the evidence suggests that this has been proven to be beneficial to the public and the wider NHS system. This is a service that could be adopted in Wales to utilise the skills of the workforce.

## Adfer yn dilyn COVID

### COVID recovery

#### The role of Community pharmacies in the pandemic

1.1 Throughout the COVID19 crisis, local community pharmacies have risen to the challenge of staying open and continuing to see patients, even whilst other parts of the health system went behind closed-doors. Pharmacy teams have put themselves at risk every day to help keep Britain healthy.

1.2 As well as supplying vital medicines to millions of people, pharmacists have provided urgent care, given expert medicines advice to people with long term conditions, advised on common illnesses and kept pressure off GPs and hospitals.

1.3 The vast majority of the UK's adult population has visited a pharmacy since March.

- 68% of those responding to an NPA online survey carried out in early November said they had visited a pharmacy at least once in this period.
- 35% had visited a pharmacy at least once due to their GP being unable to see them because of COVID safety measures at the surgery.
- 89% of people believe pharmacies are playing an essential role in the COVID19 crisis, according to a consumer survey carried out in June.

1.4 Coronavirus has had the effect of widening health inequalities. Pharmacies are accessible to people in the UK's most deprived neighbourhoods across the country, and can play a significant role in restoring the health and wellbeing of people in those areas. The inverse care law – where the provision of services is inversely proportional to the health need – is widespread. Community pharmacy, however, bucks the inverse care law and reaches into deprived neighbourhoods to provide care to the people who need it most.

#### Accessibility of pharmacies

2.1 Given the experience of the current pandemic, in order for the health service to be resilient in the face of future pandemics, there ought to be at least the current level of public access to pharmacies. The NHS would have been overwhelmed in 2020 without pharmacies absorbing demand for advice and treatment. It has long been cited that approximately 1.6 million people a day visit a pharmacy for healthcare. During the pandemic they have delivered at least a further 20 million interventions given by GPs in normal times (NPA data, November 2020).

2.2 Fewer than 10% of the pharmacy consultations recorded in an audit of 9400 pharmacies (PSNC, July) resulted in patients being referred to their GP, yet 49% of patients said that if the pharmacy had not been there, they would have visited their GP. A further 5.7% would have visited A&E / walk-in centre, which would result in an additional 57,000 appointments per week. Extrapolating the results of this national audit, taking away pharmacy advice would result in approximately 492,000 additional GP appointments each week or 65 appointments in each GP practice each week in England, according to PSNC. Although this data refers to England, the results would be transferable to a Welsh context as many of the same issues occur.

#### 3.Primary care workforce/Prescribing pharmacists

3.1 The system of medicines supply has come under extreme pressure at peak moments of the COVID-19 crisis. Many patients have found themselves pushed from pillar-to-post because the

pharmacist cannot supply a particular medicine and needs to refer back to the GP for an alternative prescription.

3.2 Ahead of the next epidemic or pandemic, there should be independent prescribing pharmacists in every pharmacy, so that this situation need not arise again.

3.3 As well as increased convenience for patients, prescribing pharmacists take workload relating to minor illnesses and stable long-term conditions off GPs and release capacity throughout the primary care system.

4.0 There needs to be sufficient IT interoperability to allow pharmacies, GPs and hospitals to give an integrated response to any future pandemic.

4.1 Some infrastructure has been put in place, which helped community pharmacy to maintain essential services during the pandemic. For example, the ability for patient Discharge Summaries to be sent directly to their pharmacies Choose Pharmacy platform is pleasing, we do though however, have a need to pursue electronic prescribing. This will improve efficiency and traceability of prescriptions.