



## **The Community Pharmacy Wales response**

to

## **Proposals to Change the Structure of the NHS in Wales**

### **Consultation Paper**

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## Part 1: Introduction

This response is submitted by Community Pharmacy Wales to the consultation: *Proposals to Change the Structure of the NHS in Wales*.

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

Community pharmacies across Wales provide a valuable service to the majority of communities in Wales, including rural communities and communities in urban deprived areas. Together they constitute a network of 708 effective health & well-being centres, providing a convenient and easily accessible source of health advice and support to patients often on 7 days a week. The 2004 Welsh Health Survey reported that 80% of patients in Wales with a chronic condition had visited a pharmacy within the last 12 months.

CPW has become increasingly concerned about inadequacies in the current structure which have the effect of severely restricting the ability of the extensive community pharmacy network in Wales to deliver services. There is also increasing evidence that **the current LHB structure has become a barrier to the delivery on the ground of the community pharmacy contract as introduced by the Welsh Assembly Government.**

There are a number of issues with the existing arrangements:

1. While delegation of decision making to a local level has helped to support local responses to health needs, it has made it extremely difficult to adopt a strategic response to the development of community pharmacy and the services provided to the people of Wales.
2. The current structure, with its 22 commissioning bodies, has resulted in a myriad of service specifications and remuneration rates. This negotiation and commissioning structure has resulted in unnecessary bureaucracy, fragmented negotiation and significant variation in the services that people in Wales can access from their local community pharmacy.
3. The lack of effective and equitable representation of community pharmacy on LHBs has frustrated the profession and has made it difficult for LHBs to commission primary care services outside of the more traditional commissioning routes.
4. A second internal market is being operated which encourages primary care professionals to compete against each other for limited resources in delivery of the same services to patients. This is destructive of an effective health service and was an unnecessary development, but has become the norm in LHB practice across Wales.

Against this background CPW recognise that there are considerable benefits to be achieved through a reduction in the number of bodies with which contractors have to negotiate and settle commissioning agreements.

We also believe that the establishment of a National Health Service Board for Wales could provide the vehicle for a more strategic approach to be taken to the development and delivery of the Community Pharmacy Contractual Framework. It could also more easily enable the integration of community pharmacy services into patient care pathways.

CPW warmly supports the key principles highlighted in the consultation document and in particular:

- 1) Abolishing the Internal Market in Wales.
- 2) Establishing a National Health Service Board for Wales.
- 3) Reducing the number of LHBs.
- 4) Reviewing the constitution and membership of the LHBs.

The consultation raises a number of important questions, some of which are particularly relevant to the practice of community pharmacy and others which are outside of the experience and expertise of CPW. In this response CPW has therefore limited its response to those areas of the consultation that are of more direct relevance to community pharmacy in Wales. We also make some comments on aspects of the current NHS structure in Wales that are not referred to in *Proposals to Change the Structure of the NHS in Wales*.

## Part 2: Response to consultation questions of particular relevance to community pharmacy

### **Q: Should we have one National Board responsible for (or advising on) funding and planning services for LHBs and NHS Trusts?**

A: CPW appreciates the public support it has received from the First Minister and from all three Health Ministers with whom we have worked since the establishment of the National Assembly in 1999. In particular we have been encouraged by references to the community pharmacy network being better integrated into local healthcare provision and ending its position as an underutilised NHS Wales resource.

However, we are disappointed at the lack of conversion of this vision into reality around Wales. Our evidence is that many of the barriers to delivery lie within the current structures and funding arrangements. For CPW as a national representative body, negotiation with 22 LHBs has at times been inevitably complicated and frustrating and has regularly resulted in postcode commissioning, variable support to patients and lack of many potential community pharmacy services in most parts of Wales.

Under the new arrangements CPW would wish to see:

- 1) The proposed National Board taking on responsibility for the full integration of community pharmacy into the primary care team of the NHS in Wales and for the management and strategic development of the Community Pharmacy Contractual Framework.
- 2) A strengthening of the processes, by which community pharmacy services are agreed, specified and priced. CPW believe that core pharmacy enhanced services should be specified and priced at a national level. Improving the existing minimal National Enhanced Services agreements will enable significant improvements in the consistency of delivery and remove many of the existing inequalities of provision.
- 3) The new LHBs to be in a position to continue to develop new and innovative community pharmacy services that meet the needs of their local populations. This facility should be linked to a clear pathway by which successful and innovative local community pharmacy services can be developed into national services.

