

July 2010

Cross Party Group on Pharmacy in the
National Assembly for Wales:
Pharmacy provision in rural areas



Report prepared by the Welsh Directorate of the Royal
Pharmaceutical Society of Great Britain on behalf of the
chair of the Cross Party Group on Pharmacy

NATIONAL ASSEMBLY FOR WALES

CROSS - PARTY GROUP ON PHARMACY

Meeting at 6.15pm on Wednesday 7th July 2010, Conference Room C&D, Ty Hywel,
National Assembly, Cardiff Bay

AGENDA

- 1. Welcome and Introduction**
- 2. Apologies for Absence**
- 3. Membership of the Group – Additions:**
 - (a) Assembly Members
 - (b) External Members
- 4. Report of the First Meeting of the Cross Party Group on Pharmacy**
- 5. Presentation: *Pharmacy Services – essential in a rural community,***
by Jodine Fec, independent pharmacy owner in Mid Powys
- 6. Dates of Future Meetings**
- 7. Close of Meeting**

Cross Party Group on Pharmacy

Pharmacy provision in rural areas

1. Welcome and introductions

Jonathan Morgan AM, Chair of the Group, welcomed everyone to the second meeting of the Cross Party Group on Pharmacy. The Chair introduced Jodine Fec, an independent pharmacy owner from Talgarth, mid Powys, to members of the group. It was explained that Jodine would be presenting to the group on the daily life and implications of being a pharmacist, a business person, a local employer, and key part of the local community in a rural area.

2. Attendance and apologies for absence

See appendix A.

3. Membership of the group

The Chair informed members of the group that Dr Brian Gibbons AM, Minister for Social Justice and Local Government, had expressed an interest in joining the group. Members of the group stated that they would welcome Dr Gibbon's attendance at the group and would encourage other AMs with an interest in pharmacy's contribution to the health agenda in Wales to attend future meetings.

4. Report of the first meeting of the Cross Party Group on Pharmacy

The Chair drew the group's attention to the report of the first meeting of the Cross Party Group on Pharmacy which took place on 23rd February 2010 which focused on the role of pharmacists in supporting people with mental health conditions in the community and in prison settings. The group agreed that the report was an accurate reflection of the meeting and the following issues were raised:

- Concerns were expressed about the future provision of crucial pharmacy services currently provided at Whitchurch hospital given the plans by Cardiff and Vale Health Board to develop a new city hospital on the Whitchurch site. The special skills that pharmacists bring to mental health, as illustrated by Wendy Davies at the first meeting of the group, was emphasised. The Chair expressed that it was his understanding that the Cardiff and Vale

Health Board was finalising plans to transfer the pharmacy services for mental health to an alternative site in the Health Board area and work was currently being taken forward to develop the Whitchurch hospital site into a new model for primary and community health care services. It was recommended that clarification of the plans should be sought from Cardiff and Vale Health Board.

- The crucial role of the pharmacy department in prison settings, as illustrated in the presentation provided by Cathryn Richards at the first meeting, was reiterated. A concern was raised however that since NHS reorganisation and the development of the new Health Boards, the links between the Health Boards and the prison pharmacy departments had become considerably weaker. It was explained that pharmacists working in all prison settings in Wales were experiencing a sense of isolation from the NHS and, were keen to re-establish engagement with the NHS. The Chair commented that the Health Boards were still in a period of significant flux and recommended however that Health Boards were approached to ensure that links between the prison service and the Health Boards were strengthened.
- Attention was drawn to the area of drug detoxification and rehabilitation. The group was informed of instances in Wales where drug addicts, who were desperately seeking support, were committing offences in order to get quicker access to detoxification services provided through the criminal justice system, rather than face lengthy delays waiting for services through the NHS. The group agreed that this was a poor state of affairs which strengthened calls for improved drug and alcohol detoxification and rehabilitation services in the community. It was stressed that pharmacists can play a key role in this and that prison pharmacists should also be able to support offenders with their programme of rehabilitation and detoxification when released from secure prison environments.

