

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#)

WT 31

Ymateb gan: | Response from: Cymdeithas Fferyllol Frenhinol Cymru |  
Royal Pharmaceutical Society Wales

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Russel George MS,  
Chair, Health and Social Care Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

### **Inquiry into the impact of waiting time backlog**

Dear Russell,

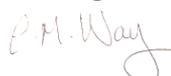
Thank you for the opportunity to provide oral evidence to this inquiry late last year. We are pleased to provide further written evidence to supplement the evidence already shared with the committee.

Pharmacists, as the third largest profession within the health service and as the clinical leaders in the use of medicines, play a crucial role across both primary and secondary care in providing and facilitating patient access to care and support.

The points below discuss activity already being carried out by pharmacists that helps limit the impact of waiting times, improve access and reduce pressures on the wider healthcare system. Crucially, we also highlight how pharmacists can be further empowered and for their skills, knowledge, and accessibility to better utilised within the health service in order to reduce waiting times backlogs. Also discussed are specific issues related to the inquiry's terms of references, including health inequalities and pain management.

We hope that the points below are useful and help inform the committee's report and recommendations. Please do get in touch if you would benefit from any further information.

Kind regards



Cheryl Way  
Chair, the Royal Pharmaceutical Society's Welsh Pharmacy Board

## **Supporting a Sustainable, Resilient and Engaged Workforce.**

It must be emphasised that the most important resource we have in reducing waiting times backlog and in tackling all aspect of Covid recovery is our health and social care workforce who have worked tirelessly throughout the pandemic.

Plans to meet waiting time backlogs must take into account the strain and pressures that the workforce has faced over the course of recent years. That means that we cannot keep asking the existing workforce to do more. The focus of recovery plans therefore should be on working differently and smarter, while always ensuring that steps are taken to maintain a sustainable, resilient and supported workforce.

It's heartening that the Welsh Government's Health and Care Services Pandemic Recovery Plan<sup>1</sup> does place an emphasis on supporting and building a resilient workforce. Two elements of the plan that we would highlight as being particularly important to prioritise are:

1. *"The existing health and wellbeing support available to the workforce will be strengthened"*

Strengthening and expanding existing health and wellbeing support available to the healthcare workforce will need to be a priority in our recovery.

We know that the challenges of meeting the growing demands placed on the health service is having a significant impact on the health and wellbeing of health professionals. The pharmacy workforce is no different with a recent RPS member survey indicating that pharmacists are routinely feeling stressed and under pressure. Worryingly 89% of all respondents indicated they felt at high risk of burnout.

We were pleased to see access to 'Health for Health care professionals' widened to all pharmacists and other healthcare professions at the beginning of the pandemic. It is important that this access remains. It is important that those working in healthcare outside of the NHS, such as community and primary care pharmacists, have parity of access to funded wellbeing support

2. *"Further investment in Continuing Professional Development, such as in prescribing, will be key to ensuring skills in this area are optimised in order to support recovery."*

Investing and enabling staff to undertake CPD is again crucial in ensuring they are motivated and supported to work differently and undertake new roles and responsibilities. However, currently, pharmacists do not routinely receive protected time to undertake professional development and learning.

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<sup>1</sup> [https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward\\_0.pdf](https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward_0.pdf)

Pharmacists' roles are evolving. As pharmacists become more closely embedded in the multi-disciplinary team and take on more clinical roles, protected learning time will become even more crucial in providing safe services to patients

Professional development cannot be an optional extra that is fitted into personal time outside work. For years pharmacists have demonstrated enormous goodwill and used their own time to acquire new skills and knowledge which are essential to their role, or delivering a new service. This can cause an increase in stress and burnout as pharmacists feel they cannot 'switch off' after work. Many other healthcare professionals have long had protected learning time and pharmacists should have parity with them. Regular paid protected learning time will be important to ensure skills are optimised to support recovery.

Equity across all professions is now needed, ensuring protected and funded learning time for pharmacists in all settings is embedded within workforce planning. We welcomed the pilot on protected learning time for pharmacists led by Health Education and Improvement Wales (HEIW) in July 2021 and eagerly await its evaluation<sup>2</sup>.

### **Harnessing the prescribing capacity of pharmacists**

Greater use of pharmacist independent prescribers, within the multi-professional team to reduce waiting times burdens while increasing patient access to care, improving capacity in the healthcare system and individual outcomes.

The fusion of the unique in-depth understanding of medicines by pharmacists together with the competence to prescribe without the need to consult another prescriber is a significant asset to our health services. It offers patients and other health professionals' real opportunities in improved access to care and shifting capacity in the health care system

Pharmacist prescribers support patients in hospitals, GP practices, vaccination hubs, community pharmacy and many others settings. We advocate for a greater use in all of these settings.