**Q: Should that National Board be a Special Health Authority, an arm of the Welsh Assembly Government, or an Advisory Board?**

A: CPW believe that the National Board needs to be established in such a way that there are clear lines of accountability and that decisions are properly informed by a broad group of experienced practitioners and clinical experts from within all of the appropriate disciplines. Out of the three options provided in the consultation CPW believe that the Strategic Health Authority option would probably best meet these criteria.

**Q: How can we best ensure that the governance arrangements of the new bodies ensure that the views of local populations might be reflected appropriately, and make the voice of the user heard in the National Board deliberations and decision making?**

A: From a community pharmacy perspective CPW feel that this can be best achieved as follows:

- At a local level there needs to be a mechanism established to ensure that local service providers, and local service users, have an opportunity to provide advice to, and exert influence on, the decision makers within the LHB or relevant commissioning body. At a local level CPW would wish to see a local representative of currently practising community pharmacy contractors in a position to provide this advice and influence.
- In relation to the National Board, CPW believe that advice should be provided by a properly constituted and fully representative Pharmacy Professional Advisory Committee. This would include membership of CPW in its capacity as the community pharmacy representative body in Wales.

**Q: Do you agree with the proposal to reduce the number of LHBs in Wales from twenty-two to eight?**

A: CPW warmly welcomes the reduction in the number of LHBs in Wales from twenty-two. In addition CPW believe that the new LHBs should have greater accountability for the implementation of national policy than has been the case to date.

**Q: Should responsibility for managing community services be transferred from NHS Trusts to the LHBs?**

A: The very nature of the work carried out by people who provide community services, such as District Nurses and Midwives, means that they will regularly need to straddle the interface between secondary care and primary care services. However CPW believe that services which are primarily delivered in the community setting, as opposed to a hospital setting, should be managed by those that have accountability for community services; namely the LHBs. CPW also believe that; movement of responsibility for the management of community services from NHS Trusts to LHBs has the potential to facilitate closer working relationships between community service providers and local primary care practitioners, including community pharmacies.

**Q: Should the current 'stakeholder' model of LHB board continue in the future?**

A: CPW believe that the current stakeholder model has resulted in greater local input and commitment to the decisions taken by LHBs. CPW have also come to recognise that the current model of stakeholder engagement does not always deliver as well as it could do. We believe this is as a result of three key issues:

- 1) **The role of the stakeholders:** Currently a local community pharmacist has a position by right on the LHB Board and should therefore be able to represent the local community pharmacy stakeholders. However this ability is neutralised when it is realised that their statutory role is only to contribute their individual professional expertise and not also to represent the local community pharmacy stakeholders.
- 2) **The balance of stakeholder representation:** Currently the balance of stakeholders is such that, a group with a higher number of representatives can drown out a group of stakeholders with only a single representative. As a result this larger group has undue influence on the decisions of the LHB. The stakeholder support to the new LHBs needs to be constructed such that representation is equitable.
- 3) **The nature of the stakeholder representation:** Despite the fact that the vast majority of pharmacy services in the community are delivered by community pharmacists, there is currently no requirement that the holder of a senior pharmacy post in an LHB is a community pharmacy practitioner or that they have had experience of delivering community pharmacy services.

**Current community pharmacy experience should be an essential requirement of any representative of community pharmacy on an LHB if the Welsh Assembly Government's community pharmacy contract is to be delivered effectively in the future.**

Experience shows clearly that where there has been the appointment of a senior pharmacist with community pharmacy experience and knowledge in any of the existing LHBs, that this has resulted in the delivery of a larger number of community pharmacy enhanced services and good working relationships with the local contractors. This also results in more accessible healthcare in the high street, reducing pressure in GPs surgeries for the overlap services that can also be handled by community pharmacists, so enabling GPs to focus on the more acute and specialist local needs.

Community pharmacy is currently represented at a local level through regional committees of CPW. To date these are often not engaged, or even informed, when policy decisions are being taken that directly affect community pharmacy in the area. In order to ensure fair and effective engagement, the new bodies must have a requirement to consult with CPW when any consideration is being given to matters that directly affect community pharmacy in their area. .

