

Health and Social Care Committee

HSC(4)-01-12 paper 6

Inquiry into the contribution of community pharmacy to health services in Wales – Request for further information from Community Pharmacy Wales and the Royal Pharmaceutical Society

Attached as annexes to this paper are letters from the Chair of the Health and Social Care Committee to Community Pharmacy Wales and the Royal Pharmaceutical Society requesting further information as part of the Committee's inquiry into the contribution of community pharmacy to health services in Wales.

Committee Service

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Health and Social Care Committee

Cynulliad
Cenedlaethol
Cymru
National
Assembly for
Wales



Russell Goodway
Chief Executive
Community Pharmacy Wales

8 December 2011

Dear Russell,

As you will be aware, the Health and Social Care Committee's inquiry into the contribution of community pharmacy to health services in Wales will draw to a close shortly. The final oral evidence session will take place on Wednesday 11 January 2012 when we will scrutinise the Minister for Health and Social Services on this subject.

The Committee is grateful for the evidence you have provided for this inquiry to date. As you appeared before the Committee during its first oral evidence session on community pharmacy, we would like to seek your views on a number of points which have been raised in subsequent sessions. These points are listed in Annex A to this letter.

It would be most helpful to receive your response by **Friday 23 December** so that the information you provide can be considered when we scrutinise the Minister early in the new year. Please could you contact the Clerk on the details below should you foresee any problems with providing the information by this date.

Cofion gorau,

Mark Drakeford

Mark Drakeford AM
Chair of the Health and Social Care Committee

Bae Cae
Cardiff Bay
CF99 1NA

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During the Health and Social Care Committee's gathering of evidence for the inquiry into the contribution of community pharmacy to health services in Wales, issues in relation to the four points below have been raised. The Committee would be grateful to know the views of CPW in relation to each of these points.

1. "Hard to reach" groups and MURs

Community Pharmacy Wales's 2011 manifesto states that:

"Community pharmacies are especially well placed to capture those hard to reach groups and to work with them to address these challenges."¹

The manifesto also says:

"...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."²

Public Health Wales (PHW) told us, however, that the uptake of MURs, for example, is lower in areas where one would expect it to be higher,³ citing a study in England that suggests lower take-up in poorer areas.⁴ PHW noted that community pharmacy colleagues would have a better understanding of what drives uptake of such services (e.g. whether it is an issue of patients not coming forward, or not being encouraged to do so; whether pharmacists are not in a position to encourage uptake because of other pressures they face).

Question 1

Given the information provided by PHW, do you have any additional information to support your assertion that community pharmacy can provide healthcare services to people who are often hardest to reach but who need it the most?

This would assist the Committee in understanding the extent to which the community pharmacy network could be utilised to engage hard to reach groups, and what services could be best used to do this.

¹ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 24 – Community Pharmacy Wales](#), page 9 of the manifesto document [accessed 7 December 2011]

² Ibid, page 11 of the manifesto document

³ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 28], 10 October 2011

⁴ Bradley F et al. *Determinants of the uptake of medicines use reviews (MURs) by community pharmacies in England: A multi-method study*. Health Policy 2008; 88: 258-68

2. Community pharmacy capacity

Figures on the uptake for the national diabetes campaign delivered via the community pharmacy network indicated that a quarter of the network did not provide an evaluation of their work on this campaign, suggesting that some may not have participated at all.⁵ The figure for non-responders rises to 40% in Pembrokeshire and Ceredigion.⁶

When asked about this during the oral evidence session, CPW rejected the notion that there are fewer locally enhanced services because pharmacists simply do not wish to provide them. Instead, you argued that this is attributable, in the main, to a lack of commissioning on the part of local health boards.⁷

When talking about the future potential for community pharmacy, however, Mr Chris Martin, Chair of the Hywel Dda Local Health Board and a pharmacist by profession, told us that:

“...[his] greatest fear is that [his] profession will not deliver on this expanding role in sufficient numbers to provide fair and equitable service provision.”⁸

Question 2

The evidence above suggests that, although there may have been limited commissioning of services by LHBs, where services are commissioned, community pharmacy may not be taking the opportunities being offered. Do you have any data which indicates what levels of uptake there are for services already commissioned locally and nationally?

This would assist the Committee in understanding whether the alleged lack of additional pharmacy services is attributable in its entirety to a lack of commissioning activity, or whether there is a lack of interest or capacity on the part of pharmacists to deliver such services.

