REMEDIES FOR SUCCESS
A Strategy for Pharmacy in Wales

a consultation document
Remedies for Success:

A Strategy for Pharmacy in Wales
We would like to publish the responses received. Please let us know if you want part or all of your response to be treated in confidence.

A “pull out” framework to assist respondents has been included in the centre of the document.

This section should be completed and returned by post or e-mail.

Please send your comments by Tuesday, 31 December 2002 to:

Rob Heaton-Jones
Health and Well-Being Strategy and Planning Team
Welsh Assembly Government
Cathays Park
Cardiff
CF10 3NQ

E-mail: rob.heaton-jones@wales.gsi.gov.uk

Further copies of this document can be obtained from:

Health and Well-Being Strategy and Planning Team
Welsh Assembly Government
Cathays Park
Cardiff
CF10 3NQ
Tel: 029 20801414

E-mail: suzanne.parfitt@wales.gsi.gov.uk
Foreword

I am pleased to present this strategy for consultation.

This is an important time for NHS Wales, which must now face up to the wide ranging challenges set out in 'Improving Health in Wales' and in the Primary Care Strategy. We must also ensure that the pace and breadth of change are sustainable. We have many competing demands for resources but the purpose of this strategy is to enable us, along with all the other development needs, to scope and programme the work we need to do to achieve our aims.

The focus of the strategy is on the pharmaceutical needs of the individual and how these can be met over the next ten years.

The strategy aims to ensure that Wales offers an attractive and challenging environment to enable the profession to fulfil its potential and deliver high quality pharmaceutical services to the population of Wales.

The skills, experience, and dedication of the pharmacy workforce are, and will remain, the essential pool upon which we will need to draw in the future. Your comments about the proposals contained within this document are, therefore, vital to determining the future shape of pharmacy in Wales. We also seek the views of users of pharmacy services and those professionals from the wider fields of health and social care. Please distribute this document widely and encourage others to comment likewise.

Jane Hutt

JANE HUTT AM
Minister for Health and Social Services
## CONTENTS

1. **A VISION FOR THE FUTURE**  
   - Introduction  
   - What Do Pharmacists Do Now?  
   - What needs to change?  
   - Improving Access to Pharmacy Services  
   - Harnessing New Technologies  
   - New Models of Service Delivery  
   - A Partnership between the Profession and the People of Wales  

2. **RE-DESIGNING SERVICES FOR PATIENTS**  
   - Introduction  
   - What Do Pharmacists Do Now?  
   - What needs to change?  
   - Improving Access to Pharmacy Services  
   - Harnessing New Technologies  
   - New Models of Service Delivery  
   - A Partnership between the Profession and the People of Wales  

3. **CONTINUOUSLY IMPROVING QUALITY**  
   - Introduction  
   - What Needs to Change?  
   - Resources and Structures  
   - Staff  
   - Safety of Medicines  
   - Research and Development  

4. **MAKING THE BEST USE OF RESOURCES**  
   - Introduction  
   - What Needs to Change?  
   - Pharmacy Policy Development in Wales  
   - Getting Value for Money from Medicines  
   - Roles and Responsibilities within Pharmacy  
   - Attracting and Retaining Staff  
   - Buildings and Equipment  

5. **MAKING IT HAPPEN**  

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>15</td>
</tr>
<tr>
<td>What Needs to Change?</td>
<td>15</td>
</tr>
<tr>
<td>Resources and Structures</td>
<td>16</td>
</tr>
<tr>
<td>Staff</td>
<td>17</td>
</tr>
<tr>
<td>Safety of Medicines</td>
<td>19</td>
</tr>
<tr>
<td>Research and Development</td>
<td>20</td>
</tr>
<tr>
<td>Introduction</td>
<td>22</td>
</tr>
<tr>
<td>What Needs to Change?</td>
<td>22</td>
</tr>
<tr>
<td>Pharmacy Policy Development in Wales</td>
<td>23</td>
</tr>
<tr>
<td>Getting Value for Money from Medicines</td>
<td>24</td>
</tr>
<tr>
<td>Roles and Responsibilities within Pharmacy</td>
<td>25</td>
</tr>
<tr>
<td>Attracting and Retaining Staff</td>
<td>27</td>
</tr>
<tr>
<td>Buildings and Equipment</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. A VISION FOR THE FUTURE

Introduction

This document is the starting point of a consultation process to develop an integrated strategy for Pharmaceutical Services in Wales to support the implementation of the NHS plan for Wales (1). It is intended to embrace all the branches of the profession that make up the pharmacy family. It is a high-level document that over-arches and complements the other important strategic work that is underway in Primary Care and Secondary Care.

The focus of the strategy is upon meeting the pharmaceutical needs of the individual through both pharmaceutical and multidisciplinary roles over the next ten years. Every element is designed to improve the service which the patient receives.

The strategy will also ensure that Wales offers an attractive and challenging environment to enable the profession to fulfill its potential and deliver high quality pharmaceutical services to the population of Wales.

Vision for the Future

This is an historic moment for the NHS in Wales. For the first time, Wales has the constitutional freedom to shape its own NHS; and significant new resources with which to do it. There has never been a better opportunity, therefore, to create the NHS which the people of Wales deserve - one which supports people's health, offers fast and convenient care, available when required, tailored to individual needs, and delivered to a consistently high standard. (2)

Pharmacy must play its part in helping to realise this vision. Medicines are a vital part of modern healthcare, capable of relieving human suffering and improving the quality of people's lives, way beyond the expectations of the generation that created the NHS. However, such medicines have to be used carefully if they are to deliver their full potential; they have to be matched to individual needs; and they have to be used efficiently if they are to be afforded. Pharmacists and their staff are the NHS's experts on medicines and their use, and will assist at each stage in the process of medicines management.

This strategy, therefore, is based on a simple vision of the future:

Working with others, pharmacy will use its expertise to help people

- maintain their health
- manage common ailments
- make the best use of prescribed medicines, and
- manage long-term medication needs

by providing a service which is easily accessible to all, tailored to individual needs, efficient, co-ordinated with other professionals, and of a quality at least equal to the best in the UK.
To achieve this ambitious vision, action is required on three broad fronts:

**Re-designing Services for Patients (see Section 2)**

Pharmacists must form a bridge between high technology medicine and individual human need. To do this, many aspects of service provision need to be re-designed.

Each patient will be treated as an individual, with unique circumstances, needs and preferences. People will – quite rightly – expect far more of their NHS over the coming years. They are entitled to expect services that fit in with their lives, and care that is co-ordinated and of guaranteed high quality throughout.

People are also entitled to expect the best of available technology. During the period of this plan, technology will continue to surge forward. Medicines will improve, as will our ability to identify individual needs. Part of the purpose of this plan is to ensure that we make the best use of what new technologies will offer, and better support people looking after themselves.

**Continuously Improving Quality (see Section 3)**

High quality services do not just happen – they have to be designed, managed, monitored, and continuously reviewed. The NHS now puts considerable resources into each of these activities, and pharmacy must ensure that it adopts best practice in all areas.

Adequate structures must be in place to ensure that quality is delivered. The best staff must be attracted to Wales and retained here to provide the service. We must monitor the use of medicines carefully, and spot hazards early. Finally, we need to invest in properly targeted and coordinated research and development, to ensure that the service is always moving forward.

**Making the Best Use of Resources (see Section 4)**

Even though more is now spent on the NHS than ever before, resources are not unlimited. Medicines are expensive, and must be used responsibly. Staff are a vital resource, and everyone must be able to use their expertise to maximum effect. Professionals need good buildings and equipment to do their jobs.

Making the best use of resources is also a never-ending task – it is always possible to do things more efficiently. Continuing attention will be paid to this aspect of the service.

