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Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Fferylliaeth Gymunedol Cymru

Response from: Community Pharmacy Wales



A Response

Health, Social Care & Sport Committee's inquiry into the sustainability of the health and social care workforce

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CPW agrees that the content of this response can be made public. CPW are happy to provide further information as required by the Committee either by additional written or oral evidence or to facilitate a Committee visit to a community pharmacy. CPW welcomes communication in either English or Welsh.

Part 1: Introduction

1. CPW is the only organisation that represents all 716 community pharmacy contractors in Wales. It works with Government and its agencies, such as local Health Boards, to help protect and develop high quality community pharmacy based NHS services and to shape the NHS Community Pharmacy Contractual Framework (CPCF) and its associated regulations. It is the body recognised by the Welsh Assembly Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.
2. CPW represents a network of community pharmacies across Wales which provide essential and highly valued health and social care services at the heart of local communities. Community pharmacies operate in almost every community across Wales, including in rural communities, urban deprived areas and large metropolitan centres. It is currently estimated that on an average day the network of community pharmacies across Wales will, between them, deal with more than 50,000 individual patients.

Part 2: Priorities for the Committee

3. CPW believes community pharmacies have a major role to play in contributing to a sustainable health service in the future. Despite widespread recognition of the massive potential of the community pharmacy network across the political and health professional spectrum, for reasons unknown it remains a hugely under-exploited healthcare asset, with a wide variation in commissioning of community pharmacy based services across Wales. Although CPW understands the need for planning care locally, we feel there is a need for the development of core services available from every community pharmacy in Wales in order to increase the awareness and confidence of the general public in relation to the full range of community pharmacy based services in order to reduce pressures elsewhere in the primary and secondary care sectors.

Chronic Conditions Support:

Respiratory disease is the cause of one in seven deaths in Wales. Studies have shown that the majority of patients prescribed inhalers have poor inhaler technique and are therefore not getting the full benefit of their medication. A community pharmacy based Respiratory Enhanced service has been developed in several Health Board Areas. These services support patients to understand their medication and how to use it and have been shown to improve patient's disease control, thereby reducing additional costs to the NHS as well as the patient's quality of life.

An additional service has also been developed and piloted in Powys where COPD patients were supported through a community pharmacy to self manage their condition, this service led to a 77% reduction in GP appointments compared to the previous year and a 24% reduction in steroid and antibiotic usage over the same period.

Similar services could be developed to support patients with other chronic conditions to self care and self manage their conditions.

4. Community pharmacies could make a significant contribution to releasing GP colleagues to focus on those patients that really do need to be seen by a doctor. For example, community pharmacy based common ailments services and emergency supply services can reduce the pressure on GP practices by releasing the need for these patients to otherwise require appointments. Chronic conditions management services and associated medicines management services can support people to live with a condition which could otherwise result in the requirement of hospital admission and treatment. This will also help to reduce the number of expensive hospital beds and secondary care treatments needed to support an ageing population. An important part of the development of these services would also be a relaunch and re-focus of the under-utilised "batch" prescribing service which forms part of the current community pharmacy contract as the Repeat Dispensing Essential Service. Taken together, these measures could have a significant impact on the GP practice workload.

Repeat Dispensing Implementation:

Two thirds of prescriptions issued in primary care are repeat prescriptions. These repeat prescriptions account for nearly 80 per cent of NHS medicine costs for primary care. The management of these prescriptions and the time involved in processing them can be significant.

There are over 30 million repeat prescriptions generated every year – equivalent to an average of more than 200 per GP per week. It is estimated that approx. 24 million, or 80 per cent, of all repeat prescriptions could eventually be replaced with repeat dispensing or "batch" prescribing; this could save 0.2 million hours of GP and practice time.

5. Community pharmacy services could be further transformed by utilising community pharmacist's skills in medication adherence and reducing polypharmacy.

Community Pharmacy Independent Prescribers:

Each day numerous GP appointments are taken up by patients with uncomplicated minor acute conditions and minor ailments. In addition, a number of these appointments have already been signposted to the GP surgery from the local pharmacy, for patients needing to obtain a Prescription Only Medicine for a minor ailment.