⁵ Nuala Brennan, Public Health Wales, [Community pharmacy diabetes risk health promotion campaign](#), 24.8.11, page 5 [accessed 7 December 2011]

⁶ Ibid, page 6

⁷ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [paras 140 - 141], 28 September 2011

⁸ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 199], 2 November 2011

3. Provision of services at a national level

CPW's supplementary written evidence on the Scottish contract states that:

"...the national nature of the Scottish contract makes it more akin to there being a range of national enhanced services. This is what CPW has supported for many years."⁹

RPS's written evidence also welcomes national service provision via the community pharmacy network.¹⁰ Representatives from local health boards told the Committee on 2 November that the national approach to commissioning services adopted in Scotland "...is definitely the way in which we should be going."¹¹

Question 3

Do you have any further evidence of work underway amongst key bodies in Wales in relation to the commissioning of services on a national basis?

Question 4

What issues in particular do you think would be addressed by commissioning more services at a national level? Would there be any challenges if such an approach were adopted?

This would assist the Committee in understanding the extent to which the commissioning of national services could address some of the issues raised during the inquiry, and what challenges could arise.

4. Community pharmacy contractual framework

During the oral evidence session on 28 September,¹² Community Pharmacy Wales told the Committee that you believed "...that part of the problem is the contractual arrangements that exist". RPS also told us in their written evidence that "...the community pharmacy contractual framework has the potential to support a more integrated and clinical role

⁹ National Assembly for Wales, Health and Social Care Committee, [HSC\(04\)-12-11 - Paper 4: Inquiry into the contribution of community pharmacy to health services in Wales - Additional evidence from Community Pharmacy Wales](#), 24 November 2011 [accessed 7 December 2011]

¹⁰ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 6 [accessed 7 December 2011]

¹¹ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 228], 2 November 2011

¹² National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 162], 28 September 2011

for this workforce”¹³, but that there have been missed opportunities and barriers to its utilisation, including a lack of synergy with other primary care contracts.¹⁴

LHB representatives also told us there is a need to scope out the capacity and resource needed to develop a new Welsh contract for community pharmacy.¹⁵ This, they argued, was due to the fact that the current contract is volume-based¹⁶ and means that medicines in Wales are delivered “in silos”.¹⁷

Despite these alleged contractual limitations, evidence also suggests that opportunities already provided via the existing contract are not being utilised (cf. section 2 of this Annex).

Question 5

In your view, are the challenges which have arisen in relation to rolling out enhanced and advanced services via the community pharmacy network attributable to the current contractual framework?

- If so, what changes would you wish to see to the contract?
- If not, to what would you attribute the main challenges facing the expansion of enhanced and advanced services?
- Do you have any further comments on the relationship between the community pharmacy contractual framework and other primary care contracts?

This would assist the Committee in understanding the extent to which changes to the contractual framework might address the challenges of expanding the role of community pharmacy.

If there is any additional information of relevance to the inquiry which is not mentioned in this letter but you would like to raise, please feel free to include this in your response.

¹³ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 2 [accessed 7 December 2011]

¹⁴ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 5.1.1 [accessed 7 December 2011]

¹⁵ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 198], 2 November 2011

¹⁶ Ibid, para 209

¹⁷ Ibid, para 210

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Health and Social Care Committee

Cynulliad
Cenedlaethol
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Mair Davies
Chair, Welsh Pharmacy Board
Royal Pharmaceutical Society

8 December 2011

Annwyl Mair,

As you will be aware, the Health and Social Care Committee's inquiry into the contribution of community pharmacy to health services in Wales will draw to a close shortly. The final oral evidence session will take place on Wednesday 11 January 2012 when we will scrutinise the Minister for Health and Social Services on this subject.

The Committee is grateful for the evidence you have provided for this inquiry to date. As you appeared before the Committee during its first oral evidence session on community pharmacy, we would like to seek your views on a number of points which have been raised in subsequent sessions. These points are listed in Annex A to this letter.

It would be most helpful to receive your response by **Friday 23 December** so that the information you provide can be considered when we scrutinise the Minister early in the new year. Please could you contact the Clerk on the details below should you foresee any problems with providing the information by this date.

Cofion gorau,

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During the Health and Social Care Committee's gathering of evidence for the inquiry into the contribution of community pharmacy to health services in Wales, issues in relation to the four points below have been raised. The Committee would be grateful to know the views of RPS in relation to each of these points.

5. "Hard to reach" groups and MURs

During the oral evidence session on 28 September¹⁸ and in written evidence,¹⁹ RPS told the Committee that community pharmacy delivers services to - and engages with - cohorts of the population who were previously difficult to reach. It was suggested that this was due not only to the location of community pharmacies but to the accessibility and openness of community pharmacy services.²⁰

Public Health Wales (PHW) told us, however, that the uptake of MURs, for example, is lower in areas where one would expect it to be higher,²¹ citing a study in England that suggests lower take-up in poorer areas.²² PHW noted that community pharmacy colleagues would have a better understanding of what drives uptake of such services (e.g. whether it is an issue of patients not coming forward, or not being encouraged to do so; whether pharmacists are not in a position to encourage uptake because of other pressures they face).

