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Parliamentary Review of Health and Social Care in Wales – call for Evidence

Response from the Royal Pharmaceutical Society in Wales

About us

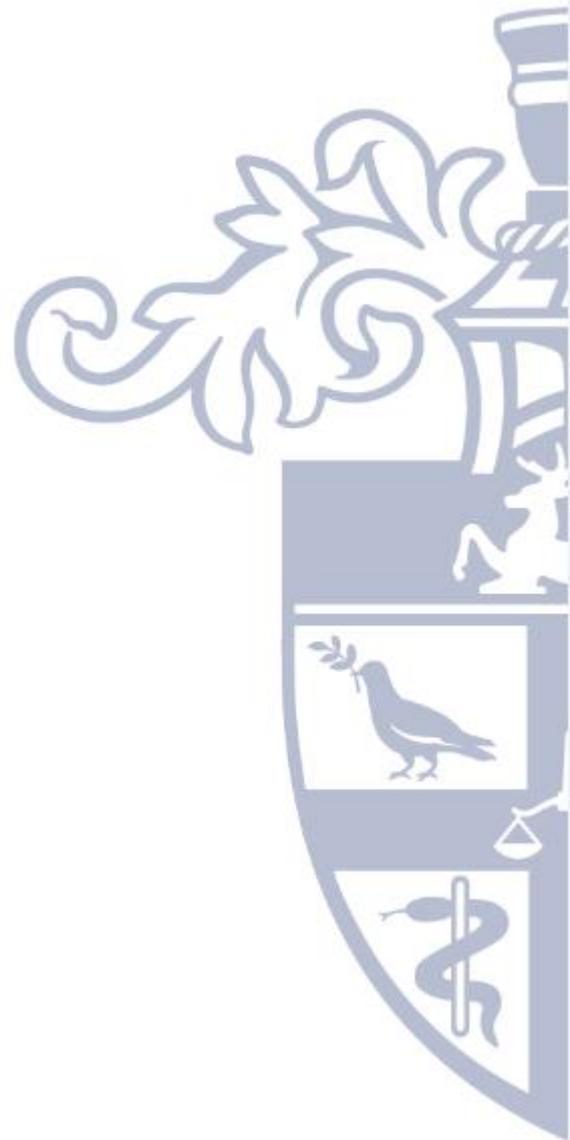
The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. 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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20 April 2017

Parliamentary Review of Health and Social Care - Call for Evidence

The Royal Pharmaceutical Society in Wales is pleased to respond to the call for evidence to contribute to the Parliamentary Review of Health and Social Care in Wales. We welcome the opportunity to respond to this important review as we believe there are areas where the pharmacy profession can add greater value to the health and wellbeing of the people of Wales. Our response highlights examples of current good practice which is improving patient care and outlines where changes could be made to further realise the potential of the profession and increase opportunities for patients.

1. What matters most to you about health and social care services, and what should we concentrate on to make things better?

Patient Safety: Patient safety when taking medicines is one of our key concerns. Medicines can be described as the golden thread running through healthcare provision. They bring many benefits, but their use is not without risk and waste continues to be a challenge. It is only by working with patients, carers and the wider public that the pharmacy team can improve information and understanding about medicines and health, enhance the patient experience and empower the individual to better self-manage their condition, obtain the optimum outcome from their medicines, reduce avoidable waste and minimise unnecessary demand on other National Health Services.

We believe that to achieve sustained and effective change, patients must benefit from the integration of the pharmacy team into mainstream health care services. Close, integrated and collaborative working between health professionals, supported by access to real-time patient data, will deliver the seamless service that supports people, particularly those with long term conditions or when moving through the health and social care system. Wherever there is a medicine, there should be a pharmacist.

Multidisciplinary working: We strongly believe that a multidisciplinary approach to patient care is essential for effective patient-focused care. Traditional boundaries between healthcare sectors and healthcare professionals need to be broken down to ensure patients can benefit from the fullest skill mix and expertise found across health and social care.

Primary Care Clusters offer significant opportunities for developing multidisciplinary approaches to care which should include pharmacist input. Furthermore we believe that a multidisciplinary leadership team should be established within each cluster to maximise the potential of clusters, ensuring better communication and sharing of information and resources between healthcare professionals in the network. It is important that mechanisms are established to encourage sharing of information and resources not only between healthcare professionals but also between health and social care professionals where appropriate.

