



ROYAL CYMDEITHAS  
PHARMACEUTICAL FFERYLLOL  
SOCIETY FRENHINOL

Wales Cymru

**About us**

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

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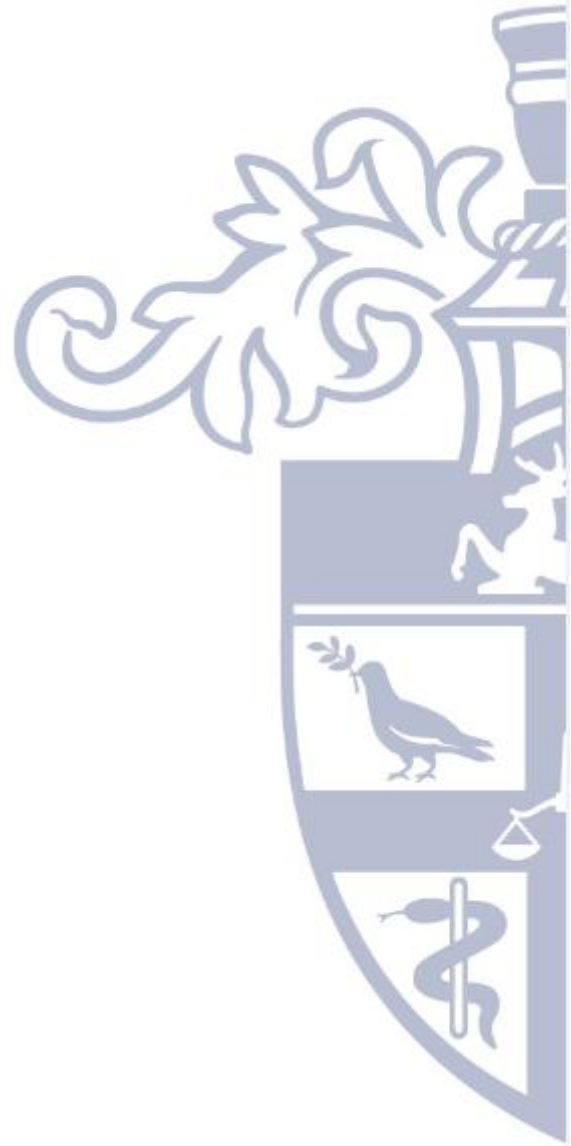
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Nick Ramsay AC/AM  
Chair, Public Accounts Committee  
National Assembly for Wales  
Cardiff Bay  
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18<sup>th</sup> April 2018

Dear Mr Ramsay

**RE: Inquiry into Informatics Services in NHS Wales**

The Royal Pharmaceutical Society in Wales (RPS Wales) welcomes the opportunity to contribute to the Public Accounts Committee inquiry into Informatics Services in NHS Wales.

The Informatics agenda is of great interest to RPS Wales and the pharmacy profession in Wales. We recognise that the delivery of safe and effective NHS services must be underpinned by reliable ICT services which are fit for purpose, increase efficiencies in patient care, drive up quality and safety and improve patient access to services. ICT plays a crucial role in the delivery of pharmaceutical care, enhancing safety in all key transactions from prescribing to dispensing and in the face-to-face clinical consultations between pharmacists and patients.

We believe it is vital that reliable and agile informatics are developed to underpin the delivery of medicines management right across the NHS, in every sector and across every sector including primary care, the community and hospital care. The RPS is therefore pleased to contribute our views towards this important inquiry.

We consider the following key issues to be important relating to the development of ICT systems in Wales:

**Sharing patient records**

The RPS has for many years consistently emphasised the importance that pharmacists should have access to the key aspect of the patient's record to ensure the safe use of medicines. We firmly believe that access to relevant patient information is key to delivering more effective pharmaceutical care to patients, improving medicines adherence and reducing the medicine related errors which contribute to unplanned admissions to hospital.

We have long advocated that access to the patient health record will allow pharmacists to make more informed clinical decisions, in partnership with patients and other health and social care professionals, about the pharmaceutical care that patients receive. It will support improvement in the treatment of individual patients and help the NHS to maximise the value of the significant investment it makes in medicines.

We are pleased that steps have been taken to allow pharmacist access to patient records via the Welsh GP Record (WGPR) and welcome the progress that has been made in this field over recent years:

- Key information from the Welsh GP record is now electronically available for hospital based pharmacists and pharmacy technicians for both emergency and planned patient care, which enables better decision-making about treatment.

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- Community pharmacist access to the medicines information in the Welsh GP record is currently being piloted for emergency medicines supply via the Choose Pharmacy platform, with roll out to all community pharmacies planned throughout Wales by the end of 2018.

While we welcome these developments, we believe that read and write access to the patient record for pharmacists is a vital step that must be taken to drive up patient safety by harnessing the expertise of the pharmacist. Read and write access is needed to improve patient safety through empowering pharmacists to contribute their expertise to the patient record to help mitigate the risks of medication errors across the patient pathway. Read and write access by pharmacists will also enable other healthcare professionals to be aware of interventions made by pharmacists such as information on vaccinations and the supply of urgent repeat medications.

### **Welsh Hospital e-Prescribing, Pharmacy and Medicines Administration (WHEPPMA)**

RPS Wales believe that e-prescribing in hospitals is one of the key changes that can make a huge difference in minimising the risks of errors being made in the use of medicines, by connecting hospital based pharmacists, clinicians and nurses. Safety and timely discharge from hospital, improved antibiotic stewardship and a better focus on high risk medicines are just some of the advantages of hospital e-prescribing.