Question 1

Given the information provided by PHW, do you have any additional information to support your assertion that community pharmacy can engage a range of groups and communities, particularly those groups deemed "hard-to-reach"?

This would assist the Committee in understanding the extent to which the community pharmacy network could be utilised to engage hard to reach groups, and what services could be best used to do this.

¹⁸ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [paras 8 - 12], 28 September 2011

¹⁹ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 3 [accessed 7 December 2011]

²⁰ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 10], 28 September 2011

²¹ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 28], 10 October 2011

²² Bradley F et al. *Determinants of the uptake of medicines use reviews (MURs) by community pharmacies in England: A multi-method study*. Health Policy 2008; 88: 258-68

6. Community pharmacy capacity

In your written evidence, you state that RPS's vision for community pharmacy would include community pharmacies as "the walk-in health care centres for great public health service provision".²³

When talking about the future potential for community pharmacy, however, Mr Chris Martin, Chair of the Hywel Dda Local Health Board and a pharmacist by profession, told us that:

"...[his] greatest fear is that [his] profession will not deliver on this expanding role in sufficient numbers to provide fair and equitable service provision."²⁴

In addition, figures on the uptake for the national diabetes campaign delivered via the community pharmacy network indicated that a quarter of the network did not provide an evaluation of their work on this campaign, suggesting that some may not have participated at all.²⁵ The figure for non-responders rises to 40% in Pembrokeshire and Ceredigion.²⁶

Question 2

The evidence above suggests that, although there may have been limited commissioning of services by LHBs, where services are commissioned, community pharmacy may not be taking the opportunities being offered. Do you have any data which indicates what levels of uptake there are for services already commissioned locally and nationally?

This would assist the Committee in understanding whether the alleged lack of additional pharmacy services is attributable in its entirety to a lack of commissioning activity, or whether there is a lack of interest or capacity on the part of pharmacists to deliver such services.

7. Provision of services at a national level

RPS's written evidence welcomes national service provision via the community pharmacy network.²⁷ Representatives from local health boards also told the Committee on 2 November that the national approach to

²³ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 7 [accessed 7 December 2011]

²⁴ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 199], 2 November 2011

²⁵ Nuala Brennan, Public Health Wales, [Community pharmacy diabetes risk health promotion campaign](#), 24.8.11, page 5 [accessed 7 December 2011]

²⁶ Ibid, page 6

²⁷ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 6 [accessed 7 December 2011]

commissioning services adopted in Scotland "...is definitely the way in which we should be going."²⁸

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Do you have any further evidence of work underway amongst key bodies in Wales in relation to the commissioning of services on a national basis?

Question 4

What issues in particular do you think would be addressed by commissioning more services at a national level? Would there be any challenges if such an approach were adopted?

This would assist the Committee in understanding the extent to which the commissioning of national services could address some of the issues raised during the inquiry, and what challenges could arise.

8. Community pharmacy contractual framework

During the oral evidence session on 28 September,²⁹ Community Pharmacy Wales told the Committee that they believed "...that part of the problem is the contractual arrangements that exist". RPS also told us in your written evidence that "...the community pharmacy contractual framework has the potential to support a more integrated and clinical role for this workforce"³⁰, but that there have been missed opportunities and barriers to its utilisation, including a lack of synergy with other primary care contracts.³¹

LHB representatives also told us there is a need to scope out the capacity and resource needed to develop a new Welsh contract for community pharmacy.³² This, they argued, was due to the fact that the current contract is volume-based³³ and means that medicines in Wales are delivered "in silos".³⁴

²⁸ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 228], 2 November 2011

²⁹ National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 162], 28 September 2011

³⁰ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 2 [accessed 7 December 2011]

³¹ National Assembly for Wales, Health and Social Care Committee, [Consultation response: CP 6 - Royal Pharmaceutical Society](#), section 5.1.1 [accessed 7 December 2011]

³² National Assembly for Wales, Health and Social Care Committee, Record of Proceedings, [para 198], 2 November 2011

³³ Ibid, para 209

³⁴ Ibid, para 210

Despite these alleged contractual limitations, evidence also suggests that opportunities already provided via the existing contract are not being utilised (cf. section 2 of this Annex).

Question 5

In your view, are the challenges which have arisen in relation to rolling out enhanced and advanced services via the community pharmacy network attributable to the current contractual framework?

- If so, what changes would you wish to see to the contract?
- If not, to what would you attribute the main challenges facing the expansion of enhance and advanced services?
- Do you have any further comments on the relationship between the community pharmacy contractual framework and other primary care contracts?

This would assist the Committee in understanding the extent to which changes to the contractual framework might address the challenges of expanding the role of community pharmacy.

If there is any additional information of relevance to the inquiry which is not mentioned in this letter but you would like to raise, please feel free to include this in your response.