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2. What do you see as working well?

There are several areas where pharmacists are contributing to new ways of working to improve the health and wellbeing of the people of Wales. They include:

Pharmacists working in General Practice: Practice-based pharmacists work as part of the general practice team, supporting the capacity of GPs and practice staff, by focusing on all aspects of patient care that involve medicines management.

The practice-based pharmacist offers a number of advantages to general practice; improving patient access to healthcare, supporting the management of the general practice workload, and increasing the capacity of GPs to focus on patients with the most complex needs. Medicines safety and patient outcomes can be improved by harnessing the skills of the practice-based pharmacist. By taking part in multidisciplinary case reviews as well as consulting with and treating patients directly, the pharmacist can review and advise on the ongoing need for medicines and support patients with their medicines taking to achieve improved adherence and better clinical outcomes.

The addition of an independent prescribing qualification adds considerable value to the role of the practice-based pharmacist, ensuring patient medication can be optimised and quality improvement enhanced, particularly for patients with long term conditions, polypharmacy and complex medication regimens.

Evidence of the benefit of Practice Based Pharmacists can be seen in Aneurin Bevan UHB. It has been noted that in the quarter April to June 2016 practice based pharmacists delivered 2,819 hours undertaking work that would normally be undertaken by a GP.

Cross sector training: North Wales is piloting a new approach to the Pre-registration year for pharmacists which includes a split between community, hospital and primary care pharmacy in order to better equip individuals for a career in pharmacy rather than a sector specific career. We are supportive of new and innovative approaches such as this to increase the skills and experiences of pharmacist and to provide the flexibility for pharmacists to work across the system and to focus on the needs of patients.

The Choose Pharmacy Common Ailment Scheme: We fully supported the introduction of the Choose Pharmacy service by the Welsh Government. This service allows community pharmacists to take responsibility for managing a range of minor ailments. People are able to see their pharmacist for free treatment instead of making an appointment to see their GP.

The scheme aims to free up GP time to deal with people with more complex needs – up to 18% of GPs' workload and 8% of emergency department consultations are estimated to relate to minor ailments, such as coughs, colds, ear ache, hay fever, conjunctivitis and head lice.

Choose Pharmacy will also allow community pharmacists undertaking medication reviews when people are discharged from hospital and providing an emergency supply of prescribed medicines at evenings and weekends. These services will also help demand on both out-of-hours GPs and emergency departments.

We welcomed the Welsh Government's Efficiency Through Technology Fund investment in choose pharmacy which will see Community pharmacies in Wales being fully integrated with GPs and hospitals. We hope that this investment will be fully utilized with the development of more services through community pharmacy to better support patients with their medication and health needs

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including long term conditions. In order to make prudent healthcare happen in Wales it is essential that our highly-educated and skilled health professionals are used appropriately, spending time on work that cannot be undertaken by other, less expensive members of staff.

3. Can you think of any new ideas and good practice you have seen, that could be copied more widely?

Innovative ways of working to drive up quality and effectiveness in service delivery can be found in pockets across Wales: They include:

A new model of Primary Care: Healthy Prestatyn Iach: An innovative new model of primary care service has been established in Prestatyn. Healthy Prestatyn Iach is being run directly by Betsi Cadwaladr University Health Board and is located over five sites with and employs a total of 26 clinicians.

Every site has a 'key team' consisting of GPs, Nurse Practitioners and Pharmacists. Supporting the teams are a range of other skilled professionals such as physiotherapists. Healthy Prestatyn Iach employ a flexible approach meaning that patients can be seen directly by the person most appropriate for their needs, ensuring that GPs can devote their time to those patients who really need to see a doctor. The service offers opportunities for patients to see a pharmacist about their medicines and to have their medicines managed by a pharmacist in a much more integrated and efficient way.

Domiciliary Medication Reviews: The discharge medicines review (DMR) service has encouraged pharmacists to work closely across primary and secondary care to support the patients' transition of care as they move from one care setting to another. The evaluation of the DMR service highlighted that of the 252 DMRs reviewed, 82 unintended discrepancies were found. It was estimated by the expert panel that 32 patients would have been admitted to a hospital Emergency Department as a result of the discrepancies if it were not for the DMR service. The RPS would like to note the importance of highlighting this service for patients when admission and discharge plans are put in place.