Pharmacy has much to contribute to the NHS and the people of Wales. Some radical change is now required to realise its full potential, and to ensure that at the end of the period of this Strategy, Wales has a pharmacy service at least the equal of anywhere in the UK.
2. RE-DESIGNING SERVICES FOR PATIENTS

Key objectives

• To ensure that everyone in Wales can easily obtain high-quality information and support on all medication issues, and supplies of medicines as necessary
• To make services more accessible and convenient
• To harness new technologies
• To develop new models of care to meet people’s needs more effectively
• To strengthen the partnership between pharmacists and patients

What this will mean for patients

• Greater benefit from their medicines
• Access to more convenient services
• New services available locally
• Better use of pharmacy services

Introduction

Most health services tend to be the product of their history – of marginal changes, made to accommodate new developments over the years. Devolution offers the NHS in Wales a new opportunity – to look afresh at services, to ‘re-design’ them where necessary, and to ensure that all elements are geared to meeting patient’s needs and wishes.

What Do Pharmacists Do Now?

Pharmacists are the NHS’s main experts on medicines and their use, in hospitals and the community. Working closely with their colleagues in other NHS professions, they play a central role in five main activities:

• promoting and supporting healthy lifestyles – helping to keep people healthy by providing advice, screening and other services to help prevent ill-health;
• managing common ailments – helping people to look after themselves by supporting responsible self-medication, giving advice and reassurance, and referring people to other members of the healthcare team as appropriate;
• managing prescribed medicines – ensuring that patients gain the maximum benefit from their medication, at every stage in the chain, including procurement and supply of medicines, and providing information and support to patients
• **managing long-term conditions** – helping patients improve their health and wellbeing by providing them with the medicines they need, ensuring that they use them to best advantage, and helping to improve outcomes;

• **advising and supporting other healthcare professionals** – using their specialist knowledge of the clinical and technical aspects of medicines and their use, to support colleagues in local surgeries, outpatient departments and wards.

In hospitals, pharmacists are increasingly a core part of the healthcare team, working with patients and with other professionals. Pharmacists also provide specialist services in particular clinical areas, a specialist medicines information service, and expertise in quality issues.

In the community, they also work alongside other primary care professionals, but for the general public they are the ‘health professional on the High Street’, offering advice, support and practical help without the need for an appointment or any other formality. An estimated 350,000 people walk into a community pharmacy every day in Wales, for the range of added value services that are available in these outlets. This acceptability to the general public offers a huge opportunity to improve the health of the people of Wales.

### Pharmacy in Wales – some facts and figures

<table>
<thead>
<tr>
<th></th>
<th>98/99</th>
<th>99/00</th>
<th>00/01</th>
<th>01/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Pharmacies</td>
<td>708</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Pharmacists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>1292</td>
<td>353</td>
<td>586</td>
<td>2231</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>204</td>
<td>306</td>
<td>111 (ATO)</td>
<td>621</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Technicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98/99</td>
<td>204</td>
<td>306</td>
<td>111 (ATO)</td>
<td>621</td>
</tr>
<tr>
<td>99/00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00/01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Prescription items</td>
<td>40m</td>
<td>41m</td>
<td>43m</td>
<td>44.5m</td>
</tr>
<tr>
<td>Expenditure (Based on NIC)</td>
<td>348m</td>
<td>388m</td>
<td>411m</td>
<td>456m</td>
</tr>
<tr>
<td>Wastage estimated to be</td>
<td>15.6m p.a.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What Needs to Change?

All of these areas of work are valuable, and will continue to be so throughout the period of this Strategy and beyond.

But within each there is scope to do more, and to do better. This section sets out how, from the patient’s point of view, the Strategy will ensure that:

• information and support on all medication issues will be more readily available, with easy access to new supplies of medication as required;

• new and emerging technologies will be harnessed to make services more accessible and convenient;

• new ways of providing services will be developed to meet people’s needs more effectively;

• the ‘partnership’ between the pharmacist and the patient will be strengthened.
Improving Access to Pharmacy Services

The importance of the community pharmacy network

Patients appreciate the easy accessibility of community pharmacies as a source of information, advice, and support, as well as supply of medicines. This role will continue to be vital for the foreseeable future. The majority of patients will want the assurance of receiving services from a community pharmacy they know and trust. This bond of trust and accountability is a successful feature of community pharmacy, and the Welsh Assembly Government supports it.

It is estimated that an average pharmacy might be expected to have approximately:

- 1000 people with chronic disease such as asthma, diabetes and hypertension
- 750 older people and 500 carers (carers are high users of pharmacies)
- 200 people with physical or mental disabilities
- 300 under 5s
- 50 pregnant women
- 6 people with major psychiatric illness
- 6 drug mis-users
- at least 2 people with AIDS or HIV

In the future, it is likely that technological and supply chain changes will allow services to develop ‘direct to the patient’ – missing out the community pharmacy. While this will be a welcome development for some patients, for the majority it will be important to ensure that all communities continue to be able to access a local network of community pharmacy premises. Such a network plays a vital part in maintaining healthy communities (see box). It also has the potential to make services available to groups within the population who, for a variety of reasons, do not always access the services they need – for example, homeless people, and asylum seekers.

Research has demonstrated that in small communities, three core businesses make the difference between a viable business community and one that fails. The three businesses identified were a health centre, a pharmacy, and a source of cash (most often provided by a post office). Where these three outlets were present, local business communities were stable and growing. If any were absent, the business community would decline, with an associated reduction in health and wellbeing for local people as access to local fresh foods and services also declines. ‘Improving Shopping Access for People Living in Deprived Neighbourhoods’(3).

The community pharmacy is therefore an integral part of healthcare provision in Wales, and also has important wider social functions. Different considerations arise in the different communities of Wales; there is also a variety of economic, demographic and other factors which will influence future requirements. It is important, therefore that a thorough review of the future of community pharmacy be now undertaken in Wales, addressing the various functions which it performs, to ensure that the community pharmacy network continues to meet the requirements of the people of Wales.
The review will involve both health service interests (including pharmacy) and other ‘stakeholders’ from rural communities, socially excluded groups, and others, in order to maximise the ‘social’ benefit of Wales’ community pharmacy network. It will draw upon the stock-take of innovative practice currently being conducted by the Royal Pharmaceutical Society of Great Britain (RPSGB) in Wales.

It will address *inter alia* the following issues:

- compiling an accurate ‘map’ of current services, including the distribution of community pharmacy outlets in relation to population need;
- specifying service and other standards;
- exploring the potential for differentiation between community pharmacies – for example in relation to the provision of specialist services or expertise for particular patient groups;
- improving integration between community pharmacy and the rest of primary and secondary healthcare;
- making recommendations on the future distribution of community pharmacies;
- developing effective levers for bringing about change;
- developing a vision statement for the future of community pharmacy.

**Action**

1. The Welsh Assembly Government should establish a wide-ranging and inclusive review of the future role, organisation and nature of community pharmacy in Wales.

**Twenty-four hour access**

Patients’ requirements for advice and support do not end when most people finish work for the day. Increasingly, people expect to be able to access services whenever they need them; and pharmaceutical services, too, must be available when they are needed.

Appropriate emergency pharmaceutical care should be available in every locality in Wales, 24 hours a day. This could be provided either by community or hospital pharmacy services, as appropriate. To ensure that the provision is used appropriately, it should be accessed via general NHS emergency provision - NHS Direct and ePharmacy (see below) are likely to be key elements in this. An appropriate range of medication should also be available for supply whenever required – for example, medicines needed for palliative care that could be kept by nominated Pharmacies.

Arrangements for out-of-hours services will be agreed locally, to meet local needs. This will be informed by an appraisal of out-of-hours requirements, to be conducted by the Assembly Government.
Harnessing New Technologies

Information technology

The ambitious goals of ‘Better Information: Better Health’ (4), the IM&T strategy for Wales will accelerate access to IT for pharmacists. ‘Informing Healthcare’ (5) will ensure integration of pharmacy into the NHS Family and facilitate access to the single electronic patient record.

Electronic Generation and Transmission of Prescriptions

The introduction of electronic systems will improve patient care. This will occur through the use of decision-support software to assist rational prescribing and the reduction of medication errors. It will facilitate better communication between professionals and enhance patient choice and convenience. In order to facilitate the introduction of electronic prescribing and transmission of prescriptions, a common code for medicines will be required. The Medusa Project has been commissioned by the Welsh Assembly Government to deliver this objective.

