PC 09
Ymchwiliad i ofal sylfaenol
Inquiry into primary care
Ymateb gan: Fferylliaeth Gymunedol Cymru
Response from: Community Pharmacy Wales

The Community Pharmacy Wales response to The Health, Social Care and Sport Committee inquiry into

Primary Care

Date: January 2017

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Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. 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'.

CPW represents all 717 community pharmacy contractors in Wales. These include all the major pharmacy multiples as well as independent businesses. Contractors are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

CPW is pleased to see that the Committee is reviewing the functioning of the GP cluster networks as CPW is particularly keen to see the networks operate effectively and to do so in an inclusive manner that makes full and effective use of all of the assets within the cluster to deliver improved care to local patients.

In its strategic delivery programme for primary & community services *Setting the Direction,* The Welsh Assembly Government recognised that *'success will be dependent upon strong engagement of communities and professionals from all agencies in the development and provision of these services'.* This desire for joined up, all encompassing working was reinforced in the 2015 Welsh Government document *Our plan for a primary care service for Wales up to March 2018.* The need for full engagement of all providers was clarified in this plan which states *'Primary care is about those services which provide the first point of care, day or night for more than 90% of people's contact with the NHS in Wales. General practice is a core element of primary care: it is not the only element – primary care encompasses many more health services, including, pharmacy, dentistry, and optometry'*.

CPW was excited at the time of the launch of these strategic documents as the network stood ready and willing to support GPs and other primary care providers improve the care provided to local communities. CPW is however concerned that, while the aim of local primary care and social care providers operating in partnership to improve patient care, is to be applauded, the operation of the clusters, to date, has made it difficult for community pharmacists to engage in a meaningful way with their local clusters. Community pharmacies are key local asset and a significant part of the local primary care estate. At a time when primary care in Wales is under unprecedented pressure, it is disappointing and somewhat perplexing, that local community pharmacists and other members of the pharmacy team find themselves unable to contribute to the local cluster agenda.

Part 2: Areas to be considered by the Health, Social Care & Sport Committee

2.1 How GP cluster networks in Wales can assist in reducing demand on GPs and the extent to which clusters can provide a more accessible route to care (including mental health support in primary care).

CPW believes that the use of the term GP Cluster Networks may act as an unintended barrier to the engagement of other members of the primary care and social care teams. CPW would suggest that the term Primary Care Cluster should be universally used to encourage multidisciplinary engagement and ownership.

With a growing number of GP practices under pressure across Wales, CPW would suggest that the Welsh Government pause and reflect on whether the current structure remains fit for purpose or whether a properly representative multi-disciplinary structure is better-placed to weather the storm. In addition, CPW wonders whether the current number of 64 clusters is too many. One solution could be to have no more than 3 clusters per health board, depending upon health board size and geography and, if necessary have a small number of sub-clusters to support the delivery of agreed cluster priorities.

One of the difficulties facing community pharmacists, and we assume other organisations struggling to engage with the agenda, is the lack of transparency around cluster plans. For example, with only three months remaining of the 2016-17 financial year only one of the seven health boards has published their 2016-17 action plans and these were only published this month.

CPW has looked at the plans that have been put into the public domain and identified a significant number of opportunities for local community pharmacies to make a meaningful contribution to the achievement of the cluster's priorities. CPW feels that this is a most unsatisfactory, disappointing and somewhat frustrating situation that needs to be addressed. CPW is not being in any way critical of the cluster leads and their lack of awareness of how local pharmacy teams could have helped them meet their objectives as it is extremely difficult for any one profession to have a full understanding of another and to understand the support they could have, if approached, provided. It is therefore clear to CPW that this situation can only be addressed if the Terms of Reference for clusters includes a requirement to have a representative on the cluster committee from identified professions, one of which should be a community pharmacist. At present, what is on the ground perceived as exclusion from clusters, is demotivating for local community pharmacy teams and does not support a sense of cluster identity. CPW would ask the Committee to bring this forward as an issue that needs to be addressed.

2.2 The emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).

CPW believe that there needs to be a proper discussion about the role to be played by all agencies in the health and social care system and what services each should provide. CPW feel that it is not appropriate to leave this entirely in the hands of individual clusters and that it is incumbent upon Welsh Government to provide guidance to clusters on these matters.

Community pharmacies are unique amongst healthcare providers in that there is a legal requirement for a pharmacy to be under the direct control of a pharmacist during all of the hours they are open. CPW would therefore ask Welsh Government to set aside a budget to provide 'backfill' for local community pharmacy representatives to attend cluster meetings so that there are no financial barriers to engagement.

2.3 The current and future workforce challenges.

CPW feel that the current approach to community pharmacy workforce planning is not robust enough. It is essential, before there is any identification of gaps to be filled, that there is a clear understanding of the role that Welsh Government and its health boards want its community pharmacy network to fulfil in the medium to long-term. While CPW is fully supportive of increased pharmacy support to clusters, it is concerned that the health boards and clusters appear to be wedded to the idea of employing additional pharmacists to work in a cluster without first asking if the work could be carried out by the existing network, who are after all very well established and the first port of call for the majority of local patients. This approach appears to be unnecessarily costly and does not align with Prudent Healthcare principles.

