

Health and Social Care Committee

Inquiry into the contribution of community pharmacy to health services in Wales

CP 39 – Cwm Tâf Health Board

Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from Cwm Tâf Health Board

To assist with its enquiry into the contribution of community pharmacy to health services in Wales, the committee sought views on a range of points. There are addressed below.

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

The Community Pharmacy contract has the potential to make a significant impact on Health Care delivery. Community Pharmacists are well placed to deliver services due to their unique open access in the Community. There is scope to improve the effectiveness of the current contract arrangements:

- Currently the contract is driven by dispensing volume. A shift in the balance between dispensing fees and other elements of remuneration would enhance the effectiveness of the contract.
- Improving public awareness of the professional services that Community Pharmacies offer.
- Improving working partnerships with other Healthcare Professionals, including referral to specialist services e.g. Dietitians.
- An improved framework for performance monitoring and contractual compliance would help demonstrate outcomes.
- The benefits of patient registration with community pharmacies (compare with Scottish model) could be explored.

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

- Cwm Taf has the following enhanced services in place: (uptake %)
 - Smoking cessation – Levels 2 & 3 (38%)
 - Needle exchange – (27%)
 - Home Medication Administration Scheme – MAR charts – (47%)
 - Waste reduction scheme – (25%)
 - Substance misuse/supervised consumption – (91%)

- Out of Hours pharmacy rota – (9%)
 - Online Non-Prescription Ordering Service (dressings) – (n/a)
 - Emergency Hormonal Contraception – (53%)
 - The Health Board is evaluating the current arrangements for influenza vaccination and may consider alternative models involving community pharmacy in the future.
- The scale and adequacy of ‘advanced’ services provided by community pharmacies**

- In Cwm Taf 67/77 (87%) of community pharmacy premises are accredited for Medication Usage Reviews. Uptake of MURs continues to increase year on year. Current predictions for 2011–12 are 15,000 MURs. This represents 65% of the maximum allowable.
- There is no national mechanism to determine the quality of MURs completed (the Health Board has no access to the MURs).
- There is no data available to assess GP acceptance of MUR recommendations.
- The target of 400 MURs per contracted pharmacy is inflexible. Many small pharmacies do not have the capacity to undertake all 400 MURs. Some Pharmacies have the capacity to do more than 400 MURS but are unable to do so as they are constrained by current regulations.
- An outcome-based performance monitoring arrangement would allow LHBs to assess the benefits of MURs and to allow LHBs to direct community pharmacists to specific patient groups.

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

- There is scope for the further provision of services by community pharmacies. Examples are shown below:
 - Formulary compliance/management within primary care (replicating arrangements already in place in secondary care) and supporting the LHB’s prescribing position on key therapeutic areas.
 - Alternative supply arrangements for the provision of other items such as appliances, enteral feeds, dressings etc.
 - Coordinated work with social services and the voluntary sector (e.g. Parkinson’s Society).
 - Chronic condition management (e.g. Asthma review service/pain management etc).
 - Medicines governance (e.g. medication review/patient safety/safe storage and disposal of medicines).
 - Optimise the benefits from the use of high risk and/or high costs medicines through activities such as patient reported outcome measures (PROMS).
 - Explore and implement the use of technological advancements in pharmacy (e.g. dispensing automation as an adjunct to improving safety and releasing professional time for the provision of extra services).

- Key enablers are:
 - Access, via IT, to the individual health record, with appropriate safeguards and governance processes.
 - Electronic access to the pharmacy dispensing record on admission of patients into hospital and contributing to the pharmacy record on discharge from hospital.
 - Dove-tailing and integration of primary care contracts (community pharmacy and GMS) to avoid potentially conflicting elements of each contract.
 - Integration of community pharmacy into LHB service planning models.
 - To increase the number and scope of activity of community-pharmacy based pharmacist independent non-medical prescribers.

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

- Increased access to services through community pharmacists is aligned to WG policy (e.g. Setting the Direction)
- Refocusing community pharmacy remuneration on professional services would remove the potential conflict between volume based dispensing income and other services that could reduce medicines expenditure within primary care (e.g. medicines waste).

Progress on work currently underway to develop community pharmacy services

- The implementation of Just-in-Case Boxes for palliative care patients in the community is being planned.
- Work is ongoing on the implementation of new pharmacy services (e.g. Discharge Medication Review Service).

Concluding remarks

Community pharmacy is an under-used resource to the NHS in Wales.

The community pharmacy contractual framework has the potential to support a more integrated and clinical role.

This requires a re-balancing between the fee per item dispensing services and clinical services.

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