The Welsh Assembly Government has undertaken a scoping exercise to examine the potential for prescriptions to be generated by prescribers, transmitted for dispensing and the appropriate information to be available for payment of pharmaceutical services to take place within an electronic environment. This will become a reality within the lifetime of this strategy. To facilitate this it is a requirement that all pharmacists working in, or for, the NHS in Wales must have access to the NHS Wales intranet by 2004. Electronic systems will provide an audit trail and ensure probity (for example, the validation of exemption status could happen automatically).

Internet

Patients who use the internet have access to unregulated information on health issues and medicines. It is vitally important that all pharmacists are able to critically appraise this information for the benefit of their patients. It would also be useful for pharmacists to have access to the wider internet to enable this to be done from the workplace.
Electronic Information

With the use of appropriate information technology, it should be possible for all pharmacists to access a wide variety of information systems in support of their patient care. In this way, it will be possible to build community pharmacies into resource outposts for the specialist services in Wales, supported by staff in NHS Trusts and at the All Wales Centres. The work of the All Wales Medicines Strategy Group and the Welsh Medicines Partnership would also be directly accessible. (Appendix 4), and urgent pharmaceutical and public health information could also be distributed quickly through this medium.

Electronic information systems will also allow for some of the standard legal texts and forms, which are sent to and received from community pharmacists, to be sent electronically or completed online. There are also significant efficiency gains to be made by not having to distribute the Drug Tariff and the British National Formulary (BNF) in paper format.

Allowing pharmacists to send to and receive information from the Welsh Assembly Government, its agencies and Local Health Boards will allow those bodies to provide patients and other professionals with accurate and up to date information about services from pharmacists.

Action

7. The Welsh Committee for the Professional Development of Pharmacy to ensure that adequate training in critical appraisal skills is available to pharmacists in Wales.

Action

8. The electronic information requirements of pharmacy will be reviewed in the light of the implementation of 'Informing Healthcare', significant additional resources will be required in this area.

eLearning

There is also the potential for pharmacists to receive training via CD-ROM based software, the NHS Wales Intranet and the wider Internet – and for this training to be validated online. The Welsh Assembly Government will explore with the professional bodies ways in which the services of the Welsh Centre for Postgraduate Pharmaceutical Education (WCPPE) and other providers can be accessed via the NHS Wales Intranet and the wider Internet.

Action

9 Welsh Committee for the Professional Development of Pharmacy to explore with the Royal Pharmaceutical Society for Great Britain (RPSGB) and education providers opportunities to exploit eLearning.
Information technology

Process validation

Technological advances during the period of this Strategy will include the growth in automated dispensing, as the cost of this technology reduces and the range of patient packs increases. The first community pharmacy to install robotic technology will be commissioned in the UK soon; significant numbers of hospital pharmacies will also be aiming to adopt this technology.

There are opportunities, where automated dispensing is not practicable, for computer technology to enhance the technical aspects of the supply process using barcode technology and computer driven Standard Operating Procedures (SOPs). In this way the roles of technical support staff can be extended. The Welsh Assembly Government will issue guidance to facilitate the introduction of original pack dispensing which is a prerequisite for the application of these technologies.

Also, the use of pharmacy-based decision support systems could enhance the quality and recordability of advice, pharmacist prescribing and supplies made to patients - either for prescribed medicines or those bought over the counter. There is potential for a link between NHS Direct and pharmacies so that the latter can act as NHS Direct Information outposts for people who do not have access to digital television or the internet, and for whom the use of the phone is either not convenient or an ordeal. This allows for a common approach to advice and information from pharmacies and NHS Direct. It also allows access to NHS Direct information by disadvantaged people and those living in our poorest communities.

Action

10. Welsh Assembly Government to issue guidance to facilitate the introduction of original pack dispensing in 2002.

11. Welsh Assembly Government with Community Pharmacy Wales (CPW) and hospital pharmacy services to explore potential links with NHS Direct.

ePharmacy

The modernisation of the traditional models of supply, including the emergence of e-Pharmacy, will have considerable impact over the next ten years. This is likely to be particularly significant in the arena of repeat dispensing.

For many years, however, it is likely that only a small number of people in Wales will routinely use electronic means to obtain their pharmaceutical services. Large numbers of people – including a high proportion of those who make most use of the NHS - will not have access to appropriate IT, or will prefer face-to-face contact. Most people will probably still require local access for urgent prescription supplies and over the counter medicines from local pharmacy outlets, although the focus of the pharmaceutical service may be more clinically-orientated rather than supply-based. The financial framework to deliver this will naturally be subject to considerable remodelling and negotiation. The profession must be able to respond and grasp these opportunities as and when they arise.
Developing new models within Pharmacy

New and innovative ways of coordinating and deploying the complex resources of 21st century healthcare are required if patients - and society generally – are to derive the maximum benefit from the NHS. For pharmacy, this requires a systematic appraisal both of its own services, and also those provided in partnership with other professionals. It also requires experimentation with new models.

The use of the Local Pharmaceutical Services pilots will be one way of achieving this experimentation. Other opportunities must also be seized, such as consortia of professionals, the development of Therapeutic Teams to manage certain conditions across all sectors, and Primary Care Resource Centres.

Overall, a considerable investment of pharmacists’ time is required, working with others at the local level, and in conjunction with the Welsh Assembly Government. Local circumstances will set the requirements for new service models; but local innovation must also draw on experience elsewhere. At the national level, particular consideration will be given to the need for financial incentives to stimulate and sustain local change.

Developing new multi-professional services

In addition to addressing issues within pharmacy, the profession must also develop new ways of working with other healthcare professions. The potential exists for the development of services on a multi-professional basis, focussed on the complementary skills and competencies of individual professionals to maximise patient benefit.

Examples of this team approach include diabetes, asthma, cardiac rehabilitation, palliative care, nutritional support and substance misuse (see box). This concept could be extended to other therapeutic areas crossing organisational boundaries as well as professional interfaces such as asthma care, diabetes, coronary heart disease and mental health. These developments will include social care professionals alongside those from the healthcare sector as the collaboration between these groups increases.
Case Study 1

Improved medicines management for people with diabetes

Aim

To improve the long-term use of medicines by people with diabetes. The problem is significant: one in five people with Type 2 diabetes forget to take their medicines at least once a week; one third do not take their tablets correctly in relation to food; as many as 80% of patients with either type of diabetes fail to obtain enough testing strips to test their glucose even once a day.

Description

There is a wide variety of initiatives involving community pharmacists across the country, including:

- The routine monitoring of blood glucose and blood pressure levels in the pharmacy, with referral where required according to local guidelines.

- Referral by the hospital diabetes nurse specialists to community pharmacists for patients who are using a blood glucose meter for the first time, helping to solve practical problems for patients and carers.

- Community pharmacists monitoring patients for side effects, compliance and injecting problems, allowing early referral for complications such as foot problems.

- Community pharmacists lending patients blood glucose monitors, teaching their use, discussing lifestyle and medication and agreeing to target blood glucose range. Patients return to the pharmacy every four weeks and the information from their meter is downloaded to identify trends. Treatment – diet, insulin, oral hypoglycaemics – is amended by the pharmacist according to an agreed supplementary prescribing protocol. Results are also downloaded to the GP clinical computer system, together with any treatment amendments.

Case Study 2

Improved medicines use in sheltered housing schemes

Aim

To provide advice on medication for older people living in sheltered housing and elsewhere in the community.

Description

Community pharmacists worked with four sheltered housing schemes to provide older people with advice on their medicines in their own homes.

