

## **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 19**

**Ymateb gan: | Response from: Fferylliaeth Gymunedol Cymru | Community Pharmacy Wales**

---

## **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?**

---

Community Pharmacy Wales (CPW) represents the 713 pharmacy owners in Wales in negotiations with Welsh Government and Local Health Boards regarding community pharmacy based NHS services. Our main objective is to secure the best possible NHS service opportunities, remuneration and terms. We are the body responsible for liaising with the Department of Health and for negotiating the contractual terms for the provision of NHS community pharmacy services. As a major provider of NHS primary care services, we work with NHS Wales and Welsh Government to maximise and recognise community pharmacy's contribution to the health and wellbeing of the population in Wales.

The experiences of the community pharmacy sector at the front line of the COVID-19 pandemic have influenced our response to this consultation. The real lived front-line experiences of

community pharmacists and their teams during this period have informed our submission to this enquiry.

The Health and Social Care Committee has asked for evidence on its strategic approach and forward work programme. You have asked for our views on both some initial priorities set out by the Committee, and for suggestions of other key priorities in relation to health services, social care and carers, and COVID recovery.

This short submission on behalf of the community pharmacy network in Wales covers our views on both these areas, focusing on where we might add value.

We have no views on timing or the other questions which you raise, but CPW would like the opportunity to offer evidence (written or oral) to the following proposed committee inquiries:

- Public health and prevention – CPW would offer written evidence in respect of the role of community pharmacy in public health campaigns and awareness.
- The health and social care workforce, including organisational culture and staff wellbeing – It is important that when the Committee frames this enquiry, it also includes staff in community pharmacy. We have specific issues to raise included the pace of education and training; the need to consider community pharmacy staff as part of the NHS 'family'; and also specific discriminations, such as the ability of GPs and their staff to join the NHS pension scheme while community pharmacy staff remain excluded. There are also issues related to recruitment and retention in some areas, especially West Wales.
- Access to mental health services – The role of primary care in sign posting to mental health services should form part of the review and CPW would offer written evidence to this enquiry.
- Evidence based innovation in health and social care – This is one of the main things which the Committee needs to cover, as this whole policy area has not been the focus of enough political attention. The key issue is not innovation, but the harnessing of innovation. Direct examples of innovation in health care are relevant, such as the Sore Throat Test and Treat services; issues in relation to rolling out innovative services; and the 'patchy' nature of innovating between Local Health Boards.
- Access to COVID and non-COVID rehabilitation services – CPW might offer evidence to this enquiry, depending on the terms of reference and the volume of anecdotal data we might be able to share from the community pharmacy network.

CPW has no comment or input to make in relation to the following inquiries

- Access to services for long-term chronic conditions, including musculoskeletal conditions.
- Support and services for unpaid carers.

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

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

**C2. 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?**
- 

### **Gwasanaethau iechyd**

#### **Health services**

1. New Community Pharmacy Contract: CPW is currently working with Welsh Government to agree a substantially revised NHS contractual framework that will see the first major contractual change since 2006, placing much more emphasis on the clinical role community pharmacists and their teams with a greater focus on the delivery of community pharmacy based clinical services. The shared intention is to work to ensure that the complete package of changes will come fully into force before the end of 2023/24. These changes are designed to expand the role of community pharmacy in NHS funded health provision beyond the network's important role in ensuring the safe supply of prescription medicines to patients across Wales. They will further enable Welsh Government to transfer more and more services from a secondary care to a community care setting. Once the new contract is agreed, CPW would request that the Committee holds a one-day evidence session to discuss its content and reflect specifically on:
  - New models of working such as moving a significant number of patients over to the Repeat Dispensing /Batch Prescription Service.
  - Service consistency and reliability under the new contract.
  - Funding arrangements underpinning the contract, to ensure that the principle that "the money should follow the work" is strictly observed.
  - Promotion and publicity around the changing shape of community pharmacy.
2. Public awareness in health care: Building on the final bullet above, there might well be a valuable piece of work which the Committee could undertake around public understanding and awareness in health care. We know that the results of the patient surveys linked to the recent Pharmaceutical Needs Assessments undertaken by Local Health Boards show that public awareness of pharmacy services isn't very high – and it

needs to be higher if patients are going to “Choose Well”. A lack of awareness is not confined to patient understanding of community pharmacy.

3. Level Playing Fields in Primary Care: The Committee might look to undertake a short inquiry into the ‘commercial’ elements of primary care or suggest that the Public Accounts Committee does so. There are some very relevant issues which have never been examined within the Senedd in relation to creating a level playing field for community pharmacies as a business providing NHS primary care services. For example, GP surgeries do not pay Business Rates. There are also inconsistent VAT treatments applied to health services delivered by different healthcare professionals. Currently services provided by a pharmacist are VAT exempt but by any other member of the team are not VAT exempt.
4. Cluster working in Primary Care: Examining the effectiveness of clusters now that they have had time to ‘bed down’. As of April 2021, there are finally community pharmacy leads in each primary care cluster in Wales.

## **Adfer yn dilyn COVID**

### **COVID recovery**

**Use of digital technology in Primary Care:** This is a particularly topical issue since the Welsh Government is about to embark on an ePrescribing initiative for Wales. CPW believes there should be a single patient digital record for patients in Wales that community pharmacies have access to and is used by all providers of clinical services (whether that is GP/ secondary care, community pharmacy or whoever). The archaic system of still having green pieces of paper moving between GP practices and pharmacies, often via patients, must end. The crisis has highlighted the inefficiencies of paper based prescribing systems. Any enquiry into the impact of COVID-19 should encompass learnings related to data and the use of digital technology.

## **Unrhyw faterion eraill**

### **Any other issues**

**C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?**

**Q3. Are there any other issues you wish to draw to the Committee's attention?**

---

**The Welsh border and its impact on health care:** This is an under examined area and one that is relevant in terms of both prescribing and ePrescribing. Whether this is a stand-alone enquiry or simply shapes the terms of reference of other enquiries, there is certainly more that can be done to examine this element of health care planning and provision.