Health and Social Care Committee

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

CP 44 - Evidence from the Royal Pharmaceutical Society Scotland

Royal Pharmaceutical Society
Holyrood Park House
106 Holyrood Road
Edinburgh
EH8 8AS

Thank you for the opportunity to input into our inquiry. The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Scotland, Wales and England. We are the only body that represents all sectors of pharmacy.

The RPS promotes and protects 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, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.
Many of the questions are related to payment and contractual matters. Community Pharmacy Scotland is the organisation which represents pharmacy contractors in Scotland and therefore is best placed to answer these questions.

1. **The arrangements for sharing patient information between GPs and pharmacists**

- Most prescription information now transfers electronically between GP surgeries and community pharmacy. When the Chronic Medication Service (CMS) is fully operational an electronic facility to send messages back to the GP from the Patient Care Record will exist in the pharmacy. Currently there is no formal system to share any other patient information.

- The Scottish Government, in their recently published e-strategy document, committed to community pharmacist access to the Emergency Care Summary by 2014. Scottish Government policy supports person-centred care, therefore, lobbying continues to secure full access to appropriate sections of patient healthcare records, on patient safety grounds, particularly to allow safer operation of the national Patient Group Direction (PGD) out of hours, for palliative care and to provide further integration between primary and secondary care.

2. **Integration into the wider health services**

   The publication of *The Right Medicine* in 2002 and the introduction of the new *Community Pharmacy Contract* in 2003 was the start of a process of integration of community pharmacy into the NHS which is still in progress. Scottish Government has recognised the expertise, skill and accessibility of having a pharmacist available on the high street and has committed to make better use of pharmacists in the NHS.

   The areas where integration has been most apparent are listed below:

- The National Minor Ailment Service was introduced to encourage the use of pharmacists as a first port of call for minor ailments and to free up GP appointment times where cost was a barrier to accessing medicines. Patients exempt from prescription charges are eligible for this free service. A consultation with the pharmacist is a fundamental requirement thereby harnessing pharmacists' traditional 'over the counter' (OTC) prescribing skills. Registration and capitation- based payments were a first step towards shifting the payment system focus away from volume-based payments and towards pharmaceutical care.

- The introduction of the public health services, allowing access through pharmacies to services such as Emergency Hormonal Contraception and Smoking Cessation, which had previously only been available through either GP or NHS services.

- Integration has occurred in some health board areas, not only with NHS services but also with social care, through council funding for methadone clinics and support for substance misuse clients, with community pharmacists collaborating with Community Psychiatric Services

- NHS 24 works in partnership with community pharmacy to provide out-of-hours services. Patients are referred to community pharmacies for OTC treatments, and community pharmacies now refer directly to out-of-hours GPs, as well as supplying patients with repeat medication when essential supplies have run out. These valuable additions make best use of the available expertise in the community at times when other health professionals are not available, thereby decreasing the number of calls to the emergency NHS 24 helpline and unplanned visits to Accident and Emergency departments.

- CMS will deliver pharmaceutical care to people with long term conditions, encouraging self care, and promoting greater patient understanding of their medicines. This formalises the traditional role of the community pharmacist, giving advice to their patients to aid adherence and optimise use of medicines.

3. Key Drivers

As mentioned above, a series of policy documents have been published; they recognise the expertise, and underuse, of the pharmacy profession as the experts in medicine and the importance of pharmaceutical care in the NHS, with Scottish Government policy promoting person centred care. These include, *The Right Better Health, Better Care 2009, The Road to Recovery 2010, Reshaping Care for Older people 2010* and the *NHS Quality Strategy 2010.* The developing 'Mutual' NHS in Scotland has established a system of collaboration and cooperation rather than one of competition and choice.

The emerging challenges in finance and demographics have resulted in the necessity to revisit the delivery of public services to make best use of the skills and resources available.

The Scottish Government policy to shift the balance of care from secondary to primary and keep patients closer to home where possible, has provided drivers to increase use of the Community Pharmacy network; in the 2011 Election campaign,

making more use of pharmacists was mentioned in each of the Scottish political party manifestos.

4. Strengths and Weaknesses

The Scottish Government made a commitment to e-pharmacy and new services did not start until appropriate electronic system underpinning was in place. The Scottish Government supported this service development with considerable IM&T support monies.

One of the strengths of the Minor Ailment and the Out of Hours services has been the increased public visibility of community pharmacists as prescribers and public health practitioners in line with other healthcare practitioners. There have been considerable advantages to the patient journey with the innovation of the national PGD, increased use of the pharmacist's skills and professional decision making.

Collaboration with National Health Education Scotland (NES) has been a necessary support with core education evenings which ensure that all pharmacists have the opportunity to upskill, where required, to provide the new services.

The piecemeal implementation of new services, without a simultaneous review of workforce planning, has resulted in some pharmacists struggling to manage the workload and feel pressurised with the increasing volume of prescriptions.

Whilst the IT commitment has been welcomed, and provides excellent long term stability, delays have occurred in the implementation of the Chronic Medication Service (CMS).The advantages of collaborative working with CMS have not been marketed well to GPs, who remain relatively disengaged from their local community pharmacists; it is hoped that this situation will improve as the IT challenges are resolved and serial dispensing begins.