Outcomes

A variety of issues were identified, including patients being confused by complex medication regimes (different medicines to be taken in different amounts, at different times of day), difficulty dividing tablets, wrong dosages and medicines prescribed, and medicines being hoarded past their ‘use by’ date. In one case, an audit by the community pharmacist resulted in the patient’s prescription list being halved by the use of a simple monthly system for repeat ordering, with time savings for the GP and practice staff. Joint GP/pharmacist medication reviews were found to be particularly effective in improving medicines management.
Pharmacy and medicines management

The role of the pharmacy workforce in the medicines management process is central to the future of the provision of pharmaceutical care for the people of Wales. The definition of Medicines Management used by the Audit Commission in its report ‘A Spoonful of Sugar’ (6) describes the process:

“Encompasses the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care”

It is essential that the potential of the pharmacy workforce is realised in the delivery of this concept. One major area for development in Wales is the extension of the involvement of pharmacists in medication review, particularly in primary care. This model has been pioneered elsewhere, and has delivered significant improvements to the care of the patient, as well as reductions in the cost of medicines.

Action

13. The Welsh Assembly Government will work with Pharmacy’s representative bodies to identify and remove the barriers to service innovation, and to stimulate the development of new models of service delivery.

14. Local Health Boards (LHBs) and local interests will be encouraged to apply best practice in pharmacy service delivery, and to experiment with new models as appropriate, including ways of better incorporating community pharmacy expertise into the work of the wider primary healthcare team.

15. An original pack dispensing implementation plan should be developed and should include standardisation to 28 days supply.

16. Welsh Assembly Government should open discussions with the Wales Industry Group to address those therapies where dose titration or short courses are required to ensure appropriate packs are available.

Services for patients with special pharmaceutical needs

There are groups of patients for whom the move to original pack dispensing and automated systems will present particular difficulties. These include patients requiring daily installment dispensing, monitored dosage systems, extemporaneous preparations, and aseptically dispensed medicines. In addition, patients in a wide variety of care settings should also have access to a full medicines management service.

Action

17. The facilities and staff to accommodate services for patients with special pharmaceutical needs must be included in the future design of premises where appropriate.

18. Medicines management services should be developed to care settings.
Developing pharmaceutical clinical networks

The concept of clinical networks for medical and surgical specialties are now well accepted, providing a critical mass and skills base to facilitate the requirements of clinical governance and ensure appropriate standards of practice. The development of pharmaceutical clinical networks will enable the benefits of collaborative working and shared expertise to be realised for pharmacy. Such networks can often be established ‘virtually’ using electronic means.

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Pharmaceutical Clinical Networks should be established.</td>
</tr>
</tbody>
</table>

Pharmaceutical Public Health

Of key importance for the future of health and wellbeing in Wales is the nurturing and development of the public health function, and the enhancement of the public health role of all professionals. Pharmacists have always worked to improve, protect and promote health and are well placed to make a contribution to the wider public health agenda. Pharmacy occupies a unique position in the health community through its daily contact with the general public. Pharmacy also has a major role to play in protecting the public from the negative effects of therapeutic interventions and communicating any associated risks to the public and health and social care professionals alike.

The role of the specialist in pharmaceutical public health is an emerging one with the potential to significantly improve the health of the population. Specialists are already helping to shape the future direction of health services in Wales and it is envisaged that specialists in pharmaceutical public health will form part of the new National Public Health Service. Their role will focus on patients, medicines and health in six key areas: Prescribing, Self care, Surveillance, Policy, and Education and Training, and Research.

In order to contribute effectively such specialists require a unique blend of skills and experience which is likely to impact on training needs and the requirement for continuing professional development. The pharmaceutical public health service will need to be adaptable to change and responsive to new challenges; it must be clear about its function and resilient.

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. The Welsh Assembly Government will develop the role of pharmacy in the delivery of public health.</td>
</tr>
<tr>
<td>21. All NHS Trusts, Local Health Boards and Local Authorities will need to have access to a pharmaceutical public health service.</td>
</tr>
</tbody>
</table>

Supply Chain

Managing the supply chain for pharmaceuticals has been brought sharply in to focus by the recent high profile shortages that occurred during 2001. The capacity of the NHS to respond has been the subject of a National Review undertaken by OXERA (7). The results of this review will inform the debate on the future of NHS manufacturing facilities, including those in Wales.
A Partnership between the Profession and the People of Wales

Pharmacists’ success depends upon working in partnership with patients and the public. On an individual patient level, the use of a contract between the pharmacist and the individual has proved successful in achieving positive outcomes and should be encouraged. Excellent examples of this success exist in Wales, such as the Neyland Lifestyle Clinics project.

On a broader level, there should be a better understanding of the ways in which pharmacy can support good health and improve poor health. Community Pharmacy also plays an important role to signpost other local health and social services. It is vital that the Welsh Assembly Government through the Local Health Boards ensures that pharmacy is fully included in the provision of information about the range of services provided locally. This should be linked to the information provided through NHS Direct to ensure consistency and accuracy of this for the public.

To facilitate better understanding between people and the service, the Welsh Assembly Government will encourage the formation of a public pharmacy forum.

**Action**

22. The use of a contract between the pharmacist and the individual to support the public health role should be encouraged.

23. Facilitate the establishment of a Pharmacy Public Forum.
3. CONTINUOUSLY IMPROVING QUALITY

Key objectives

• To ensure that the pharmacy service of the future is adequately resourced and structured to meet changing clinical needs
• To ensure that pharmacy contributes fully to new service developments
• To ensure that pharmacists are properly prepared for changing service needs
• To minimise the risks associated with medicines’ usage

What this will mean for patients

• Uniformly high standards of service, which they can rely upon
• Full access to pharmacy expertise, as required
• Greater safety in the use of medicines

Introduction

In recent years, there has been a growing recognition that quality services do not just happen by accident – they require continuous attention to standard-setting, monitoring and investment in improvement, at all levels of the service. Pharmacy has a long history of achievement in quality assurance, but like the rest of the NHS, it must continue to strive for excellence. Patients are entitled to receive the best of pharmaceutical care wherever they use the NHS, which means uniformly high standards, a full range of services, and confidence that the powerful medicines they receive are as safe as possible.

What Needs to Change?

Pharmacy in Wales must continue to manage all aspects of quality assurance. Four key areas are addressed below:

• Ensuring that the pharmacy service of the future is properly resourced and structured to meet the demands placed upon it;
• Ensuring that pharmacy contributes fully to all new service developments;
• Ensuring that pharmacists and their staff are properly prepared for practice;
• Improving the safety of medicines.
Resources and Structures

Clinical Governance

The concept of clinical governance was introduced into the new NHS in Wales in the document ‘Quality Care and Clinical Excellence’ (8). The impact of this upon pharmacy services has been variable. Pharmacy has always adopted a regularised approach to service delivery through the use of Standard Operating Procedures (SOPs), Good Manufacturing Practice (GMP) and Quality Assurance for the technical disciplines that underpin pharmaceutical services. The concept is less well developed for the clinical aspects of the service. The use of clinical intervention monitoring and pharmaceutical audit through drug utilisation reviews have been the main approach to this prior to the invention of the concept of clinical governance. The clear independent monitoring of the quality of services in Wales will be the focus of the newly formed Commission for Healthcare Audit and Improvement announced in April 2002.

The development of the competency-based models of pre-registration training and more recently, the introduction of national vocational qualifications (NVQ) for technician and assistant training will further strengthen the demonstrable quality of pharmacy services.

There is no room for complacency as the continued pressure on the capacity of the service undermines the belief that good core training can be carried through in service delivery into perpetuity. The monitoring of dispensing errors clearly demonstrates that there are many opportunities to avoid serious patient harm. The development of a capacity planning tool for pharmacy services will be an important step in the delivery of safer pharmacy services in the future. This work is being undertaken on a project basis through the Welsh Chief Pharmacists Committee, and will also inform the matrix being developed by the Welsh Pharmacy Forum.

Action

24. A capacity planning tool for pharmacy services will need to be developed.

25. A clinical governance maturity matrix will be developed by October 2002.

Corporate Governance

The concept of corporate governance and probity are not new to the public sector. However, the focus upon clinical excellence has been in contrast to the effort previously applied to corporate matters. The result is a resurgence in the need to ensure that the clear accountabilities in this area are given equal prominence.