Following further discussion on the impact of NHS reorganisation on pharmacy services, the Chair proposed that the Minister for Health and Social Services could be invited to attend the next meeting of the Cross Party Group on Pharmacy to outline developments and future plans for pharmacy in the 'new' NHS in Wales. It was suggested that this would also provide an opportunity for the Minister to respond to concerns about NHS reorganisation, the impact on pharmacy posts, accountability and governance in the new Health Boards as well as issues relating to relationships

between Health Boards and the prison service in Wales. It was agreed that the Chair would approach the Minister on behalf of the group to ask if she would be prepared to attend the November.

5. Topic for Discussion: Rural Health – Summary of key issues raised

A presentation on the role of pharmacy in rural areas was made to the group (for more information see Appendix B). The key issues arising from the presentation were as follows:

- Community pharmacies are a key component of care for people living in rural areas in Wales. They ensure easy access to a health professional at all times, including unscheduled and out of hours care.
- They provide essential services in the community including the dispensing of medicines and advice on medicines as well as information and advice to support self care and healthy lifestyles.
- The new Community Pharmacy Contract (2005) was designed to expand the services provided by community pharmacists and to offer new opportunities for pharmacists to spend more time face to face with their patients in the community. The provisions of the contract have not been widely used and the additional support and advice provided by community pharmacists is given on a good will basis which is unsustainable.
- Relationships between community pharmacists and GPs are crucial to the delivery of care in rural areas. Collaboration can help to identify effective solutions for patients, particularly those with complex conditions. The Community Pharmacy Contract should be used to incentivise the development of these relationships.
- Community pharmacists in rural area are eager to work more closely with fellow health professionals to ensure patients can receive the best possible health care but they are hindered by the shackles of the current funding system.
- NHS income for community pharmacists is directly linked to the volume of prescriptions dispensed and this provides little incentive for doing anything other than dispensing prescribed medicines, especially for community pharmacists in rural areas where prescription volume is well below the average.
- Community pharmacists can play an important role in helping the NHS to save money through reducing medication waste, reviewing patient's medication, making

recommendations to GPs on switching medicines or even stopping medicines that could be causing harm or are of no benefit to the patient. This can only be taken forward on a sustainable basis if it is part of a local structure for service provision.

Discussion followed the presentation and the following key issues were raised:

- Community pharmacists in rural areas appear to be quite isolated from the wider NHS and yet they are very important to patient care for people living in the rural areas of Wales.
- The Rural Health Plan for Wales recognises that community pharmacists can do more than dispense medicines - through the treatment of minor ailments, through diagnostic testing, offering lifestyle support and acting as information centres – but progress on utilising the network of community pharmacists in rural areas appears to be limited.
- The provisions of the Community Pharmacy Contract are being seldom used and opportunities are being missed to drive change and improvements in NHS care as a result.
- Issues of ‘control of entry’ (i.e. applications for pharmacy premises to be included on a pharmaceutical list in a particular area) are critical in rural areas of Wales. If the aspirations of the Rural Health Plan are to be realised, the skills of pharmacists are to be fully utilised, and access to medicines increased, Health Boards will need to pay careful attention to applications for inclusion on pharmaceutical lists. The 2005 NHS (pharmaceuticals services) regulations allow community pharmacies in England and Wales to provide a new range of services to the NHS, some of which were once the reserve of general practitioners. Control of entry is a crucial issue for allowing pharmacists to undertake these new responsibilities and is particularly important in rural areas where community pharmacies are the first port of call for patients and the general public.
- The work of the Strategic Delivery Group for Pharmacy on developing recommendations for National Enhanced Services for community pharmacy across Wales is encouraging.
- Lack of access to IT systems for community pharmacists in rural areas (and urban areas) acts as a significant barrier to integrated care. Access to patient records by community pharmacists could help to improve patient safety and improve patient outcomes.
- Protected learning time would be a real benefit for community pharmacists and would provide opportunities for the multi-professional training that is needed to develop service

integration. The pharmacy profession is the only profession that does not have protected learning time and opportunities to overcome this barrier need to be explored.