CPW would wish to see some level of local stakeholder involvement retained provided the above essential issues are addressed.

**Q: Should we move to a different pattern, with smaller 'Executive Boards' accountable to a wider stakeholder community?**

A: CPW believe that the management of Local Health Boards through a smaller executive committee would have benefits both in terms of delivery timescales and in terms of a focussed and more strategic approach to the delivery of NHS Wales's priorities at a local level.

If WAG decides to adopt this approach then CPW believe that it is essential that the executive team are supported by a stakeholder group that is in a position to provide expert advice and support to the executive board.

**The priority for CPW, whatever management model is agreed upon, is to ensure that community pharmacy is provided with effective and equitable representation on the LHB Board. To this end, we would want to remain in touch with the current reorganisation as it develops in order to review how this involvement of community pharmacy at relevant decision-making level is maintained and enhanced.**

**The current situation where the Boards have a Medical Director and a Nurse Director without an equivalent Pharmacy Director is inequitable and must be addressed when the new LHB, and other NHS, management structures are agreed. The current bias towards secondary care representation over primary care representation needs to be reversed if WAG policies are to have a chance of successful implementation. 90% of patient contacts with the NHS are with primary care not secondary care.**

As modern medicines remain the backbone of NHS support to patients, the issues around Medicines Management and the integration and development of community pharmacy services are critical to the future delivery of effective patient care in the community. **It is therefore essential that community pharmacy is effectively and equitably represented on any National Board.**

## **Considerations omitted from the Consultation document**

### **Unnecessary duplication**

There are clear opportunities to streamline the accounting and administrative support to community pharmacy contractors in Wales. Currently community pharmacy contractors in Wales are required to provide documentation to:

- 22 LHBs,
- 3 Business Services Centres
- Health Solutions Wales.

These over-complicated arrangements often result in confusion, delayed payments to contractors and less than optimal information flow. There is also additional government cost incurred in these overlapping arrangements which could be better spent on the delivery of community pharmacy services on the ground.

The consultation document does not make any suggestions about changes in these arrangements. It would be a lost opportunity if the proposed changes in LHBs did not go in parallel with simplification of the accounting and administrative supports to community pharmacy contractors.

### **Liaison with social services**

It would also be a lost opportunity if as part of the current reorganisation the opportunity was not taken to incorporate better liaison between primary care services and social services at local level.

### **Liaison with National Public Health Service**

The public health services in Wales currently have little or no responsibility for the delivery of local services. Evidence from elsewhere, including Scotland, shows that where the public health service and the community pharmacy network work closely together within contractual agreements, such as on smoking cessation, sexual health and immunisation, then there are significant overall benefits to health of the target population. This reorganisation provides the opportunity to review the role of the public health service and its relationship with primary care. Consideration and development of the role that community pharmacy can play in delivering public health services should form a key part of their future remit.

## **Part 3: Conclusion**

In conclusion: CPW is generally supportive of the recommendations in the consultation and recognises this as an important opportunity to improve on some of the inherent weaknesses in the current arrangements.

Community pharmacy in Wales remains, despite acknowledgement by the Welsh Assembly Government that the network is underutilised, outside of key policy developments and with no national strategy to integrate and develop the network.

CPW urges the Welsh Assembly Government to use the mechanism of this consultation to:

- 1) Adopt a strategic approach to the integration of the community pharmacy network and to move the responsibility for the development of the community pharmacy contractual framework from LHBs to the National Health Service Board for Wales.
- 2) Strengthen the process by which community pharmacy services provided to the people of Wales are nationally agreed, nationally specified and nationally priced to support improved consistency of delivery and to remove some of the existing inequality in provision.
- 3) Ensure effective and equitable representation of community pharmacy within the management structures of the new Local Health Boards.

Finally, while CPW welcomes many of the proposed changes as necessary to progress in delivery of better healthcare in Wales, we are also aware that the delivery of healthcare services will be in partial abeyance while the changes are implemented. We therefore urge the government to make immediate arrangements for a period of central commissioning of community pharmacy services that were being negotiated with LHBs and have now been frozen.

CPW is content for this response to be made public.