The key areas of Conduct of Business Practice and Health and Safety at Work (HSW) are vitally important if the standard of the service to the public is to be maintained. This is equally important for the protection and well being of employees.

The National Assembly has produced the Welsh Risk Management standards to ensure that NHS organisations are able to demonstrate that the highest possible standards are achieved and maintained. The extension of this concept to primary care would be desirable and similar risk management standards should be developed.
Performance management is a key element of the reform of the NHS. This enables the Assembly to ensure that the new investment delivers significant improvement. The details of this process are covered in the Assembly publication, ‘Getting Better: The Performance Improvement Framework for the NHS in Wales’ (9).

**Action**

26. Welsh Pharmacy Forum should examine the concept of Risk Management Standards and develop an appropriate set of standards for primary care.

**Pharmacy’s Contribution to New Services**

The National Service Frameworks (NSF) almost invariably contain elements of the use of medicines and interaction with pharmaceutical services. It is very important that the profession seeks active involvement in the development of each new NSF and the implementation plans of those already published.

Pharmacists can play a significant part in the monitoring and audit of these guidelines and frameworks provided there is an appropriate investment in staff and resources to enable this role to be fulfilled.

**Action**

27. There needs to be pharmacist involvement in the implementation of each NSF in Wales.

**Staff**

Meeting education and training needs of existing staff is an essential component in the delivery of a quality service. The demonstrable competence of those staff is also a key element in delivering clinical governance. This section identifies the action required to secure appropriate staff development for the future.

**Education and Training**

The commissioning of appropriate education and training for pharmacists and support staff in Wales will remain the role of the Welsh Committee for the Professional Development of Pharmacy. Accreditation of training provided will be essential to ensure consistency of delivery and achievement of demonstrable outcomes. Delivery methods for training must be creative and embrace new technologies making them flexible, modular and accessible.

In order to meet the growing demands of increasing training places for diploma pharmacists and pre-registration students and with the range of extended responsibilities such as prescribing rights there is a need for a robust training infrastructure. The model of a dedicated centrally funded post to facilitate the delivery and coordination of education and training has worked exceptionally well in the hospital sector. This model should be extended to increase the number of these posts across Wales and form stronger links to the primary care sector tutor network.

Development of the Doctorate in Pharmacy, the so called PharmD is likely to occur during the timeframe of this strategy. This may alter the pattern of education and training needs. There will be a greater need for specialised training as the complexity and focus of specific roles grows.
Continuing professional development (CPD)

The introduction of mandatory continuing professional development underlines the importance of appropriate investment to satisfy it. Staffing establishments must be expanded to account for the necessary protected time and job plans must reflect this. The resources to adequately meet these demands must be put in place quickly if Wales is not to lose staff to other more progressive parts of the UK.

Increasing complexity and specialisation of roles will drive the need for standardisation and accreditation to ensure consistency of delivery. Accreditation is occurring by stealth in some areas of practice for example through organisations such as the British Oncology Pharmacists Association (BOPA). The role of the Royal Pharmaceutical Society of Great Britain in the validation and re-validation of individuals will have an impact on the availability of staff across all sectors. The inclusion of technical staff in this process will evolve.

Competencies/Accreditation procedures must also be developed for specialists in pharmaceutical public health to meet the Faculty of Public Health standards.

Finally, it is important that the profession is properly equipped to develop and adapt to its changing environment. This requires the development of leaders from within the profession, in all areas of practice. A programme for management and leadership development will also be implemented.

Shaping the Pharmacists of tomorrow

Major changes to the undergraduate course will occur during the life of this strategy to ensure that the pharmacists produced in the future are fit for the roles that will be ahead of them. The important issues to be addressed include ensuring the curriculum is modified to meet the challenges that this strategy outlines in areas such as specialisation, management and leadership skills.
Attracting more students to the pharmacy course and ensuring they receive sufficient encouragement to stay in the profession once they complete their degree should be a priority. The undergraduate placements and the vocational posts will help to build strong links to employment in Wales for these students. This could be particularly important in generating interest in specialist areas such as quality control and aseptic services.

Providing incentives for qualified technicians to enroll on the degree course could attract a number of Welsh technicians who are already established in Wales to become pharmacists in Wales. This would raise the possibility of establishing the degree course on a part-time basis which would enable working technicians to undertake the course.

Each of the above measures is important. However, the scale of the shortage of pharmacists is such that the total number in training will also have to be increased if this Strategy is to be delivered. This need has already been recognised in part, with the proposed creation of two new Schools in the south-east of England. However, if Wales is to meet its own requirements for additional pharmacists it will need an expansion in its own undergraduate capacity. This has added relevance in relation to the need to train and recruit sufficient Welsh-speaking pharmacists. The Welsh Assembly Government will therefore give urgent consideration to addressing this issue.

### Safety of Medicines

The contribution made by pharmacists in ensuring the safety of medicines is well documented and understood. In particular in Wales the role of the pharmacist in the active delivery of pharmacovigilance has set the standard for the NHS as a whole. Adverse Drug Reaction (ADR) reporting by pharmacists provides an important extension to this vital activity in the post-marketing surveillance of pharmaceuticals. The long term follow up of patients to determine the impact of medicines on health is an aspect of this surveillance that could be further developed to assist in the determination of the benefit that is derived from the use of medication.

Medication error reporting has become an important part of the risk management process. The reduction of medication errors must be a key element of the prevention of harm to patients in Wales. This is strongly endorsed by the Audit Commission Report, ‘A Spoonful of Sugar’ (6). The creation of the national medication error reporting system in Wales is a unique development in the NHS. It will ensure the reduction of patient harm from medication errors by enabling the development of strategies to prevent common errors being repeated.

### Action

33. Welsh School of Pharmacy should engage in debate with the profession and the Welsh Assembly Government to shape the curriculum to meet the future needs of the service in Wales.

34. The adequacy of current undergraduate pharmacy provision in Wales to be reviewed in relation to the demands of the Strategy, and measures to increase that capacity appropriately considered.

35. The medication error reporting system used in hospitals will be extended to primary care and will be introduced in 2003.
Research and Development

Although valuable research and development work in pharmacy has been undertaken in Wales, it has been constrained by its uni-disciplinary focus, emphasis on the qualification needs of individuals, and a lack of coordination. There is a need now to provide a strategic direction for commissioning new work and steering the dissemination of that already completed.

Practice Research

The main reasons cited for failure to undertake research is that of service pressure and lack of funding. It would seem logical therefore that securing protected time and funding for pharmacists to participate would solve the problem.

This may not be the simple solution. Pharmacists need to be motivated and coordinated at a local level to create and nurture a culture of research and development. Perhaps de-mystifying the research element may be a way of encouraging participation. Many local projects form the basis of sound practice research now. Switching the focus to service development may be a way of achieving greater participation and enthusiasm. The creation of an individual post at a local focus to provide protected time within the service will help to drive local initiatives and service development.

The role of the All Wales Research and Development Pharmacist should be reviewed and strengthened to provide more active support to individual pharmacists. This should also include stronger collaboration and partnership with Schools of Pharmacy to ensure that research activity is focussed on common goals.

The creation of a Welsh pharmacy practice development unit may act as the catalyst to drive this issue forward. This may also provide the link between the more academic research to the valuable practice based work. This would also ensure collaboration occurs to ensure standards are maintained.

Dissemination, implementation and evaluation are very important in gaining maximum benefit from investment in research. Many of the initiatives highlighted in this strategy could be coordinated on an All Wales basis ensuring that lessons learned are quickly shared across the service to maximise the benefit to patients in Wales.

Funding

Access to Assembly funding for R&D needs to be made clearer with agreed outcomes and endpoints. This facilitates piloting practice developments and dissemination.

Ethics Committees

Pharmacist membership on All Wales Multi-centre Research Ethics Committee (Welsh MREC) and the local equivalent bodies (LRECs) should be actively encouraged to raise the profile of pharmacy in the broader field of health research.