Triage and Treat: Pharmacists can triage medicines related emergencies, provide unscheduled care, and safely coordinate people's medicines as they migrate through the health and social care system. A clear example of managing unscheduled care is the Triage and Treat model which is available in selected pharmacies in Ceredigion and North Pembrokeshire. The service is provided by a pharmacist or a member of the pharmacy team who has had special training and provides support for people with minor injuries such as minor abrasions, superficial cuts and wounds, Sprains and strains, minor burns and sunburn. Not only does this service allow for easier patient access to a health professional but it also free's up the time of GPs and reduces the demand on local A&E services.

Utilising community pharmacists in the management of long term conditions: In England, the Community Pharmacy Future (CPF) project, a collaboration between Boots UK, The Co-operative Pharmacy, Lloyds Pharmacy and Rowlands Pharmacy looked at a deeper role for community pharmacy in long term conditions. The evaluation concluded that community pharmacy can save the NHS over £470 million each year if services were rolled out across England. The project included three schemes: a 'four or more medicines' support service in Wigan for patients over 65 taking four or more medicines; an award winning chronic obstructive pulmonary disease (COPD) support service in the Wirral and a COPD case finding service also in the Wirral designed to identify undiagnosed COPD patients. This service has changed the way of working between professional colleagues. One of the GPs involved in the service said "Together, we were able to devise a process from screening patients for COPD all the way through to diagnosis. It was invaluable to have the pharmacy involved as it meant that patients

were no longer being lost between the screening and diagnostic stages. The service also benefited the surgery by helping existing patients to manage their condition.”

Detecting and managing respiratory conditions:

The following case study outlines the contribution and value of a pharmacist independent prescriber working in a GP surgery in the Betsi Cadwaldr Health Board area:

“I’m a pharmacist independent prescriber (IP) working in a GP surgery on a sessional basis. My key role within the practice team is undertaking COPD and asthma reviews along with undertaking spirometry tests to help diagnose various respiratory conditions. I also undertake home visits to patients who are unable to attend the surgery.

One of my recent patients was a 72 year old male who came into the surgery for his annual COPD review. His pulse and oxygen levels were within the normal range. He is an ex-smoker having stopped after developing community-acquired pneumonia (CAP). We discussed his current symptoms and he was feeling generally well, but indicated that he gets short of breath when walking quickly or up a slight hill. His spirometry results indicated that he has severe COPD based on the NICE guidelines (2010).

Upon review of his medication, I discovered that he was prescribed a preventative inhaler to be used twice a day as well as a reliever inhaler to be used when required. On checking his inhaler technique, I found that he was using his inhalers too quickly and that he was not using his preventative inhaler as intended. Based on his recent medical history and social needs, I was able to change his regular preventative inhaler to a different brand that only required once a day dosing. I was also able to stop two unnecessary items on his repeat prescription which were no longer needed following a change in the management of his condition. As an IP I was able to make all these changes directly to ensure that the patient could benefit immediately from the change in medication.

As part of the general practice team, I have direct access to the Welsh GP Record ensuring that I could update the patient’s information so that my colleagues in the practice could see an accurate and up to date record.”

Utilising the skills of pharmacist independent prescribers in renal services: The following case study demonstrates where innovation in service design can harness the skills of pharmacist independent prescribers:

“We are a team of pharmacist independent prescribers (IPs), renal pharmacy technicians and a team secretary. We specialise in the treatment of patients with chronic kidney disease (CKD), end-stage renal disease (ESRD) and kidney transplant recipients. We are based in the renal unit in Abertawe Bro Morgannwg University Health Board but our service extends to our neighbouring health board, Hywel Dda.

The growing prevalence of CKD and increasing complexity of medication regimens has increased demand for our specialised renal pharmacy service. We have achieved more for less by evolving without an increase in funding; rather through re-investment of medication expenditure savings. We have removed professional and financial silos to create an integrated multi-disciplinary renal team.

Every day is different for our team. Having redesigned treatment pathways for anaemia of CKD, kidney transplant maintenance immunosuppression and CKD-mineral and bone

disorder; we prescribe, dispense and monitor specialised medicines and complex regimens for our patients, as well as requesting and interpreting blood tests, altering dialysis regimens and authorising blood transfusions where indicated. We also prescribe medicines like analgesics, anticoagulants and antibiotics for our renal outpatients.

