

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Health, Social Care and Sport Committee

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To: Members of the Health, Social Care and Sport Committee

Inquiry into winter preparedness 2016/17

Introduction

1. The RPS is the professional body for pharmacists in Wales and across Great Britain. We are the only body that represents all sectors of pharmacy. We promote and protect the health and well-being of the public through the professional leadership and development of the pharmacy profession. This includes 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.
2. We welcome the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into winter preparedness 2016/17 and we are pleased that the Committee is prioritising this important area as part of its work programme.
3. The winter months are a very busy time for all health professionals including pharmacists working in community, primary care and hospital settings. Pressures are intensified in the winter due to the increased risk of poor health among the population, particularly the frail elderly and those people living with long term conditions such as diabetes and chronic obstructive pulmonary disease.
4. Medicines are an important component of healthcare packages all year round but the need for vulnerable groups to access their medicines and to take them as intended is critical during the winter months, especially for vulnerable cohorts of the population. Prescribed medicines that are taken as intended by the prescriber can make a significant difference to patient care, helping patients to manage their health conditions effectively, stabilising their health and minimising the need for unscheduled and urgent care. Immunising vulnerable groups to help minimise the risks from influenza and advising the public about healthy living are also key issues for effectively managing winter pressures.

5. Working alongside their health professional colleagues, pharmacists have a key role to play in helping patients and the NHS prepare for winter and in contributing to the broad endeavor to reduce pressures on unscheduled, urgent and emergency care.

The current pressures facing unscheduled care services, and how well prepared the Welsh NHS and social services are for winter 2016/17

6. We recognise that unscheduled and emergency care services are currently impacted upon by a wide range of demographic, economic, structural and workforce issues. These are well documented and we are aware that the Welsh NHS Confederation has captured these issues succinctly in their response to the Committee's inquiry.

Progress in alleviating pressures on unscheduled care and actions needed to build resilience to seasonal demand for the future

7. We believe that progress has been made over the past five years to help alleviate pressures on unscheduled care. In terms of the role that the pharmacy team can play in contributing to the tremendous endeavour to tackle winter pressures, we welcome the steps taken to integrate pharmacy services into winter planning arrangements. The opportunity for patients from the pharmacy profession can be found in:

i) Delivering influenza vaccinations

8. Many pharmacies throughout Wales offer private and/or NHS funded influenza vaccinations. Those eligible for free NHS influenza vaccinations include those who are aged 65 years and over, or under 65 but have a long term health condition such as chronic respiratory disease, heart disease or diabetes.
9. We support the approach taken by the Welsh Government to ensure national coordination of influenza vaccinations each winter by utilising the skills and experience of community pharmacists and community nurses alongside their GP colleagues. This has increased opportunities for patients to access a health professional trained to safely administer the flu vaccine on the NHS in a location and at a time convenient for them. This has been particularly helpful in areas where the uptake of flu vaccinations has been traditionally low. We note however that uptake for patients eligible for NHS vaccinations decreased slightly in 2015/16 compared with the previous year and it is concerning that this has reversed the upward trend in flu vaccination uptake that we have seen since 2008/09.
10. We believe the accessibility of community pharmacy offers significant opportunities for targeting at-risk groups and helping to increase uptake of the flu vaccination. Currently however the flu vaccination service is not universally accessible to patients via community pharmacy due to the current eligibility criteria for the service. We believe that permitting all community pharmacies to provide the flu vaccination service would increase opportunities for hitting national flu vaccination targets as well as allowing for a national public campaign, providing clear advice and information to the public on how to access the service in their community.

ii) **Delivering the Minor Ailments Service**

11. We welcomed the commitment of the Welsh Government to introduce the Choose Pharmacy Scheme in March 2016, following the successful evaluation of two pilot schemes in Cwm Taf University Health Board and the Betsi Cadwaladr University Health Board areas. The Choose Pharmacy Scheme offers opportunities for patients to access medicines and advice regarding minor ailments via community pharmacy and aims to relieve pressures on GP and unscheduled services. We are aware that around 18% of GP workload and 8% of emergency department consultations relate to minor ailments, such as coughs, colds, and conjunctivitis¹ and that these common conditions do not, in most cases, require access to a GP or emergency services. The scheme offers important opportunities for NHS capacity, potentially removing activity from hospital Emergency Departments, GPs and out of hours services.
12. A review of the Choose Pharmacy Scheme has already indicated positive outcomes for patients accessing services as well as better utilisation of NHS resources. We therefore believe this scheme should be universally available and invested in, ensuring the public can access support for minor ailments via community pharmacy wherever they may live in Wales.
13. The current formulary for the Choose Pharmacy Scheme offers a range of medicines for conditions that are common. We would however support the review of this list to explore whether additional medicines that are commonly prescribed during the winter months could be added to the formulary to offer increased opportunities for reducing pressures on unscheduled care.

