



**National Assembly for Wales
Health and Social Care Committee**

**Follow-up inquiry on the contribution of
community pharmacy to health services**

**Evidence from BMA Cymru Wales and
Dispensing Doctors' Association - CP 10**



Committee Clerk,
Health and Social Care Committee,
National Assembly for Wales,
Cardiff Bay,
CF99 1NA.

30th April 2014

Dear Sir / Madam,

We write jointly to you as associations representing and working with all General Practitioners across Wales.

We consider that the overall growth in community pharmacies has led to the increased availability of routine pharmacy services, which is a very welcome development.

Many GPs across Wales already have close working relationships with their pharmacist colleagues, and that is happening very effectively to the benefit of local patients. There are further ways in which joint working could be considered and we are open to the development of that agenda.

For instance, GP Practices and pharmacies could co-operate in specifically targeting harder to reach populations or patient groups, with chronic diseases such as hypertension. Once patients have been identified and stabilised in general practice, there is clearly a role of community pharmacy in monitoring patients along an agreed care pathway. Many dispensing practices already employ pharmacists and undertake this type of work already.

It is essential, however, to be aware that where community pharmacies are set up in localities which are already served by established dispensing practices, these areas are so-called controlled localities and are rural in nature, that the long-term future of the services provided by the GP Practice will be compromised.

Owing to the very tight financial situation, dispensing income has become a vital stream of funding for the provision of primary care services in many rural areas. The revenue that practices receive from providing dispensing services may not have been designed to subsidise the provision of general medical services in rural areas but in reality this is very much the case. This is clearly demonstrated in the Cost of Service Inquiry commissioned by the Department of Health in 2010.

The recruitment and retention of doctors in these hard-to-staff areas is a serious and longstanding issue, and must form an essential part of national and local policy deliberations. We already know that the provision of healthcare in rural areas requires targeted and considered investment to overcome the challenges that rurality poses - and that the Welsh Government's flagship Rural Health Plan has done very little, if anything, to address these. We have a number of ideas to improve the situation, which we will be discussing further with Welsh Government but support for dispensing practices is absolutely central to this agenda.

It is also important to note the context in which GPs are working - more GP practitioners are aged 55 or over, up 42.1 per cent since 2003¹ and morale is at an all time low, in a recent survey 60% are considering early retirement and 40% would actively discourage relatives from joining the profession. Any moves which further destabilise practice viability, or add to the significant problems of attracting and retaining doctors, in those already hard-to-staff areas, will be a massive blow to the future provision of general medical services to rural populations.

In closing, we favour the integration of pharmaceutical and medical services wherever possible and appropriate in order to maximise patient benefit and convenience. There is certainly more that community pharmacy can do to contribute to health services in Wales. However, the underlying principle has to be that pharmacy provision should be considered holistically, alongside its role and relationship to all other components in the patient pathway - including access to medical advice, assessment and to medical care.

In our experience we can collectively say that this is not happening at present, that very little has changed in the two years since the Report was published, and that much needs to be done to secure the future of primary care medical services in Wales.

In our view, joined up thinking and proper engagement with all professions in service design would be a very good place to start.

We hope this response is useful to the Committees follow-up inquiry and would welcome the opportunity to contribute further.

Yours Sincerely,



Dr Charlotte Jones
Chair, BMA General Practice Committee (Wales)



Mr Matthew Isom
Chief Executive, Dispensing Doctors' Association

¹ Welsh Government statistical release – General Medical Practitioners 25th March 2014