



<b>TITLE:</b>	Submission to the HSSC Inquiry into Community Pharmacy
<b>ORGANISATIONS:</b>	Community Pharmacy IM&T Programme Board & NHS Wales Informatics Service (NWIS)
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## **Background and Context of NWIS Organisation and Informatics Role**

The role of 'informatics' as an essential constituent of healthcare service delivery has a long and successful history in Wales.

Since the early 1990s, informatics services have been developed, implemented and supported variously by the Welsh Office, the Welsh Assembly Government, health agencies, statutory commissioners, hospitals and trusts.

New informatics-based services facilitate access and service benefits for all NHS service providers, service commissioners, patients, carers and wider healthcare stakeholders.

During the first half of the last decade, GP practices and secondary care hospitals have benefitted most from the use and application of health IT and information technologies in healthcare, especially through national service delivery programmes<sup>1</sup> such as the GP ICT Foundation Programme (2001-05), the All-Wales Telemedicine Programme (1999-2005) and 'Informing Healthcare' (2002-2010).

In 2010, the NHS Wales Informatics Service (NWIS) was established as part of the healthcare reform programme and brought together all the various IT and service agencies and programmes under a single organisation. NWIS has a national remit to support NHS Wales through the use of national ICT technologies by doing things 'once for Wales'.

All NWIS-developed and implemented national services are vital contributors to improved patient safety, as they deliver critical patient information quickly and efficiently across professional, geographical and organisational boundaries.

In 2005, predicated by the 'Remedies for Success' strategy for pharmacy in Wales (2003) and the Community Pharmacy Contract Framework, 2005 (CPCF), the newly established Primary Care Informatics Programme (now part of NWIS) introduced a new national IM&T programme for community pharmacy. Key in its aims was the delivery of all IM&T components of the CPCF, notably the Essential Service requirements of an ETP service (electronic transfer of prescriptions) appropriate for contractors and community pharmacies in Wales.

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<sup>1</sup> The new NHS Wales Informatics Service now leads on the delivery of national ICT strategies and policy implementations across the whole of Wales, for all NHS organisations and service providers

Through this programme, the introduction of informatics into community pharmacy has set about supporting the re-alignment of patient services within a wider primary care context, to:

- Make better use of highly trained healthcare professionals, beyond the supply and administration of medicines
- Relieve some of the clinical burden on GP practices and surgeries
- Make pharmacist-led services more accessible for patients
- Strengthen the partnership between pharmacists, GP practices and patients
- Enable the role of pharmacy in the design and delivery of new services.

For community pharmacy, services have been developed in close working relationship with all key stakeholder organisations and NWIS works with the profession to achieve consensually agreed services of the highest quality for the benefit of the profession, the service and patients.

## Responses

□ *the effectiveness of the Community Pharmacy contract in enhancing the contribution of community pharmacy to health and wellbeing services;*

The introduction of informatics continues to support the contribution of community pharmacy health and well being services within a wider context of primary care through:

- The agreement and implementation of a robust, managed broadband service into all community pharmacies in Wales, capable of securely accessing the private and internal NHS Wales network ("NHS connectivity"). This service has been the cornerstone to the whole IM&T agenda for community pharmacy from 2006 to date and has allowed the development of a number of additional national services by NHS Wales, such as "e-Schedule" (online prescription payments viewer), "ENAS" (electronic NHS alerts service), "NECAF" (electronic claims system for the EHC service and an online CP contractor database for use within NHS Wales as an information source.
- Enablement of a repeat dispensing service, commissioned between Health Boards, GP practices and local community pharmacy practices, reinforces closer working arrangements across professional boundaries and contributes to waste reduction targets.
- The development of a CP Assurance Framework (CPAF), streamlined through the development of an ISMS toolkit for online submissions, support and monitoring. This currently supports the information governance (IG) and IT security (IS) requirements of the profession and it is envisaged that this may be extended to its clinical governance (CG) requirements during 2012/13. This toolkit service provides fundamental patient safety benefits.
- The development of an electronic transfer of prescription (ETP) service between GP practices and CP practices in Wales is already demonstrating a streamlined process for dispensing medicines to patients, using the latest barcode scanning technologies and the virtual elimination of potential transcription errors between a GP practice prescriber and pharmacy dispenser.
- The Welsh ETP service also involves the electronic transmission of prescription claims between a community pharmacy and the Welsh pricing and payments bureau, known as the NHS Wales Prescribing Services Unit. Once introduced, this service has the potential to save NHS Wales significant costs per annum through the automation of prescription pricing.

By reducing the administrative burden of the CPAF and streamlining the operational processes of other newly introduced services of the CPCF, pharmacists are released to focus their attention on wider patient health and well-being services.