In addition CPW would wish to see a more strategic approach taken to supporting community pharmacists to qualify as independent prescribers as the current route to independent prescribing status is unclear and strewn with obstacles.

2.4 The funding allocated directly to clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients.

CPW is concerned about the wording of this question as it understood that the funding was for primary care to try out new ways of working. CPW has two key concerns with the current approach. Firstly, devolving funding to this level will make it incredibly difficult to track whether it has had a meaningful impact and, as a consequence, when it is money well spent and secondly, it is imperative that there is robust governance in place to ensure that any decision taken to invest cluster money is taken the basis of improved patient outcomes irrespective of which part of primary care is the recipient of that funding.

2.5 Workload challenges and the shift to primary prevention in general practice to improve population health outcomes and target health inequalities.

CPW has identified above why community pharmacy has a significant role to play in primary prevention. The evidence is unchallengeable that community pharmacy can deliver interventions in this area and if the services are available from community pharmacies they are welcomed by patients and they will readily take them up. For example, since the services were introduced, the majority of people choose community pharmacy as their outlet for stop smoking support, obtaining the morning after pill and their source of clean syringes and needles, with the supply from community pharmacy far outstripping the supply from other providers.

CPW would suggest that, with many GP practices under pressure to deliver core services, Welsh Government should be looking to pharmacists, nurses and other professionals to take on the mantle of primary prevention, leaving GPs free to provide the services only they can provide.

Welsh Government has invested significantly in the 'Add To Your Life' national health check and yet it is unclear following an assessment who patients at medium and high risk should turn to for unbiased information and support. Rather than signposting patients to

already stretched services, CPW would suggest that there should be formal links between the national health check and the community pharmacy network.

2.6 The maturity of clusters and the progress of cluster working in different Local Health Boards, identifying examples of best practice.

Given the lack of engagement with community pharmacy to date, CPW does not feel able to comment on this area.

2.7 Local and national leadership supporting the development of the cluster infrastructure; how the actions being taken complement those in the Welsh Government's primary care plan and 2010 vision, Setting the Direction.

CPW has expressed its concerns above at the lack of connectivity between the current operation of clusters and the Government's vision from a community pharmacy perspective. CPW would suggest that the bottom up approach is serving only to reinforce this disconnect. While the bottom up approach has much to commend it and is the basis of cluster engagement, CPW would suggest that clusters should still operate within clear parameters laid down by Welsh Government to ensure that there is effective engagement and the skills of all relevant parties are fully utilised to improve local patient outcomes.

2.8 Greater detail on the aspects being evaluated, the support being supplied centrally and the criteria in place to determine the success or otherwise of clusters, including how input from local communities is being incorporated into the development and testing being undertaken.

CPW would suggest that there need to be national metrics established which are locally met, measured and reviewed. This will ensure that the success of any initiative is measured against nationally established patient outcome metrics and are not open to local interpretation or bias, thus ensuring that a similar service in one cluster is able to be more directly compared to that of another before good practice is shared.

Part 3: Conclusion

3.1 CPW understands the importance that clusters have in transforming primary care and therefore CPW would like to see all primary care pharmacy contractors become an integral part of primary care cluster working. Community pharmacy contractors can significantly support the primary care agenda helping to underpin the longer-term sustainability of primary care by using pharmacists' skills and abilities, in line with Prudent Healthcare principles to release capacity in GP practices and in A&E departments.

Community pharmacies are visited daily by those that are sick and those that are well and, as a result, have the largest daily footfall of all primary care outlets within a cluster boundary. Given an genuine opportunity to engage, local pharmacies could have a significant role to play in supporting the health and wellbeing needs of the local communities 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 non-existent. CPW would encourage the Health, Social Care & Sport

Committee, to ensure that there are appropriate arrangements in place to leverage the capacity and skills of the local community pharmacies within the clusters.

3.2 To facilitate this, CPW would recommend that the committee recommend that Welsh Government:-

a) Ensure cluster Terms of Reference contain a requirement to engage with local community pharmacies.
b) Seek to put in place arrangements for copies of cluster action plans to be shared with representatives of other primary care providers as soon as they are agreed.
c) Put in place arrangements to provide 'backfill' funding to facilitate a local community pharmacy representative to attend cluster meetings and other appropriate events.
d) Ensure that community pharmacy access to the Welsh GP Record is given a high priority.
e) Formally link the community pharmacy network to the 'Add To Your Life' national risk assessment

CPW agree that the content of this response can be made public and are happy to provide further information on request to members of the Committee and/or to appear before the Committee.

CPW welcomes communication in either English or Welsh.

For acknowledgement and further Contact:

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