Pharmacists are well equipped to provide critical appraisal and evaluation skills to the work of these committees.
Pharmaceutical Industry

There is scope for encouraging the Industry - through the Wales Industry Group - to invest in R&D in Wales, including pharmacy practice research in particular. One likely area of development is in running clinical trials in Wales, with the extension of the role of the pharmacist as a prescriber providing a new opportunity for pharmacist-led trials. The creation of a Welsh pharmacy-led practice research award might also act as an incentive to stimulate research in Wales.

Action

36. The Welsh Assembly Government should consider the establishment of a pharmacy practice development unit in Wales.

37. The Welsh Assembly Government should examine the current extent of practice to determine areas for further research in Wales.

38. Wales Industry Group will consider the development of a Welsh Pharmacy Practice Research Award and other measures to foster joint research activity.
4. MAKING THE BEST USE OF RESOURCES

Key objectives

- To ensure that pharmacy policy in Wales continues to meet the needs of Wales in a changing world
- To get value for money from medicines
- To ensure that staff skills and knowledge match the requirements of the service
- To ensure that high quality staff come to, and stay in Wales
- To ensure that the physical environment of pharmacy is appropriate

What this will mean for patients

- Services that meet their needs
- High quality staff providing services
- Good environment for care

Introduction

The NHS will receive substantial increases in resources over the coming years. However, it is vital that these additional sums are used to maximum effect – that pharmacy ‘does the right things’, and that it ‘does them well’. This requires the profession to demonstrate that it uses its own resources to best effect, and that it makes its contribution to maximising the impact of the large (and growing) medicines budget. This section addresses the principal challenges in this area.

What Needs to Change?

Pharmacy in Wales must continue to manage all aspects of quality assurance. Five key areas are addressed below:

- Ensuring that pharmacy policy in Wales continues to meet the needs of the people of Wales, the profession and the NHS, in a changing world;
- Getting Value for Money from Medicines;
- Ensuring that staff skills and knowledge match the roles expected of them;
- Ensuring that appropriately-qualified pharmacists and other staff are attracted to, and retained in Wales;
- Ensuring that the physical environment of pharmacy is appropriate
Pharmacy Policy Development in Wales

Meeting the unique needs of Wales

The creation of the National Assembly for Wales provides an unprecedented opportunity to develop pharmacy policy to meet the unique needs and circumstances of Wales. The opportunities presented in parallel with the NHS reforms in Wales, include delivery of:

- The recommendations of the Task and Finish Group on Prescribing (10) Appendix 1;
- The results of the Audit Commission Report ‘A Spoonful of Sugar’ (6) Appendix 2;
- The outcome of the Hospital Stocktake commissioned by the Welsh Assembly Government(11) – Appendix 3

These provide the springboard to launch the modernisation of pharmacy services.

The creation of the All Wales Medicines Strategy Group (AWMSG) is a key component providing recognition of the importance of medicines in the delivery of healthcare in Wales. The contribution to be made by pharmacists on this group with support of the Welsh Medicines Partnership (WMP) will further demonstrate the value of the profession to the people of Wales.

It is important that the re-design of the professional advisory machinery to mirror the structural changes in NHS Wales maintains the representative and inclusive nature of the current system. The role of the Welsh Pharmaceutical Committee (WPhC) has been endorsed following the Welsh Assembly Government’s policy review of the statutory advisory committees in 2001. In order to function effectively there must be adequate administrative support.

**Action**

39. Welsh Assembly Government to provide administrative support to the Professional Advisory machinery.

External influences

In the context of the UK as a whole, the Wanless Report (12) and subsequent budget announcements allow the funding for the NHS to grow by 40% over the next five years. It is essential that pharmacy benefits from this investment. The impact of legislative changes on the UK level will need to be taken into account in the delivery of this strategy. Influencing the direction of these changes will be an important role for the Assembly in conjunction with the Health Departments of the other UK Administrations. Ensuring that appropriate amendments to the Medicines Act 1968 are proposed is an example of the influence that will be required.

On a wider canvas, the practice of pharmacy is exposed to both pan-European and broader global influence. European directives, the European Medicines Evaluation Agency and the globalisation of the pharmaceutical market are key examples of this. There is potential for Wales to exploit these opportunities to seek improvements in the standards of pharmaceutical supply to the general population by critically reviewing the practice of importation of medicines not labelled appropriately for the UK market.
Pharmacy and its stakeholders

In the delivery of change it is essential that the profession engages the important stakeholders within Wales and beyond. The key groups include the Assembly Members and Members of both the UK and European Parliaments. Raising the political profile of the delivery of pharmaceutical services is vital to future prosperity.

Patient advocates, “expert” patients and patient pressure groups are an essential part of the appropriate development of pharmacy services; delivering that which is required rather than the paternalistic approach of the past. The engagement of these groups in the consultation phase of this strategy will be crucial to its success.

Engaging other health and social care professions will also be necessary to ensure that all services deliver patient care seamlessly.

The role of the Pharmaceutical Industry is also important. There must be no doubt that the future is about closer collaboration and partnership to deliver best value and innovation for the people of Wales. The formation of the Wales Industry Group (WIG), the NHS Industry Forum and the inclusion of the industry into the constitution of the All Wales Medicines Strategy Group are very important steps in the engagement of this group.

Action

40. All Wales Medicines Strategy Group to review the practice of the parallel importation of medicines.

Getting Value for Money from Medicines

The Welsh Assembly Government, through the recommendations of the report of its Task and Finish Group on Prescribing, recognises the importance of pharmaceutical advice and support to achieve rational prescribing and cost effective use of medicines. The implementation of those recommendations is pivotal to the delivery of this strategy (appendix 1).

The managed entry of new medicines and treatments to the NHS, and the removal of those of dubious clinical efficacy, is an important means of getting maximum value for money from medicines’ expenditure. The roles of the National Institute for Clinical Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG) are central to this. The role played by pharmacists in the monitoring and audit of compliance with guidelines will increase.

The development across Wales of Drugs and Therapeutics Committees – spanning hospital and community services – has provided a valuable contribution to increasing both the efficiency and effectiveness of medicines’ use. Reducing waste and inappropriate use of medicines through the introduction of Medicines Management is also important in achieving best value from medicines.

Action

41. The All Wales Medicines Strategy Group should work with primary and secondary care pharmacy to explore new ways of developing effective working relationships with the pharmaceutical industry.
Engaging the public more in the decision-making process will develop further in respect of access to therapies. The unique political framework in Wales will be an important factor in the public debate over these sensitive issues. In particular the issue of equity of access across Wales avoiding the “postcode lottery” that overshadows the use of so many new drugs, will be addressed though AWMSG

Pricing policy between sectors and regulation through the national Pharmaceutical Price Regulation Scheme (PPRS) will impact on the transferability of services between sectors and thus should be considered an opportunity to facilitate change.

**Action**

42. All Wales Medicines Strategy Group will address the managed entry of new medicines.

**Roles and Responsibilities within Pharmacy**

This section outlines how it should be possible to make best use of the complimentary skills of the whole Pharmacy Family to empower and enrich their role in improving services to patients.

**Skills mix**

Ensuring that the workforce has the appropriate range of skills for the job required and that they are effectively deployed, are key to getting the best from investment in staff. However, transferring skills must be for the right reasons not simply to meet the demands arising from a particular staff shortage. Quality standards must not be compromised and staff must be valued for the contribution they make to patient care.

Securing the appropriate range of skills for the workforce to deliver the strategic aspirations of the service will require careful attention. The tactful handling and nurturing of staff groups to allay anxieties and ensure appropriate delegation of responsibilities will be required.

Radical change to the roles and responsibilities of staff away from traditional models will require significant investment in the training and support infrastructure to ensure services to patients are not undermined.

**Pharmacists**

The extension of prescribing rights to pharmacists appears to be a significant challenge to the profession. However, pharmacists already possess the technical and clinical knowledge to underpin the initiation of treatment of Pharmacy Only (P) and Over the Counter (OTC) medicines. The extension of this skill set to a broader range of preparations does not represent a significant shift in responsibilities, since pharmacists already use their clinical expertise and share liability, when supplying medicines prescribed by others.