Effective communication is key for individuals with long term conditions. Our team includes a Welsh speaking pharmacist, pharmacy technician and anaemia nurse specialists, enabling us to offer our service through the medium of Welsh. This is a real asset for enhancing patient care. We co-produce our patient material with patients, considering health literacy to improve our patients' understanding and empower them by providing direct, flexible & personal access to our service.

We have embraced technology. Patients can communicate with us in person or via text message or email. Our patients can also review their blood results online. We now use our renal text message service, which was originally only intended for repeat dispensing of medicines, to send regular automated prompts to patients two, three or four times a day to remind them to take their medicines. Our patients have welcomed this initiative and we have seen the benefits with improved blood test results.

We have a clear strategy predicated on the principles of prudent healthcare. We have modernised our workforce, centralised our service but localised service delivery and empowered patients with supported self care. We are proud of our service which has been acknowledged nationally; championed as an example of prudent healthcare and as a beacon centre for digital innovation. Our pharmacy team is at the forefront of the strategic vision for treating and monitoring renal disease in Wales."

Welsh Language: Improving access to pharmacy service through the medium of the Welsh language has been achieved in some areas of Wales. Several pharmacy initiatives have been recognised by 'More than just words', the Welsh Government's strategic framework for Welsh language services in health, social services and social care. They include the Pharmacy department in Ysbyty Gwynedd who raised awareness of the 'active offer', and materials and protocols were developed to help give staff and patients a language choice. Cardiff University, School of Pharmacy and Pharmaceutical sciences was also recognised for its contributions, setting up a Welsh language provision group to amongst other activities, help develop additional sessions for students to focus on consultation skills through the medium of Welsh.

4. What problems are there in the current systems, and how do they show through in the services people get?

We believe that pharmacists need to be integrated into multidisciplinary teams to ensure their medicines expertise can contribute to multi-professional approaches to patient centred care. There are a number of notable problems facing health and social care where pharmacists can make a difference. They include:

Long Term Conditions Management: People with a long term condition (LTC) are twice as likely to be admitted to hospital as a patient without such a condition. This indicates a failure to effectively manage LTCs in the community and closer to people's homes. Not only is this distressing for the patients but puts unnecessary and avoidable pressure on secondary care resources.

The development of 64 cluster networks, provides new opportunities to think differently about how health and social care is delivered. Ensuring increased multidisciplinary working along with effective

sharing of information and resources between healthcare professionals within clusters will help to maximise the access to and the quality of primary care to deliver improved local health and wellbeing therefore contributing to a reduction in health inequalities.

The RPS strongly believes that better utilisation of the clinical expertise of the pharmacist will have a positive impact on care and outcomes for patients with LTCs. The diverse skills within the whole pharmacy team can support people throughout their whole care journey, from maintaining good health through to intensive coaching and medicines advice. Full utilisation of the pharmacy workforce will enable resources to be used more efficiently to deliver the standard and level of care that patients deserve. Pharmacists can work in partnership with healthcare colleagues and can make an immediate difference, for example by freeing up the time of GPs to manage more complex or demanding cases.

Medicines use in Care Homes: Care home residents, as well as older people living in their own homes, may be less likely to have direct contact with a pharmacist or a GP themselves. It is critical that those individuals should still expect to receive primary care services including information on their medicines (addressing polypharmacy). The same principle applies for access to other services such as the influenza vaccine or advice on giving up smoking.

There is evidence that unintentional changes to medications are occurring during transfer of care when a patient moves from one care setting to another. These discrepancies have the potential to cause harm. Better communication and appropriate sharing of information will help to assure safe and effective transfers of care and minimise the risk of medicine related harm.

Standards in the administration and management of medicines in care homes must also be assured not only for patient safety but to also meet the expectations of CSSIW. The most recent annual report documenting medication issues in care homes was undertaken in 2007/08 15. Subsequent annual reports by the regulator disappointingly did not address medication related issues to the same extent and it appears that pharmacists have not been part of the CSSIW inspection team for several years. Inspections of care homes should include the expertise of a pharmacist to address medication issues and improve medicines safety.