Specifically, for community pharmacists, the community pharmacy contractual framework announced in December 2021<sup>3</sup> will further advance their clinical and prescribing role:

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<sup>2</sup> <https://www.cardiff.ac.uk/news/view/2529151-protected-development-time-for-community-pharmacy-professionals>

<sup>3</sup> <https://gov.wales/sites/default/files/publications/2021-12/a-new-prescription-the-future-of-community-pharmacy-in-wales.pdf>

*“From April 2022, any pharmacy will be enabled to provide a new national independent prescribing service subject to employing a suitably qualified and competent pharmacist independent prescriber.*

The advantages of expanding the clinical role of community pharmacists in this way is clear:

- For community pharmacists: To be able to fully use their clinical knowledge and empowered to perform at the ‘top of their licence’. As well as providing treatment for common ailment such as coughs and hay-fever, they will now be able to treat and prescribe treatment for an extended range of conditions including ear infections, respiratory disorders and skin disorders.
- For patients: To have improved, quicker and more accessible high quality care at a convenient location on the high street.
- For the NHS: To reduce pressures on other parts of the health service and reduce waiting times for treatment. For GPs in particular, they will have increased capacity to manage their increased workload and to focus on diagnostics and patient referral to specialist care.

Going forward therefore, the new community prescribing service must be utilised to the full. In the profession’s own long term vision for pharmacy in Wales (Pharmacy: Delivering A Healthier Wales) there is a stated aim that by 2030 there will be a independent prescriber in every community pharmacy.

To achieve this aim and to allow patients across Wales to benefit from the new prescribing service, ongoing funding community pharmacists to complete independent prescribing training will be required. We hope this will be recognised in the committee’s report.

### **Recovery of Planned Care**

Recovery of planned care will inevitably be a consistent element of health service plans and strategies in the coming years as we come out of the pandemic. While this will be a huge challenge to the health service, it also presents opportunities to innovate and to do things differently.

An example of innovation to support the recovery of planned care would be to develop more pharmacy-led specialist services. There are already examples of existing pharmacy-led renal, oncology and the cardiology services that provides hospital treatment and ongoing patient support in the community and people’s homes. These should be expanded and spread more widely in order to grow capacity within the system and lead to shorter waiting times for patients.

### **Effective Public Messaging**

The public must also be engaged and play their part in supporting the health system tackle demand and reduce waiting times. They can do this by seeking care in the first instance from the most appropriate health setting e.g community pharmacy, NHS 111, general practice or A&E.

Ongoing public messages through national and local communication campaigns about health and social care roles and which health setting to visit for specific conditions will help support the public to do this. Now more than ever where health system pressures is high in the public consciousness, we must make sure that we communicate this information to the public when the messages are more likely resonate and cut through.

### **Introducing Direct Referral Systems from the Pharmacy Team**

Quick and efficient referral system across the NHS is an important enabler that allows patients to receive care promptly and to reduce waiting times.

Despite being the most accessible health professional group, at present, pharmacists are not able to directly refer patients to other parts of the health service. In circumstances where a referral could be safely and appropriately managed by the pharmacy team, they can only suggest and signpost patients to see their GP. This results in patients always having to take an extra step themselves before they get the care they need, rather than it being facilitated for them by the health service.

To streamline referral processes, we recommend that formal referral protocols/pathways should be developed for pharmacy teams to make direct referrals to other services. Their aim should be to remove un-needed burden from patients themselves and allow them to move through the health service more efficiently and at a quicker rate. These protocols/pathways should be developed with input from across multidisciplinary team and patients' representatives so that they are tailored to what patients need and expect and improve patient pathways to care

### **Tackling Health Inequalities**

The inquiry's terms of reference consider the extent to which inequalities exist in the elective backlog and whether deprived areas face disproportionately large waiting lists. Without access to the data, we can only suggest that, based on anecdotal feedback from our members, this is indeed likely to be the case.

On a more general point of tackling inequalities, we would stress that the network of the community pharmacies is an important asset to help buck the trend of the inverse care law. Their presence across Wales ensures that the people have access to healthcare and advice within their localities wherever they live, especially in the most deprived communities where access to healthcare is limited.

As discussed above, by continuing to grow the number of clinical services available within community pharmacies and enabling pharmacists to make direct patient referrals to other services can make a real difference to patients in deprived communities. It will mean that they

can access care without the need for an appointment for an increased range of conditions and also enable them to be referred to receive care in other parts of the health service.

### **Pain Management Services**

Only a small percentage of those living with pain will ever attend secondary care, with some estimates as low as 2% of people being seen by a specialist. Therefore adequate provisions for patients dealing with pain in community settings is essential.

Pharmacists are ideally positioned to support patients close to their home;

The extensive skills of pharmacists based in GP practices and the community could be developed to provide greater support for patients dealing with pain. We are aware of some areas where good practice already operations across Wales, where a community pharmacist work closely with neighbouring practice based pharmacists to highlight individual patients that would benefit from further consultation directly to the practice pharmacist. One community pharmacists in South Wales also offers a clinic to support patients who have been on medication for some time and may benefit form a titration of their dose.

Pharmacists in secondary care play a key part in pain management teams across Wales. In this environment, the pharmacist's knowledge and skill set as the expert in medicines is utilised to produce the best possible outcomes for the patient. In these roles pharmacists will often be prescribers leading on elements of patient care.

New service models should be explored and the sharing of pockets of good practice across Wales must be facilitated. Resources may need to be moved and the skills of expert practitioners in pain being used closer to the patient's home.