We welcome the significant advances that have been made in medicines safety in Wales through an increased digital approach over recent years including 2D barcoding of prescriptions in the community. We are concerned however that further developments are urgently needed such as introducing electronic prescribing in the hospital sector.

We agree with the statement made in the Auditor General's report on informatics systems in NHS Wales that "*Comprehensive electronic prescribing systems can prevent patients being given drugs they are allergic to or which have adverse reactions with other medicines they are taking*". We are therefore very disappointed that this work is not being progressed at pace in Wales, in contrast to the commitment made by the Secretary of State for Health in England in February 2018 to accelerate the introduction of electronic prescribing systems across NHS hospitals throughout 2018. We echo frustrations highlighted in the Auditor General's report about delays in approving the outline business case for the WHEPPMA and believe that the current approach by the Welsh Government to reviewing business cases, which appears to be causing delays in approval, should be addressed and improved to ensure greater efficiency and pace.

We support the recommendation in the Welsh Audit Office's 2016 report, *Managing medicines in primary and secondary care*, that all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care and will continue to press for more urgent action to move the agenda forward. We firmly believe that an urgent investment and roll out of a single hospital e-prescribing system is needed in Wales to complete the circle of IT connectivity. When in place, we can be more confident that medicines will be subject to the rigorous checks and balances needed to improve safety.

We are also aware that the WHEPPMA outline business case states that the hospital system supported by NWIS, which is around 30 years old, requires replacing. Given that hospital expenditure on medicines exceeds £250 million each year, it is vital that the IT support systems are fit for purpose and we support the business case recommendation and believe that investment in this should be a priority.

### **'Once for Wales'**

While we recognise there are valid arguments in favour of both the 'Once for Wales' approach and for more local approaches, the RPS agrees with the argument set out in paragraph 1.9 of the Auditor General's report. We would emphasise that the key point in favour of a 'Once for Wales' approach is that having one system is clinically safer as all clinicians will have a firm grasp and familiarity of the system.

### **Leadership across NHS Wales**

We agree with the points made in the Auditor General's report that, despite some positive progress, there remains scope to strengthen leadership on informatics across the NHS. We particularly agree that there is a need to develop local clinical leadership on informatics and are pleased to see the report refer to the Watcher Review, *Harnessing the Power of Health Information Technology to Improve Care in England* that makes a number of important points on how to improve informatics among clinicians at a local level.

The Watcher report points to healthcare in the USA as a model to replicate:

*"The US has been well served by several decades of research into information technology and a strong cadre of clinician-leaders in IT, many of whom became chief medical/nursing/pharmacy information officer (the equivalent of UK CCIOs and CNIOs). These individuals serve as crucial bridges between technology and front line clinicians. The UK lacks a large cadre of such individuals; early efforts to build such a workforce will need to be supported and expanded."*

We agree with these points and emphasise the need to develop pharmacists who have expertise in IT issues. While there are pharmacists with informatics expertise working within NWIS and other NHS bodies, we believe there needs to be an increase in this number, initially to bring the profession in line with other health professionals, and furthermore to guarantee that informatics are fully harnessed and integrated effectively into pharmaceutical care.

### **Financing and resourcing**

Recommendation 4 of the Auditor General's Report states that there are many issues and concerns about the barriers to progress. We suggest that the current financing and resourcing of NWIS could be a significant barrier to the organisation in advancing the digitalisation of NHS Wales efficiently and at pace. We believe that a significant proportion of the NWIS budget should be allocated to innovation, to help ensure Wales has an ICT infrastructure fit for the future. Unfortunately it appears that systemic pressures often result in frontline care taking precedence in funding and resourcing, impacting severely on the ability and capacity of NWIS and Health Boards to take a progressive and appropriately funded forward looking work programme. We believe, given the importance of ICT systems in NHS delivery, the need for NWIS to be better financed and resourced should be recognised as a national priority.

### **Project management**

The Welsh Auditor's report makes an important point in relation to concerns about the "quality of some key national systems and a lack of monitoring data means it is unclear whether they are delivering the intended benefits". Whilst this gives cause for concern, we are pleased that the report cites the Choose Pharmacy project as a "notable exception...subject to a detailed review of actual and potential benefits". The success of the Choose pharmacy project to date can be attributed to the work of a team of pharmacists in NWIS, other NHS bodies, Cardiff University, Community Pharmacy Wales and Welsh Government that undertook rigorous monitoring and review to ensure that benefits of the Choose Pharmacy were maximized. We are also aware that a similar approach was taken to monitor, review and evaluate the benefit of MTed (Medicines Transcribing and e-

Discharge). We therefore recommend to the Committee that these two case studies could be explored further as examples of good practice approaches that could be replicated in the forthcoming development of national ICT systems. We also believe that formally resourcing such joint approaches to ensure the benefits of the investment in new systems are realised and maximised is another consideration for the Committee.

**Good Practice: Choose Pharmacy IT Platform**

Finally, we are very pleased to note the pace of change in the introduction of the Choose Pharmacy platform across Wales. In contrast to delays in the implementation of some other systems in Wales, Choose Pharmacy was live in 527 sites at the end of March 2018, exceeding the aim of 370 live sites by this date. This offers important opportunities for pharmaceutical care right across Wales and is a very welcomed development.

I trust this response helps to inform the Committee's inquiry into NHS Wales Informatics Services.

Please do not hesitate to get in touch should you require additional input from us.

Yours sincerely



**Suzanne Scott-Thomas**  
**Chair, RPS Welsh Pharmacy Board**