

Health and Social Care Committee

HSC(4)-10-11 paper 2

Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from Aneurin Bevan Community Health Council



RESPONSE FROM ANEURIN BEVAN COMMUNITY HEALTH COUNCIL TO THE NATIONAL ASSEMBLY FOR WALES, HEALTH AND SOCIAL CARE COMMITTEE CONSULTATION: INQUIRY INTO THE CONTRIBUTION OF COMMUNITY PHARMACY TO HEALTH SERVICES IN WALES.

Aneurin Bevan Community Health Council (ABCHC) welcomes the opportunity to comment on the above consultation.

ABCHC Members have considered the issues around community pharmacy as set out in the Health and Social Care Committee letter dated 1 August 2011, and their comments and views are incorporated into the ABCHC response below.

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

Members believe that the contribution of community pharmacy to health and wellbeing services is effective, giving examples as follows:

- Pharmacists are held with high regard within the community
- They offer advice and solve problems for those who are faced with long waits for GP appointments
- They are very helpful.
- Individuals have confidence in asking for advice from pharmacists

- Individuals feel confident in asking a pharmacist to review and give advice on prescriptions where there is a combination of drugs prescribed.
- They give advice on contraception and smoking

Training to ensure the pharmacist has the required skills for the level of service undertaken is essential.

Where appropriate pharmacists should have the capacity to operate a recall system to ensure patients who have been offered advice or medication, are followed up, and advised to see a GP if a problem has not been resolved.

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

Members have received information on enhanced services currently commissioned by the local health board from local pharmacists. However Members did not feel they had sufficient information or evidence to offer an opinion or examples of successful schemes.

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

Members were aware of only one advance service, the medicines use review – prescriptions intervention service, which they believe is a good service. This information was taken from a document describing the three tiers of community pharmacy service and Members would be interested to hear whether it is in fact correct that there is only one 'advanced' service, as background papers were not provided with the inquiry letter for this consultation process.

Members considered that there should be a second advanced service for diagnostics although there would be accountability issues around this. Members felt that current training is not compatible with diagnostic competency in a pharmacy setting; for example a pharmacist treating a mouth ulcer may not be skilled in recognising mouth cancers, leading to misdiagnosis.

The electronic patient record is believed to be the way forward to avoid the possibility of a patient seeking advice/treatment from a number of sources if dissatisfied with first advice received. Good communication between pharmacies and GPs is essential.

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.

If local pharmacies are to undertake more enhanced services Members believe that the electronic medical record will be vital to ensure that a patient's medical history is up to date. Until the electronic medical record is available there should be good communication systems in place between pharmacies and GPs.

It was also suggested that the pharmacist reviewing of drugs prescribed to individuals is one of the most important services and that this has had a major impact on patients' lives greater than anything else alone. Pharmacists carry out this service very well.

Where a particular treatment is prescribed and then the way the medicine is presented changes, there should be a note to the patient highlighting the change with reassurances that it is still the same drug.

Having access to screening tests at local pharmacies was considered to be a good idea, and would allow members of the public to exercise choice and take responsibility for their own health in seeking screening appointments.

Members were supportive of enhanced services being provided from local pharmacies under the following circumstances:

- The environment meets any criteria set for access, privacy, confidentiality, cleanliness
- Having a consulting room with a curtain in place of a door is not acceptable.
- Pharmacy staff must have the appropriate level of training, and have continuing professional development.
- There must be monitoring of competencies of staff, and displayed certificates of training must be current.

Costs: Of great importance is that patients should not incur any additional costs for services currently provided by a GP if such services are in future provided by a local pharmacy.

Where a local pharmacy may not wish to provide certain enhanced services, or could not meet the criteria to provide them, would there be arrangements from neighbouring pharmacies? Further information on how enhanced services would be provided in this instance would be appreciated.

Other issues:

- There should be some form of recall following advice/treatment provided through a local pharmacy where a review of the patient's response to treatment is deemed necessary.

- Members believe there is public confidence in local pharmacies but that enhanced services should only be provided against strict criteria, to include those at '3' bullet points.
- There should be patient choice to seek advice from their GP where they believe the local pharmacy service would not be appropriate.
- Services should not be hived off to pharmacy to the exclusion of the GP
- Advice may be that an individual should request an emergency appointment with a GP.

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

Moving some services from GP to local pharmacy as enhanced services would reduce the impact on demand at the GP end, which may produce cost savings.

Moving immunisations from GP practice to Pharmacy: May be cost savings depending on the difference between the fees payable to GPs or pharmacists for comparable services. The Aneurin Bevan Community Health Council would be concerned that funding should follow the service, and not be duplicated.

If pharmacies take on more services there may be additional expenditure to enable pharmacies to meet all criteria for providing a safe service. They would need to build in capacity to deal with possible increases in demand from the public, and possibly an appointment system.

Moving some services to pharmacies may lead to improvements in access to GP appointments and also leave GPs free to provide other services.

6. Progress on work currently underway to develop community pharmacy services.

Aneurin Bevan Community Health Council would be pleased to receive information on the progress on current work mentioned above.