This multiple step process means that the patient may have seen a healthcare professional on 3 or 4 occasions to finally obtain a single treatment for a minor ailment or acute condition.

By training a local community pharmacist to assess and prescribe treatment for minor ailments and acute conditions, a patient could be dealt with at first contact with the pharmacy. In addition, it would be possible for the surgery or other healthcare professionals to signpost straight to the local pharmacy thereby reducing the demand for GP appointments. This would release significant GP time, reduce GP and practice workload and enable GPs to see other and higher priority patients. Patients would have improved access and service, but would also benefit from preventative advice and potentially wider services that could eventually be offered through local pharmacy.

6. The workload of some hospital based services and GP services could also benefit from using the capacity of the community pharmacy network to triage and signpost patients to the most appropriate health care professional. Making community pharmacies the first port of call for patients accessing NHS services would make a massive contribution to the delivery of a prudent healthcare regime.
7. CPW welcomes the integration of health and social care services and would like to seek to understand what opportunities there are for community pharmacies to work closer with social care to support the development of domiciliary care medication support to preserve a patient's independence and allow them to remain in their own home. Community pharmacy services are currently only commissioned through Local Health Boards but local authorities too could benefit from the support that community pharmacy could provide to those in receipt of social services care.
8. CPW believes that hospital discharge and outpatient services could benefit from the dispensing of related hospital prescriptions in a community pharmacy. This could make a significant contribution to releasing capacity in hospital based pharmacy services as well as leading to significant improvements in releasing hospital beds and in the overall patient experience.
9. CPW understands the importance that primary care clusters have in transforming primary care. CPW would like to see the role of all primary

care contractors as an integral part of primary care clusters. Community pharmacy contractors can significantly support the primary care agenda helping to support the long-term sustainability of primary care by using pharmacists' skills and abilities according to the prudent healthcare principles and releasing capacity in GP practices and in A&E departments. Community pharmacies have the largest daily footfall of all the stakeholders within a primary care cluster and as such should have a significant role to play in relation to supporting the health and wellbeing needs of the local community they serve. However, to date the integration of community pharmacy within the 64 primary care clusters across Wales has been variable and in the majority of cases is unfortunately so far non-existent.

Integration with other Health Care professionals:

Patients requiring treatment for eye conditions that are seen by an optometrist require referral from the optometrist to the GP to obtain a prescription that will then require to be taken to the pharmacist for dispensing. CPW believe that this doesn't fit with prudent healthcare objectives and is working with an LHB to develop a service that will allow the community pharmacy to provide treatment under the NHS following a request from an optometrist.

The development of the Common Ailments service (CAS) has also developed closer working relationships between health care professionals and has seen GPs and optometrists both referring to community pharmacy and vice versa. An example given by a pharmacist in Gwynedd is of a patient referred by the GP surgery to the pharmacy for treatment for an eye condition under CAS where it became clear that the condition wasn't a simple condition, the patient was referred to an optician through the Wales Eye Care Service, who then referred direct to hospital as the patient was suffering a serious eye infection.

10. CPW is aware of the various on-going work streams currently being undertaken across Welsh Government and NHS Wales and in particular regarding the recruitment and retention of healthcare professionals. CPW believes that there is an urgent need to explore how the existing capacity of the Wales based community pharmacy network might contribute to the delivery of NHS services to inform the scale of the recruitment and retention challenges across the NHS. To that end CPW would seek representation on all the working groups to help inform their discussions and deliberations.

Part 3: Conclusion

11. CPW is pleased that the Committee is seeking to understand the challenges facing NHS Wales in securing a sustainable workforce across all sectors. The report produced by the committee in the fourth Assembly set out a series of recommendations which, if implemented in full, would increase the contribution that community pharmacy could make to the NHS and which would impact upon the workload of other healthcare professionals which could have a significant and positive influence on achieving the sustainable workforce to which all NHS service providers aspire.