It follows therefore that pharmacists can move to full independent prescribing status as quickly as legislative change permits.
Pharmacy Technicians

Expansion of the role of the pharmacy technician has been a cornerstone of the development of pharmacy services in secondary care in particular. This must be encouraged and extended through accredited processes such as the Checking Technician scheme. Clinical roles in the medicines management process, medicines information, and supporting prescribing advisers in primary care are just some examples of growing opportunities.

The problem facing the service is the predicted shortfall in qualified technicians as these developments begin to take effect, coupled with the mandatory qualifications for technicians by 2005. There will be increasingly fierce competition for this limited pool of staff. Significant investment in training places must be secured quickly if the impact of these pressures upon the service are to be minimised.

Support Staff

The reliance upon the Pharmacy Assistant/Assistant Technical Officer grade is another key element of the foundation of pharmacy services. The delegation of increasing volumes of technical roles from pharmacists to technicians to support staff has enabled the pharmacy service to grow and absorb the vast increases in throughput and complexity.

The ease of recruitment and workplace training of this pool of staff has in many areas been the only reason services have remained viable. The introduction of the mandatory NVQ level 2 for all dispensary based staff in 2005 will change the labour market for this staff group, in the short term which could have significant effect on the sustainability of services. This will be particularly important if recruitment difficulties for pharmacists and technicians continue or deteriorate further.

There are opportunities for the development of improved career paths for this staff group which are already being applied in parts of Wales, generating student technicians from this pool of experience who can go on to making a greater contribution as qualified technicians.

Qualified pharmacy technicians have traditionally been drawn in the opposite direction from community pharmacy because the career structure and salary differentials are very much in the favour of the hospital sector. The imposition of training qualifications on community pharmacy will create a rapid reversal of the trend as market forces will drive the salaries up in the community.

Action

43. The Welsh Assembly Government is already committed to the extension of supplementary prescribing rights to pharmacists by 2004. It is hoped that Independent prescribing status will follow.

44. Welsh Assembly Government should programme investment in student technician training places.

45. Welsh Committee for the Professional Development of Pharmacy should ensure the development of a structured, standardised training package for pharmacy support staff.
Attracting and Retaining Staff

Workforce Planning

As pharmacy changes to meet different needs, workforce planning acquires even greater importance. The profession starts from a difficult situation. There are already difficulties in recruitment to pre-registration and newly-registered pharmacist posts. The salary differentials across sectors are significant when compared to the student loan repayments.

The success in Wales of the vocational placements scheme, funded pre-registration training and Clinical diploma posts has ensured that most hospitals have attracted applicants to these posts. However, there has been a steady decline in numbers of pharmacists applying to advertisements, and frequently posts receive only one or no applicants. Further consideration to extending the funding of these schemes and reviewing the salaries offered is essential.

Community Pharmacy is also experiencing recruitment difficulties due to the expansion of the numbers of pharmacists required to cover extended opening hours in supermarket outlets and the impact of the extension of the pharmacist’s role in new areas of practice.

The development of the primary care adviser role has delivered significant benefit to prescribing and rational use of medicines. The development of these roles however, has produced an unforeseen shift in numbers of senior clinical hospital pharmacists, as they are attracted to the higher grades and flexible hours. Community pharmacists are also attracted to these roles due to the favourable working patterns and the opportunities to apply their clinical skills.

There are significant increases in staff numbers predicted to be required by 2005, from the existing secondary care plans. Increases in excess of 40% in both pharmacists and technicians highlight a large training and resource gap to be bridged.

Workforce planning must be strengthened to encompass all sectors and cover technical staff, to enable accurate forecasting of the training places required for future need. The large increases predicted will place a significant training burden upon the service. The inclusion of training infrastructure costs in training bids will help to prevent the additional numbers exceeding the training capacity of the service.

Capacity planning tools will be essential to the accuracy of future workforce planning. Research effort into the development of these tools should be a high priority. The use of the vacancy rate as an indicator of need is not appropriate when the key problem is insufficient establishment.

The inclusion of primary care organisations in the workforce planning process will ensure that provision is made for future development of the primary care team.

Action

46. The Welsh Assembly Government will conduct a thorough review of workforce planning processes in Wales, and work with the other Home Countries to review the future development of roles and career structures in hospital pharmacy.
**Improving working lives**

Achieving the right balance between work and life are crucial to ensuring that staff are motivated, happy and healthy. The general pharmacy workforce is principally female (60%) with an even greater percentage (75%) in the hospital sector. The Pharmacy Technician workforce is almost exclusively female (96%).

The design of contracts of employment, which are family friendly is essential if a large proportion of the younger women are to be encouraged to remain in work. Creative job design including term-time contracts, core hours with flexible working, job sharing, annualised hours and alternatives to on-call schemes through twenty-four hour seven day working shift systems all need to be actively considered.

Other creative options include staff time off schemes enabling sabbaticals, career breaks and secondments. These can make an active contribution to staff well being and contentment.

These initiatives however will put increasing pressure on recruitment as more bodies will be required per whole time equivalent (wte) to satisfy the needs of the service to patients whom require the extended access to services discussed in Section 2.

**Action**

47. Welsh Assembly Government should prepare advice and guidance to the service to facilitate the development of creative contracts of employment.

**Buildings and Equipment**

The delivery of modern pharmacy services requires access to appropriate premises and equipment. The dramatic increases in drug expenditure and volume of issues have placed significant pressures on the space and fabric of many pharmacies.

Investment programs in primary care have already brought some improvements, for example the provision of semi-confidential areas for supervised methadone administration. Enabling creative re-provision of premises by extending the Cost Rent type schemes to pharmacist contractors may be a way of achieving this.

In the hospital sector, a comprehensive review of the existing hospital pharmacy departments, commissioned by the Assembly, has been completed. The Report of the Hospital Stocktake(11) has identified that a substantial number of premises for core pharmacy activities do not meet professional and legal standards.

*There are some Hospitals in Wales trying to deliver services in 2002 from departments commissioned over forty years ago. For example, the comparison with the Health Building notes published in 1997 indicate that an average medium size District General Hospital should have a Pharmacy department covering approximately 1800 square metres. Many hospitals in Wales have pharmacies covering less than 500 square metres. Safe services provision is such circumstances is not sustainable.*

‘Stocktake of Hospital Pharmaceutical Services’ (11)
The developments in automated dispensing technology could have a big impact in improving the accessibility of the pharmacist to the patient by removing them from the dispensary to the bedside or the shop front. The re-engineering of dispensing and supply functions through the introduction of original pack dispensing will facilitate the introduction of automated technology. This will make a significant impact on the space requirements for stock. The automated systems enable significant compression of the footprint of pharmacy stores. This will produce savings for the re-provision of departments by reducing the space requirements.

In hospitals the regulation of the aseptic facilities will have significant impact on the provision of these services for several pharmacies. Failure to respond to these needs will restrict access to cytotoxic reconstitution services, which will impact on patient convenience (13).

Trusts should now evaluate the suitability of their pharmacy facilities and earmark central capital resources to enable the deficiencies to be rectified. It would be particularly useful to provide capital for the provision of automated dispensing systems, these will also enable the pressures on recruitment and retention to be eased releasing staff to more patient focussed activities.

The opportunity exists for Wales to become the focus of state of the art delivery of pharmacy services which will provide high quality patient care to the people of Wales.

**Action**

48. The Welsh Assembly Government to encourage Trusts to evaluate the suitability of their pharmacy premises, and to identify appropriate development plans.

**Additional central investment in pharmacy**

The net investment required to achieved this ambitious strategy will depend upon the savings which it generates. The modernisation of pharmacy services will improve the whole medicines management process for patients, reducing waste and reducing medication errors. The streamlining of the supply process through the implementation of original pack dispensing and the introduction of automated systems will provide improved access to pharmacy for patients.