□ *the extent to which Local Health Boards have taken up the opportunities presented by the contract to extend pharmacy services through the provision of 'enhanced' services, and examples of successful schemes;*

- Informatics has already played a role in the uptake of 'enhanced services' by contractors through the development of **NECAF (national electronic claim and audit forms)** – an online payment system currently supporting EHC claims and extendable to other services such as smoking cessation. NECAF therefore supports the LHBs in their commissioning of these services across community pharmacy in Wales.
- There is additional scope through informatics developments to deliver a national IT-enabled **minor ailment scheme** as an enhanced service across all pharmacies, subject to ongoing discussions with NHS Scotland colleagues on an appropriate collaboration.

□ *the scale and adequacy of 'advanced' services provided by community pharmacies;*

Additional informatics developments to underpin existing services are also being considered by the programme, such as:

- Development of an **electronic MUR service** between CP practice and a patient's GP practice, thus attempting to reduce the substantially increased workloads reported by pharmacists as being introduced through the CPCF, and ensuring safe receipt of MUR reviews by GP practices. The IT solution being explored for MURs would have the potential to generate feedback to the referring pharmacy and ensure two-way information flows and could also support the prescription intervention element of the service.

□ *the scope for further provision of services by community pharmacies in addition to the dispensing of NHS medicines and appliances, including the potential for minor ailments schemes;*

- The community pharmacy IM&T programme agenda focuses on the IT-supported delivery of essential, enhanced and advanced services within a new context of **wider primary and community care service provision**, beyond the supply and provision of medicines.
- IT developments and services may further support potential emerging requirements of any negotiated contract service extensions (2011/12) such as an electronic minor ailment scheme for Wales, as well as any strategic professional aspirations towards collaborative working across professional and organisational boundaries, i.e. the integration of community pharmacy into primary care and **access to electronic patient records**.
- Informatics solutions may also be explored to support the recommendations of the recent health promotion campaign for a **national diabetes risk awareness service** deliverable through community pharmacy.

□ *the current and potential impact on demand for NHS services in primary and secondary care of an expansion of community pharmacy services, and any cost savings they may offer;*

- Community pharmacy as a profession continues to offer an **alternative, efficient and available referral route into primary care services by patients**, where many of their minor ailment or self-managed conditions may be identified or treated immediately at the point of entry. Expansion of community pharmacy services

will further promote health care and health promotion outside of expensive secondary care services.

- Community pharmacy offers a large potential cost saving to the NHS where patients' **chronic conditions are wholly managed** within a primary care setting and thus completely avoiding secondary care admissions and any associated costs or potential HAIs.
- In addition, the involvement of community pharmacy in patients' **post-discharge shared care plans** has the potential to ensure that they are treated effectively outside of secondary care and thus not re-admitted un-necessarily into hospital. This could include, potentially, sending electronic discharge medications to a patient's nominated community pharmacy for their safe, continued pharmacological care.

□ *progress on work currently underway to develop community pharmacy services.*

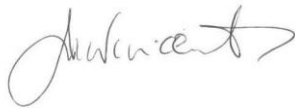
NWIS and informatics are key enablers for all the points raised for discussion in the current Inquiry of the HSCC. The informatics requirements and agenda for community pharmacy (outlined in this submission) complement and provide vital support and access for medicines management, operational, service improvement and strategic delivery work areas within NHS Wales.

- However, the existing IM&T funding model<sup>2</sup> supporting the original CPCF requirements has now expired and a new source of funding will be required to deliver existing and emerging contractual, service improvement and strategic IT services. This could include, amongst other things:
  - An electronic **minor ailment service** enabling information applications for consultation, treatment of minor ailments and joining up patient care records where appropriate
  - Structured **clinical messaging** (the Welsh Clinical Communications Gateway) between CP practices and GP practices/local hospitals. This could also realise further potential services to help in information in consistent care for patients services in hospices, palliative care, residential care and other out of hours models.
  - Access to other **national integrated services** under development between NWIS and LHBs in Wales, such as the patient portal (Welsh Clinical Portal).
- A specific pressure point requiring urgent attention is the **electronic transmission of prescription claims project**, a service referenced in the Regulations in the CPCF. This service will require initial capital investment plus an element of recurring 'revenue' annual charges for maintenance and management, but once implemented will offer NHS Wales significant cost savings through a process of greater automation in pricing and payments. NWIS is considering its options on an agreed approach, but would consider that discussions with NHS Scotland colleagues for sharing, under agreement, their existing pharmacy 'ePay' service may deliver service quality and cost benefits for NHS Wales beyond that which we can develop ourselves and within preferable, shorter timescales.

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<sup>2</sup> Drug Tariff for England and Wales, Part VIA, Section 6

- Given the progress made by the programme on the IM&T agenda and the successful implementations of new IT services that are already enabling streamlined and safer working practices across community pharmacy, it is imperative that a new and sustainable funding model for community pharmacy IM&T is identified and introduced for management within NWIS on behalf of the service. **Without this funding, many of the emerging and potential new services outlined cannot be realised.**



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