5. What do you understand by integration of health and social care and what do you think a fully integrated service looks like in practice?

We firmly believe that integration of health and social care should enable pharmacists and other health and social care professionals to cut across the traditional domains in health and social care. Whilst pharmacists have traditionally operated primarily in the health domain, they also have the potential to make a valuable contribution to social care in Wales. By working in partnership with social services, care workers, informal care-givers and other health professionals, pharmacists can help to improve individual health and general wellbeing and add considerable value to health and social care services.

Pharmacists contribute a great deal to individual health and wellbeing and can add considerable value to social care services by supporting care-givers and care workers in:

- Providing regular review and monitoring of medication use in people's own home environments.
- Liaising with care staff and informal care-givers to provide advice on medication usage, supply, storage, safe disposal, and recording methods
- Training care staff in the safe and appropriate administration of medications
- Supporting people across a broad spectrum of need and complexity

By working closely with care-givers and care workers, pharmacists can help:

- individuals to live in their own homes for longer
- people to remain in control of their health and wellbeing to avoid residential and nursing care wherever appropriate
- to reduce hospital admissions (including emergency hospital admissions)
- improve communication and the flow of information between health and social care services
- facilitate earlier discharge from hospital

6. What do you think stops improvement from happening and how could this be overcome?

Strategic Planning: Given the influence which prescribing and medicines have on all aspects of patient care, we believe that pharmacy representation is essential at strategic planning tables and true integration of both community pharmacists and NHS employed pharmacists into the NHS teams is required to drive the improved patient outcomes' agenda forward.

We believe that local planning strategies must include wide representation from the health and social care teams allowing the protected time for "hands on" pharmacists and other clinicians involved in patient care to collaborate in the local planning of services.

We are pleased that the recent Welsh Audit Office report into medicines management indicated that there is scope to raise the profile of medicines management issues in most health bodies.

Workforce Planning: We believe that workforce plans must fully incorporate the skills and experience of all health and social care professionals, providing a comprehensive multidisciplinary care team in people's own localities.

Opportunities to utilise Independent Prescribers: A cohort of the pharmacist population in Wales are trained as prescribers. Yet these skills are not being fully harnessed in all areas across the NHS to enhance patient care and shift caseloads and capacity within the healthcare system. Such investment in skills and training now needs to be better utilised and maximised through the development of new and innovative services. Pharmacist prescribers would be ideally placed to tackle the growing demands on primary care services in Wales, supporting patients with the medicines management of their chronic conditions.

Independent prescribing by pharmacists is a resource already available in the NHS that offers real opportunities for improving patient care and contributing to a more efficient and effective health care service. However, we have yet to see many developments where the prescribing competencies of pharmacists are being utilised in community pharmacy settings. To date there have been very few examples in Wales of enhanced services being delivered through a community pharmacy based pharmacist prescriber. We strongly recommended that opportunities to develop community based services that harness the skills of pharmacist prescribers should be explored and encouraged.

Improving efficiency – referrals: Pharmacists should be an integral part of referral systems within the multidisciplinary team. Medicines are the most common interventions in the NHS today. It is essential for patients that their medicines and pharmaceutical needs are overseen and coordinated by a pharmacist at all points of the health and social care pathway to ensure they can benefit from their medicines and suffer no harm. We believe that where there is a medicine, there should be a pharmacist. Greater promotion and signposting to the role that pharmacists can play in supporting

people during preventative and management phases of care in primary and community care settings is also needed to support patients.

Community pharmacists could be routinely referred to for common ailments through the Choose Pharmacy Scheme, medicines advice and long term conditions support as well as signposting and referring directly to other health and social care professionals. Direct referral arrangements would allow GPs to focus on diagnosing and treating more complex conditions. This would also ensure the patient journey is streamlined, reducing duplication and improving cost effectiveness and efficiency of services.

Better Information, Safely Shared: We strongly believe that safe and effective multidisciplinary care must be underpinned by the utilisation of technology, enabling the sharing of appropriate real-time information between healthcare professionals. Access to accurate patient information is vitally important when patients migrate through the health and social care system and when prescribing decisions are made or reviewed. An electronic system to enable the sharing of information is of paramount importance to ensure that all registered professionals responsible for the patient's care have read and write access to all relevant information, ensuring the maintenance of accurate records and ultimately improving patient safety.

The RPS believes that governance procedures must be in place to build public confidence and ensure all healthcare professionals accessing the patient record are working to the same standards and principles.

Patient Empowerment: Facilitating patients to share their health record with appropriate professionals when accessing services in a primary care cluster could help to improve patient safety and patient experience.

7. What more can people do to look after their own health and well-being? &

8. What improvements can be made to information and advice to help you make decisions with professionals about your care?

Cultural Change: We believe that patient care can be improved dramatically through greater synergy and new collaborative working practises between pharmacists and other health professionals. In a joint statement by RPS and the Royal College of General Practitioners for instance it was highlighted that 'Whilst many GPs do work closely with their local pharmacist, a culture of change is recommended between GPs, pharmacists and the public to allow the collaborative partnership between general practice and community pharmacy to deliver its potential'. We believe a broad cultural change is needed to further develop collaborative working arrangements between health and social care professionals.

Co-production: There is increasing pressure on individuals to maintain good health and make positive lifestyle choices, it is important that people are supported to do so and to feel empowered in shaping their own healthcare journey. Even people who read well and are comfortable using numbers can face health literacy issues when they receive a diagnosis and feel scared or aren't familiar with medical terms or how their bodies work. It is therefore vital that patients have an opportunity to interact with their pharmacists and the wider multidisciplinary team to fully understand their medicines and diagnosis and to be an active partner in shaping their own care plan. This is in line with the prudent principle that "any service or individual providing a service should achieve health and wellbeing with the public, patients and professionals as equal partners through co-production"

Promoting Community Pharmacy services: All individuals must be encouraged and given the tools and knowledge to maintain their own health and wellbeing. Such interactions may not always be possible during a ten-minute consultation with a GP that is focused on an existing health issue. However, the accessibility of the community pharmacy network on the high street, supermarkets and rural communities provides a gateway to healthy living advice from a healthcare professional without the need for an appointment.

The often informal nature of the contact with a pharmacist means that it is possible to provide opportunistic education, advice and support for people at every stage of life. Community Pharmacists can offer reassurance and empower people to take greater control of their own health and wellbeing. They can advise on reducing risk by providing information on positive lifestyle choices, supporting positive behavioural change, information on self-care and providing services such as smoking cessation programmes.

Whilst community pharmacists undoubtedly play a prominent role in public health initiatives, there is scope for more to be done by way of commissioning community pharmacies to undertake more public health enhanced services.

It is also important that the public is fully aware of the services and advice that they can receive from their community pharmacist. It is suggested that a national publicity campaign is commissioned to raise awareness among the general public.

9. Please tell us about any ideas you may have that you think could deliver real improvements to services.

Harness the expertise of pharmacists in the management of long term conditions: Long term conditions (LTCs) are placing significant demands on the NHS and other public services. It is widely acknowledged that LTCs are one of the greatest challenges currently facing the NHS and demand for services is predicted to rise. It is estimated that a third of adults in Wales are currently living with at least one LTC. As well as affecting an individual's health, there can be associated wider social and economic challenges for the individual and implications for family members, who may be providing care.

Patients should benefit from greater access to the clinical expertise of pharmacists, as part of multidisciplinary approaches to care. As the experts in medicines, pharmacists can ensure people get the best outcomes from their medicines, reduce adverse events, minimise avoidable harm and unplanned admissions to hospital, while ensuring resources are used more efficiently to deliver the standard and level of care that individuals deserve.

In order to ensure pharmacists can make a greater contribution to the management of LTCs RPS Wales has produced a policy, [Improving Care for People with Long Term Conditions](#), which identifies key enablers that support and align with current strategic drivers for the NHS in Wales and nine specific recommendations are made. We firmly believe that, if implemented, the recommendations made in the policy would improve the care of patients with long term conditions as well as making best use of NHS Wales resources.

Fully utilise the skillset of Pharmacist Independent Prescribers: UK legislation introduced in 2006 provided the gateway for pharmacists to take greater responsibility for prescribing medicines on an autonomous basis without the direct supervision of a medical practitioner such as a GPⁱ. The legislation was brought in specifically to increase patient access to medicines, improve patient safety and to make

best use of the skills of health professionals as part of flexible team working arrangements across the NHS.

The Welsh Government has invested in the training and development of pharmacist independent prescribing on an annual basis since the legislation was enacted in 2006. **Around 10% of the pharmacist workforce in Wales have successfully qualified as independent prescribers**, having undertaken a minimum of 26 days of university teaching and at least 12 days of learning in a practice environment under the guidance and mentorship of a medical practitioner.

To fully realise the potential of pharmacist independent prescribers, more services are needed to integrate this important part of the workforce into models of NHS care.

Increase the profile of medicines management in LHBs: We have long called for medicines management to have greater prominence within local health board planning processes and organisational structures. The recent report from the Welsh Audit Office, *Managing Medicines in Primary and Secondary Care*, highlighted that there is scope to raise the profile of medicines and prescribing within health bodies.

We believe that focus and understanding of medicines management at strategic levels would translate to more efficient use of medicines in practice across the NHS. We therefore fully support the recommendation made in the Welsh Audit Office report that:

- Health bodies should ensure their Chief Pharmacist is, or reports directly to, an executive director.
- Health bodies should have an annual agenda item at the Board to discuss an annual report covering pharmacy services, medicines management, primary care prescribing, homecare medicines services and progress in addressing the issues identified in Trusted to Care.

We appreciate the importance of Primary Care Clusters in reshaping primary care services in Wales and believe that inclusion of pharmacists in local planning decisions is needed to improve the use of medicines. Utilising the skills and expertise of a pharmacist in a medicines management lead role at cluster level could significantly contribute to the strategic leadership needed to help clusters develop and reach maturity.

Workforce planning, education and training: We are supportive of the need to ensure a strong and sustainable medical workforce. A coherent workforce strategy including all healthcare professions across all sectors should be developed. This would ensure all professionals are working at the top of their registration - a key aspiration in the Governments primary care plan and one we believe should apply equally to all sectors. We believe that the workforce and recruitment strategy should be based on data that takes account of the current and future need of the health care workforce as well as new models including the roles of specialist and consultant pharmacists to provide care traditionally provided by medical practitioners.

The pharmacy profession makes a significant and unique contribution to the healthcare of the people of Wales. As the third largest professional group in the NHS there is increasing recognition of the benefits of extended clinical roles for pharmacists and medicines management roles for pharmacy technicians. Their inclusion in primary and secondary care multi-disciplinary teams acts as an enabler and catalyst to ensuring better patient care. With this inclusion comes the requirement for increased multi-professional team working and opportunities for multidisciplinary education and training.

There is currently a lack of multi-disciplinary educational funds to facilitate learning programs across healthcare teams which we envisage would encourage multidisciplinary working. We appreciate current educational funding streams from WEDS are available but are concerned these are only accessible by the managed hospital sector for both pharmacists and pharmacy technicians and there is no investment in up-skilling the community pharmacy team to enable new professional services to be offered to patients. We are also concerned that primary care clusters are not releasing educational funds to pharmacy. We recommend that either a directive to ring fence monies or to re-allocate the funds to WEDS or a similar body would provide a helpful solution to enable the community pharmacy team to be incorporated into funding streams for multidisciplinary training. GPs and pharmacists must be given the opportunity to develop specialisms that support the complexity of conditions within their clusters. There is currently no central funding to provide protected time for community pharmacists to further develop their skills in offering new clinical services for patients.

Utilisation of existing IT infrastructure: Community pharmacies in Wales should be fully integrated into models of care delivered by GPs and hospitals, treating and caring for patients across the care pathway and in the context of their daily lives.

The Welsh Government's *Efficiency Through Technology Fund* investment in Choose Pharmacy provides a significant opportunity to deliver greater integration of the pharmacy profession into models of care. The IT platform which allows community pharmacists access to appropriate parts of the Welsh GP patient record has the potential to allow pharmacists to play a greater role in patient facing care. We ask that this investment is fully utilised and built upon with the development of more services through community pharmacy to increase the services available to patients at a local level to support them with their medication and health needs. By focusing on the medication management of people with long term conditions for example, the pharmacy profession offers significant potential to help ease pressures on other primary care professionals, including GPs.

I trust this response is helpful and would welcome the opportunity to elaborate on any of the points made here.

Yours faithfully



Mair Davies
RPS Director for Wales