Overall it was agreed by the group that community pharmacists offer a range of opportunities for people living in the rural areas of Wales but yet their potential was not being fully realised. The group welcomed the emphasis on utilising the expertise of community pharmacists in the Rural Health Plan for Wales but agreed that action is now needed to move this forward in Wales. It was agreed that the Chair would approach the Minister for Health and Social Services to ask for an update on progress with implementation of the Rural Health Plan and to ask if she would be available to attend the next meeting of the Cross Party Group to update the group on future plans for the NHS in Wales.

6. Next Meeting

The next meeting will be held on Tuesday 2nd November 2010, at 6.15pm in Conference Room C&D, Ty Hywel, National Assembly for Wales. Agenda papers will be distributed in due course.

Attendance at the Cross Party Group on Pharmacy (7th July 2010)

Jonathan Morgan AM (Chair)

Dai Lloyd AM

Mick Bates AM (for part of the meeting)

Cathryn Richards, Her Majesty's Prison Service, Swansea

Paul Gimson, Royal Pharmaceutical Society of Great Britain

Jocelyn Parkes, Royal Pharmaceutical Society of Great Britain

Ross Gregory, Royal Pharmaceutical Society of Great Britain

Leigh Jeffes, Royal Pharmaceutical Society of Great Britain

Steve Simmonds, National Pharmacy Association

Mair Davies, Welsh Pharmacy Board

Paul Harris, Boots

Steve Ridd, Lloyds

Peter Jones, Company Chemists Association

Hugh Thomas, Community Pharmacy Wales (West)

Raj Aggarwal, Community Pharmacy Wales

Marie James, Community Pharmacy Wales

Jodine Fec, Community Pharmacist, Powys

Apologies received:

David Melding AM

Russell Goodway, Community Pharmacy Wales

Pharmacy Services – Essential in a rural community

Presentation by Jodine Fec, Independent Pharmacy Owner, Mid Powys

Jodine provided a broad overview of her role as an owner of a community pharmacy and a pharmacist working in a rural area. This was described as a challenging role which demands the fusion of clinical and scientific skills with business acumen, while balancing the requirements of being a local employer and a key part of the local community.

Being a community pharmacist in a rural area was described as having many benefits for patient care. Being part of the community and a trusted health professional that is accessible to patients and the general public at all times were described as the main advantages of community pharmacies. In rural areas where public transport links are poor, a local community pharmacy provides a first port of call for patients wishing to speak to a healthcare professional.

“It is the accessibility of pharmacies to the public that speaks the strongest when we look at rural communities”.

It is for this reason in particular that Jodine supported the sentiment of the Rural Health Plan for Wales. The accessibility of community pharmacists is highlighted by the plan as a key feature for remodelling health service provision in rural areas. It also emphasises that pharmacies are a vital element of rural health services provision and that they can do much more than dispense medicines through the treatment of minor ailments, the provision of diagnostic tests, offering healthy lifestyle support and acting as information centres.

Jodine explained that the role of the community pharmacist was evolving and was moving away from purely a supply role to one that encompasses provision of a number of more patient focused services including helping people to understand their medicines and maintaining and improving wellbeing through public health activities. The new contractual framework for community pharmacy in Wales, introduced in April 2005, was supposed to create the environment for community pharmacy services to take on these broader roles but Jodine expressed great disappointment that the contract has not been used extensively enough as a lever for change.

Jodine said that she and her other colleagues in community pharmacy were committed to patient care but there were barriers to providing additional care that could so easily be resolved through the community pharmacy contract. These barriers were identified as professional isolation, lack of time as well as human and financial resources, limited opportunities for training and development, and the need to balance health care with the requirements of running a business and managing staff.