Nevertheless, significant additional investment will be required. Much of this will derive from local decisions, as individual Local Health Boards and NHS Trusts modernise provision, and implement the recommendations of the Task and Finish group on Prescribing and the Audit Commission Report ‘A Spoonful of Sugar’ (6). The Welsh Assembly Government will wish to oversee this process, and to ensure that a sufficient priority is accorded investment in automation, Information technology and Electronic prescribing.

**Action**

49. Provision should be made in the Welsh Assembly Government’s capital programme to provide automated dispensing systems, upgrade or replace older hospital pharmacies.

50. Explore extension of the cost rent scheme to community pharmacies.
5. MAKING IT HAPPEN

Every element of this strategy is designed to improve the service which the patient receives. We need your help to make it work and hope that you will tell us what you think about the proposals in the previous chapters.

Your comments on the action points will help shape the future of Pharmacy in Wales.

An action plan with realistic timelines will then be developed.

To assist respondents the a “pull out” framework has been included in the centre of the document. Please complete and return by post or e-mail.
A. THE PATIENT AT HOME AND AS AN OUT-PATIENT

Patient Convenience

1. If patients are genuinely to be at the heart of the NHS, the demarcation lines between the services provided by pharmacists and GPs, and between primary and secondary care, must be eradicated. There are good advantages to primary care generally and to patients in particular if the skills of the GP and the Community Pharmacist are used jointly.

2. The NHS in Wales should find ways of providing patient information on choices and risks to support prescribing at the initial stage.

3. Patients are entitled to expect the same standards of professionalism from all dispensing contractors, i.e. pharmacists and dispensing general medical practitioners.

4. Consultation with a pharmacist should be available to the same level of privacy and confidentiality as is expected and required throughout the NHS. More use should be made of the existing knowledge of Community Pharmacists as a readily available source of advice to the public. The ideal situation, which should be the aspiration in Wales, is for the Pharmacist to be a full member of the Primary Healthcare Team, and, if possible, to be working within the same premises as the rest of the Team, at least for part of the time.

5. There is need for an efficient, safe and more streamlined system of repeat prescribing which is easy for the patient to use, and which avoids the patient’s returning to the GP at monthly intervals as a formality. A three monthly or six monthly prescriptions, dispensed and monitored by a named pharmacy on a monthly basis, would be a way forward. A repeat dispensing pilot study could establish how best to implement this.

6. The funding and status of FP10HPs should be changed, so that they may be dispensed either in a hospital pharmacy or in a Community pharmacy.

7. Only when there is an urgent clinical need should hospital outpatients receive their initial supply of medication from the hospital pharmacy.

Patient Packs and Automation

8. The introduction of patient pack dispensing both in primary and secondary care can be used to address issues in many of the activities investigated.
9. Finance Directors of Health Authorities, Local Health Groups and Trusts should establish mechanisms to enable prompt implementation of patient pack dispensing.

10. Implementing patient packs enables systems automation to be introduced and Trusts should investigate the options concerning automation of pharmacy dispensing and distribution activities in order to enable the redeployment of hospital pharmacy staff to ward areas.

11. Trusts and Local Health Groups should work together to develop electronic systems for the transfer of prescribing information across the interfaces in the Community and in Hospitals. At discharge from hospital this would include full details of medication changes that had occurred during the inpatient stay.

B. THE PATIENT IN HOSPITAL

1. The patient’s understanding of their medication is an essential component in ensuring future safe treatment. A patient’s medication should be part of the ongoing discussion between hospital staff and the patient concerning their care throughout their hospital stay, and should not be addressed only immediately prior to discharge.

2. Hospitals should use the patient’s own GP prescribed medication that has been identified and approved for use, during the inpatient hospital stay. LHGs, Health Authorities, GPs and patients should agree that GP prescribed medication can be used during the patient’s stay within the hospital service.

3. When a patient is supplied with medication during their inpatient stay a “patient pack” should be provided and pre-labelled for use after discharge, when appropriate.

4. Hospitals should install individual patient bedside medicines cabinets to facilitate the use of “patient packs” and the introduction, where appropriate, of self-medication systems for use as part of the inpatient stay.

5. All nursing and pharmacy staff involved in medication systems at the ward level must receive appropriate training and demonstrate and maintain requisite knowledge and skills.

6. Training and accreditation systems should be developed for nursing and pharmacy staff on the safe administration of drugs and on medicines-related duties at ward level.

7. There should be an All-Wales prescription chart and a standardised approach to electronic prescribing, especially to assist medical and nursing staff during their ‘rotational’ training and their subsequent career pathways.

C. THE PRESCRIBING OF MEDICINES

Clinical Governance

1. The National Assembly for Wales should recognise that improvements in quality of health services may substantially increase certain prescribing expenditures and that improving prescribing behavior on the part of doctors and other prescribers has its part to play in finding the necessary resources.
2. All staff undertaking prescribing should be appropriately trained and undertake accreditation to carry out these functions within the recognised limits of their competence.

3. All prescribers should be given training in communication and counselling. Clinical Audits in Wales must reflect this training and its effect on prescribing and other consultation outcomes.

4. The roles of pharmacists and nurses as supplementary prescribers must be developed so as to offer patients regular opportunities for dialogue about and monitoring of their medicines.

5. There should be a continuing drive for more effective prescribing, involving adoption of new drug regimens as well as encouraging appropriate use of established agents. Wales is some way from being sure that it is achieving clinical effectiveness and cost efficiency from the £434 million it now spends on medicines. That is true at a national level: the wide variations in prescribing patterns between practices suggest that it is also true at a local level.

6. There should be a new partnership of related organisations, in Wales, which could be known as Welsh National Prescribing Support Service, which would develop a national role in advising on all aspects of safe and effective prescribing.

7. There is an important need for GPs to monitor carefully the repeat prescribing of drugs to patients. The use of suitably trained pharmacists in clinical medication review should become the norm throughout Wales as part of an enhanced collaboration between doctors and pharmacists.

8. There must be attention to decision opportunities to ensure that changes to treatment regimens can be implemented competently where they are felt to be necessary.

Wider Options

9. New budgetary freedoms should be employed by Local Health Groups (LHGs) to ring-fence funding previously spent on prescribing to allow access to other services. Several successful “Prescription for Exercise” schemes have been run but evidence for in their effectiveness is mixed. Other interventions such as cognitive therapy should be piloted and funded from the drugs budget when deemed effective and relevant.

10. Specific attention should be given to reducing levels of benzodiazepine (tranquiliser) prescribing in Wales and, more generally, to increasing the capacity for recognising and dealing with mental health problems in the Community.

D. INFLUENCES ON PRESCRIBING CHOICES

Training and Development

1. All Doctors, Pharmacists and Nurse Practitioners should see accredited Continuing Professional Development (CPD) programmes in Therapeutics as essential to their professional practice, as with all other maintenance of competence and knowledge.

2. Training programmes by academic bodies should be developed to fulfil this requirement, and appropriate incentives should be put in place where the Terms of Service of any profession justify them.
3. Strong encouragement should be given to practice-based CPD opportunities that are independent of sponsorship from the Pharmaceutical industry.

4. There should be development of The Welsh Medicines Resource Centre, (WeMeReC), to build upon the success of their distance-learning and training pack materials by:
   • increasing the publication programme
   • increasing GP participation
   • extending the work to other healthcare professionals, including hospital doctors, pharmacists and nurse prescribers
   • use of interactive internet publications

(The Group acknowledges the requirement for additional resources to fulfil these developments).

The Strategic View

5. There should be defined (and subsequently updated at regular intervals), an All-Wales Prescribing Strategy, as a recommendation to the Health Minister, which, on approval and implementation, would clearly guide the management of disease by medication for the whole of the NHS in Wales, and represent both the best current clinical evidence and the affordable policies and priorities of the National Assembly.

6. An All-Wales Medicines Strategy Group should be established on a formal basis accountable to the National Assembly, with "Terms of Reference" outlining its roles, responsibilities, formal reporting mechanisms and membership.

7. