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To:
Mr Stuart Moncur
Delivering Emergency Care Services Consultation
Performance and Operations Directorate
Welsh Assembly Government
Cathay's Park
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RESPONSE TO THE CONSULTATION DOCUMENT: DELIVERING EMERGENCY CARE – AN INTEGRATED APPROACH TO UNSCHEDULED CARE IN WALES

1. Introduction

Community Pharmacy Wales (CPW) is the body whose function is to represent and negotiate NHS contractual matters on behalf of all of the pharmacy contractors in Wales.

Community Pharmacies in Wales constitute a network of 713 community pharmacies located where people work, shop and live and a potential to be developed into a network of walk-in health and wellbeing centres.

Members cover a range of businesses from small independent pharmacies to the major high street multiple chains. This network represents a resource often underutilised in Wales and with a significant potential to increase patient choice, facilitate capacity release in primary care and to manage elements of emergency and unscheduled care.

It is against this background that we feel that we have a key contribution to make to this consultation and seek full engagement in the implementation process going forward.

2. Key Points

While this response will identify areas where community pharmacies across Wales can make a contribution to the management of emergency care, **it is in the area of unscheduled care where community pharmacy can make the greatest contribution**

2.1 Reducing unscheduled care through more effective medicines management

The provision of medicines remains the backbone of NHS care in Wales and yet evidence points to the fact that many prescribed medicines are used inappropriately and ineffectively. This often leads to demands for unscheduled emergency care.

Access to medicines for older persons can be significantly improved through the **roll-out of the Repeat Dispensing Service across Wales**. Community pharmacy is ready to deliver this service now in paper form but a more time efficient process will be available as soon as the IT infrastructure issues are resolved. **CPW recommends that this is addressed as a 'quick win' ahead of the Informing Healthcare programme.**

Members of the public taking medicines frequently run out of their medicines and turn to the unscheduled and emergency care services for support. Whereas community pharmacists in Wales can make an emergency supply of medication in these circumstances, the supply is restricted to five days medication and results in the patient having to make an urgent visit to their GP within five days of finding themselves without medication to seek a continuation of supply. As the supply is not covered by an NHS prescription, the cost of the emergency supply needs to be borne by the patient, creating a further barrier to patients obtaining medication. This issue has been recognised in Scotland and a *National Patient Group Direction (PGD) Scheme* has been introduced to address the problem. The emergency PGD allows pharmacists to provide patients with the quantity of medication they would normally get on a repeat prescription. This provides continuing care for the patient and reduces unscheduled access to primary care services.

CPW would strongly support the introduction of an emergency supply patient group direction in Wales and recommends that WAG reviews the operation of the scheme in Scotland.

The *NSF for Older People in Wales* identified that:

'Many adverse reactions to medicines could be prevented – they are implicated in 5-17% of hospital admissions'.

It is therefore well recognised that more effective management of prescribed medicines could have a significant impact on unscheduled and emergency admissions to hospital.

The new community pharmacy contract has a service known as Medicines Use Review (MUR) which is an NHS service and is designed to help patients in Wales to make safer and more effective use of their medicines. The MUR service can improve patient safety, reduce medication errors, improve patient compliance and reduce waste. **CPW urges the Welsh Assembly Government to actively support and promote the Medicines Use Review**

service and to ensure that the service becomes an integrated element in the management of medication and patient compliance issues in Wales.

In addition to the MUR service, LHB's are in a position to commission clinical medication review services from community pharmacies and to introduce community pharmacy hospital discharge schemes. **The latter have a specific impact on reducing hospital readmissions.**

Despite the recommendation in the NSF that '*Medicines related problems need to be assessed as part of the Unified Assessment Process*', there is little evidence in practice that this is being achieved and no formal referral mechanism to community pharmacy has been incorporated into the *Unified Assessment Process*.

As the population of Wales gets older on average so their use of medicines increases. With four in five people over the age of 75 taking at least one medicine and 36% taking four or more medicines the potential for medication problems to result in unscheduled or emergency care is significant. Research has also shown that as many as 50% of older people may not be taking their medicines as intended resulting in wasted drug expenditure and unnecessary emergency hospital admissions. While these facts have been known and accepted for some time, there is more that can be effectively done on the ground to improve medicines management services at a local level.

Community Pharmacy Wales would wish to see a clear target in relation to medicines management and recommends that the following target is adopted:

All older persons in Wales receiving four or more medicines should be offered an annual medication review and all persons discharged from hospitals or care homes should receive a full medication review as part of the discharge process.

2.2 Managing Chronic Conditions

With workload associated with the management of long-term conditions set to double by the year 2030, and the community pharmacy network is well placed to play a greater part in co-ordinated care for this group of patients close to their homes and places of work.

The role of pharmacy in the provision of advice, the management of medication, disease monitoring and the provision of accessible Near Patient Testing will become a more important element in the management of patients with long-term conditions.

CPW recommends that community pharmacy services need to be an integral part of patient care pathways for conditions such as arthritis, diabetes, asthma, COPD, epilepsy, colitis, coeliac disease and dermatology.

CPW were particularly pleased with the recommendation for whole system pilots that arose from the *Designed to Deliver* consultations. This seems to imply a welcome willingness to adopt a 'clean sheet' approach to the management of chronic conditions in the community. However, it has become disappointingly evident that in many areas of Wales community pharmacy is being unnecessarily excluded from plans being developed. This appears to be contrary to the views of the Wanless Review where the 'full engagement of all healthcare professionals' was seen as a prerequisite for improved NHS services in Wales. The role of locally based community pharmacies in the management of chronic conditions is a prime example of how this Wanless principle can be taken up in Wales for the benefit of patients in Wales.

There is a strong evidence base that improved management of chronic conditions in the community has a significant positive impact on the use of emergency and unscheduled care services. CPW recommends that urgent consideration is given to making sure Wanless is carried through in all areas of Wales in relation to the management of chronic conditions.

2.3 The management of minor ailments and minor injury

Evidence from other UK schemes shows that it is **clearly more cost effective to deliver minor ailment services through community pharmacies than through GP practices**. This is already proving effective in the small number of pilots in Wales and throughout Scotland, where minor ailments are now part of the new community pharmacy contract (EMAS). The transfer of minor ailment workload to community pharmacies in Wales is relatively simple to achieve and is fully supported by GPC Wales.

The introduction of a ***National Community Pharmacy Minor Ailments Service*** through Wales would improve access to minor ailment support services and make full use of the extended hours being offered by a number of community pharmacies. This would directly reduce the impact of unscheduled care on the GP out-of-hours service and on A&E services.

Once established the infrastructure would exist to extend the range of conditions handled by the community pharmacy network through the use of PGDs for example for first line treatment of Urinary Tract Infections when local GP premises are closed.

The introduction of a ***National Community Pharmacy Minor Ailment Service*** would have a significant impact on the workload of out-of-hours providers. Most GP surgeries are closed during evenings and on Saturdays and Sundays, but, supermarket pharmacies and late opening pharmacies are already providing a pharmacy service at these times. The added provision of a national minor ailments scheme during these times can significantly ease pressure on hospital emergency services and out of hours providers.

CPW also recommend that consideration is given to the design and commissioning of minor injury services through community pharmacies. While many areas are well served by local hospitals and clinics **it is in the more rural areas of Wales, in particular, that the existing community pharmacy service could be more effectively utilised in the management of minor injuries.**

The establishment of a national community pharmacy minor ailments service would avoid ineffective duplication of effort, facilitate capacity release in GP services which can then be utilised to provide unscheduled care and help to meet the declared objective in the consultation of: *'patient's needs are best met by a professional who is best able to deliver the care they need to a prescribed standard'*.

CPW strongly supports the declared WAG objectives stated in the consultation in that 'Radical service reconfiguration is needed, to create an enhanced and co-ordinated range of services in the primary and community setting' and looks forward to the implementation of these aspirations.

2.4 Access to Emergency Hormonal Contraception

Over the last few years a number of community pharmacies have been commissioned to provide an *Emergency Hormonal Contraception (EHC) Service* which provides rapid and professional access to the EHC medication to patients who would otherwise access the emergency and unscheduled care services. The evidence base for these schemes is now robust and the schemes have been proved to reduce access to other services.

In the light of this clear evidence CPW would urge the WAG to consider the introduction of a *Directed Enhanced Service for EHC*, which would extend the benefits of the scheme to all areas of Wales.

2.5 Access to emergency palliative care medication

The integration of community pharmacy into palliative care services can help streamline these services and greatly improve the last few weeks of a patient's life. Urgent access to palliative care medication out-of hours can impact on emergency and unscheduled care services. **The *Gwent OOH Community Pharmacy Palliative Care Service*** provides access to palliative care medicines and support within a two hour window and is a 'Gold Standard' scheme for this type of service.

2.6 Improved links between community pharmacy and NHS Direct

CPW supports closer links between NHS Direct and the community pharmacy network in Wales. Whereas NHS Direct often refers patients to community pharmacies there is no formal referral mechanism in place and NHS Direct are sometimes unaware of the local services that are being delivered through

community pharmacy. An example of this is, all of the pharmacies that provide EHC services. A search of the NHS Direct website by a patient seeking EHC or the 'morning after pill' as it is more popularly known would result in a 'no records found' response. This is clearly not the same as 'no service available' although it implies this. This indicates the opportunity for improvement.

A significant percentage of calls to NHS Direct will be for medicines related issues. This has been recognised by NHS 24 in Scotland through the appointment of pharmacists as members of the response team. We do not believe this practice is currently being adopted in Wales. NHS Direct is increasingly being used by members of the public as a first port of call for emergency healthcare advice and assistance. But it will remain essentially limited if it does not include the expertise on medication that is the *raison d'être* of pharmacy. **CPW believes that there are opportunities for the community pharmacy network to support NHS Direct in better managing these situations.**

2.7 Prevention and Health Promotion

The need for health promotion support and advice on appropriate lifestyle choices is well recognised as a key driver in reducing impact on secondary care and unscheduled care services. Community pharmacies existing in the heart of our communities and the community pharmacist is the trusted provider of advice and support. The utilisation of the community pharmacy network in delivering public health advice helps to reduce barriers to healthy living such as access to services and access to advice.

Community pharmacists can provide patient advice on CHD risk, obesity, exercise, diabetes, smoking cessation, hypertension, alcohol usage, sexual health, nutrition and the uptake of immunisation in an environment that is convenient and where people will feel both at ease and empowered and are not made to feel 'ill'.

CPW would wish to see a clear strategy for the development of the community pharmacy network in Wales into a network of health and wellbeing centres providing health promotion and support and where the community pharmacist is recognised as the public health expert in the community. CPW would also wish to see closer and more effective links with the National Public Health Service to support delivery of this aim.

3. Conclusion

CPW were somewhat surprised not to be included in the list of NHS and community representatives asked to contribute to the design of the draft policy and would urge the Welsh Assembly Government to ensure that community pharmacy is fully engaged in all future reviews of strategy that involve primary care.

Community pharmacists remain an underutilised group of healthcare professionals and have the potential to contribute more effectively to the management of emergency and unscheduled care.

CPW asks WAG to recognise and embrace this potential and to ensure that the role of community pharmacy is included in the final strategy and any resultant implementation plans. As a means to this end, CPW urges local healthcare planners to improve awareness of the potential contribution of community pharmacy and the existing services provided by community pharmacy.

The draft strategy identifies that 'a number of work streams will be established to support and develop the policy direction and assist in implementation'. CPW assumes community pharmacy will be an integral part of process and looks forward to contributing to the development and delivery of the final strategy.

Thank you for inviting CPW to respond to the consultation and for allowing us the opportunity to input into the decision making process.

Please do not hesitate to contact us if we can help with any additional information.



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On behalf of Community Pharmacy Wales

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