The number one barrier for community pharmacy contractors however was identified as the current funding system for providing NHS services. This is based purely on the volume of prescriptions dispensed and provides little incentive for community pharmacists to get involved in other aspects of health care that they are trained to deal with. It was highlighted that this contrasted starkly with the General Medical Services contract which rewarded GPs for services provided and actual patient outcomes.

“The current community pharmacy contract means that all payments for essential services are still based on prescription volume....In rural areas where prescription volume is well below the average, this way of funding limits the additional ‘above and beyond’ services that many pharmacies can offer”.

The community pharmacy contract and the GMS contract were developed in isolation from one another and it is therefore not surprising that little integration or synergy has emerged across Wales. Jodine expressed that so much more could be achieved in patient care if there steps were taken by Health Boards and the Welsh Assembly Government to incentivise multi-professional working arrangements in the community.

There are pockets of activity where this is taking place. Jodine highlighted that Powys Local Health Board (LHB) set up a medicines management local enhanced service a few years ago which reimburses GPs for engaging the services of their local community pharmacist to provide medicines expertise to their GP practice. As part of this scheme, Jodine explained that she spends just four hours per week with a local GP practice but this has strengthened working relationships

with GPs and practice staff. The GP practice is also a dispensing practice and while Jodine does not get involved in dispensing prescriptions at the practice, she often provides professional advice to the dispensary staff on any pharmaceutical issues.

“The Health Board has promoted the good working relationship that now exists between myself and local GPs. We work collaboratively to sort through patient issues”.

The LHB in Powys has also developed a ‘just in case’ box which has attracted interest at a national level. In order to overcome the lack of out of hours access to palliative medicines, local pharmacists have been trained to provide a box containing a number of palliative care medicines on the request of a doctor for use in situations where a patient with palliative care needs has deteriorated out of normal practising hours.

It was also explained that four national services are also being developed by the strategic group for pharmacy, set up by the Welsh Assembly Government; emergency hormonal contraception, smoking cessation, supervised methadone consumption, and needle exchange. Jodine said she was delighted that this work was going forward as it signalled progress in evolving the role of community pharmacists across all parts of Wales. Disappointment was expressed however that a national scheme was not being established for minor ailments, as exists in Scotland for instance. It was highlighted that such a national scheme in Wales would allow pharmacists to expand their daily practise to support patients and the general public in managing a range of minor conditions.

“It is disappointing that no minor ailment scheme has been proposed for Wales, given the call for integrated services”.

Jodine emphasised that community pharmacists are a great resource in rural and urban areas and have a range of skills, including new skills such as independent prescribing, that can make a valuable contribution to patient care. Infrastructure is needed for this take place however and Wales has generally been slow in moving this agenda forward and tapping into these opportunities. Currently much of the added value provided by community pharmacists, beyond dispensing, is largely unrecognised and unfunded. A good example of this is in minimising waste

and saving NHS resources. Community pharmacists play a key role in checking prescriptions and ensuring patients receive only the medications they need. By working with GPs, community pharmacists can identify medications on a script that are no longer needed by the patient or may indeed be putting their health at risk. This is part of the everyday practice of a community pharmacist which improves patient safety as well as reducing the costs of dispensing unnecessary medicines. The outcomes of this and many other community pharmacist interventions are not measured across NHS Wales and hence their value to the NHS remains hidden and unrecognised. Crucially, the Community Pharmacy Contract does not incentivise this type of activity as it rewards community pharmacists by the volume of prescriptions dispensed rather than by savings made or patient outcomes.

Change is needed across Wales to harness the skills and expertise of community pharmacists, particularly in rural areas. It was suggested that this will require a national vision for community pharmacy, strong leadership, workforce development and planning, clinical support networks, better IT systems, and appropriate funding mechanisms based upon outcomes rather than throughputs.

Enquiries

For further information or enquiries about the issues raised at the Cross Party Group on Pharmacy, please contact the Secretariat at:

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