iii) **Emergency Supply of Medicines**

14. Pharmacists can make a supply of prescription only medicines (POMs) to a patient without a prescription in an emergency at the request of a prescriber or a patient. They must consider each request on a case by case basis, using professional judgement to decide which course of action is in the best interest of the patient. This can ensure that patients who run out of important medicines do not go without, can continue their treatment and thereby help to reduce unnecessary and avoidable pressures on unscheduled and urgent care (GP out of hours, Accident and Emergency, hospital admissions, NHS Wales Ambulance Service).
15. The pharmacy team are accustomed to planning ahead for patient's medication needs during holiday periods such as bank holiday's and Christmas. Pharmacists also work regularly with their prescribing colleagues to ensure patient medication needs are met during adverse weather conditions such as snow and ice. During these conditions and through collaboration between pharmacists and their GP colleagues, arrangements can be made for patients to receive medication in advance to ensure they do not run out of crucial medicines and to alleviate their worries. Patients who would usually collect their medicines from their community pharmacy can request delivery of their medicines to avoid anxiety of leaving their homes during adverse conditions. These arrangements are

¹ Pharmacy Research UK (2014) The Minor Ailment Study (MINA): Community Pharmacy Management of Minor Illnesses. Available at: <http://www.pharmacyresearchuk.org/our-research/our-projects/the-minor-ailment-study-mina/>

mostly informal but are vitally important to patient care and can have a positive effect in reducing the need for unscheduled and emergency care.

iv) Triage and Treat

16. Community pharmacies can be commissioned to address minor injuries in order to support capacity challenges in the NHS at peak times. This innovative approach was successfully introduced by Hywel Dda Health Board during the summer months to help alleviate pressures on GPs and emergency services due to the additional pressures created by tourists in Tenby and Saundersfoot. The service allows pharmacists to consult with patients on minor injuries such as insect stings and sunburn and offers choice to patients in accessing clinical support. We believe that while triage and treat has its origins in the summer months, the concept of commissioning community pharmacies to deal with low level injuries could be applied all year round to help reduce pressures on emergency services, GPs and out of hours services.

v) Unscheduled Care – NHS 111

17. We welcome the steps taken by NHS 111/Out of Hours to include clinical pharmacists in their multidisciplinary team approach in Clinical Support Hubs and we are working closely with NHS 111 to advise on the role of pharmacists in this important approach to unscheduled care.

18. The inclusion of pharmacists in the out of hours service of NHS 111 provides a single access point for expert advice on medicines management issues. It also offer opportunities for pharmacists to provide timely medicines advice to the wider multidisciplinary team of health professionals. We believe that inclusion of pharmacists in this service is important in terms of adding value and quality to multidisciplinary approaches to unscheduled care, improving cost effectiveness in out of hours care and helping to reduce pressures on hospital emergency departments and GP out of hours services.

vi) Alleviating hospital pressures

19. Hospital based pharmacists and technicians can play an important role in supporting their A&E colleagues during times of increased demand. Studies have found between 1.4% and 15.4% of hospital admissions were drug related and preventable² and this rises in the frail elderly. As the experts on medicines, pharmacists can work with their A&E and hospital colleagues to address medicines related problems, reduce the potential for errors in prescribing and administration, reduce delays in getting medicines to patients, ensure patients are prescribed all of their regular medication and in some cases address patient needs to avoid admission to a hospital ward.

20. We are aware of examples of practice where pharmacists are supporting A&E nurses, doctors and consultants to optimise the use of medicine, helping improve the flow through A&E and improving the level of care delivered to patients³. We recommend that initiatives such as these are explored further in Wales.

² Howard RL, Avery AJ et al, British Journal of Clinical Pharmacology, Vol 63, Issue 2, Feb 2007, 136-147.

³ Northampton General Hospital – Pharmacy staff join A&E to help reduce winter pressures:

<http://www.northamptongeneral.nhs.uk/News/2015/Pharmacy-staff-join-AE-to-help-reduce-winter-pressures.aspx>

21. Delivering 24/7 hospital care has a particular set of challenges for the NHS but we believe it is an issue that must also be addressed to relieve pressures on unscheduled and emergency care in Wales. Delivering high quality integrated and multidisciplinary care is a challenge during the weekends and can be a particular problem during the winter months when pressures on emergency departments are intensified. We believe that clinical pharmacy input into hospital care at weekends is vital to ensure medication problems and pharmaceutical care issues are identified and resolved within 24 hours, avoiding the delay of waiting for the clinical service to resume on a Monday and reducing the risks to patients from complications. Pharmacist input to multidisciplinary clinical teams at the weekend would offer medical and nursing staff pharmaceutical advice to assist with complex cases, supporting prescribing decisions and contributing to improvements in patient care.

vii) Smoking cessation services

22. It is well recognised that stopping smoking is good for a person's overall health and is of increased benefit during the winter months, when the cold can exacerbate respiratory problems including COPD, which traditionally is a condition that increases pressures on emergency services and inpatient care.

23. Community pharmacies can offer different levels of support for patients including: Level 1 - the provision of leaflets and opportunistic advice to patients presenting prescriptions at the pharmacy; Level 2 - supplying and supporting patients who are receiving intensive behavioural support and advice from Stop Smoking Wales; Level 3 - providing one to one assessment of patients' needs, initiating supply, monitoring the use of appropriate nicotine replacement therapy (NRT) and providing motivational support each time NRT is supplied to a client. Access to smoking cessation services via community pharmacy is part of an important approach to improving individual and population health. We believe it is an area which should continue to be invested in as part of public health approaches to minimise the impact of smoking in Wales.

viii) Signposting patients to support and advice

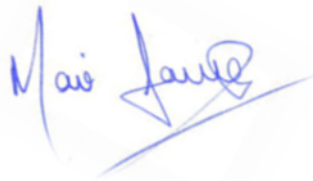
24. Pharmacy teams are well placed to offer practical advice and signposting to health, social care and voluntary sector services, ensuring that vulnerable people are prepared for the health challenges posed by the winter months. In 2013 a community pharmacy campaign was undertaken to raise awareness of the increased risk of poor health that the cold weather can have for some people e.g. older people and those with long term conditions. The campaign enabled pharmacies to help people get ready for winter and lower any risk to their health that might arise as a result of cold weather. We continue to support public campaigns such as this.

Conclusion

25. The Royal Pharmaceutical Society in Wales is aware of the progress made in winter planning over the past five years in Wales. We appreciate that effective winter planning is a significant undertaking at national and local levels, requiring input not only from the NHS but also from other key stakeholders such as social care and the voluntary sector. We believe that winter planning in Wales should continue to be recognised as a critical function and services should continue to be invested in and, where necessary, remodelled to ensure that service pressures can be alleviated during the winter months.

26. We have highlighted in this response where we believe the pharmacy team makes a difference to tackling winter pressures and where services could be changed or strengthened to achieve improvements for patient access to care and flow through the healthcare system. Further steps are now needed to strengthen the role of the pharmacy team in undertaking the work necessary to alleviate pressures on unscheduled and emergency care during the winter months (and all year round). One key enabler for change would be pharmacist access to individual patient records. Currently pharmacists are not able to access critical information about patients which severely restricts the potential for meaningful dialogue with patients and GPs about their medicines. Access to appropriate aspects of individual patient records would allow pharmacists to consult more effectively with patients and empower them to treat or refer them on to another health professional in a safe and effective way.
27. Utilising the skills of pharmacist independent prescribers would also offer increased opportunities for reducing demands on GPs, unscheduled and emergency care, and GP out of hours services. As independent prescribers, pharmacists are well placed to work alongside their GP and hospital colleagues to manage the medication of patients, ensuring medicines are taken as prescribed, coaching patients about their medicines, stabilising their condition and thereby reducing pressures on unscheduled and emergency services. We believe that this a resource in the NHS that should be harnessed to help alleviate pressures during the winter and indeed all year round.

Yours sincerely



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RPS Director for Wales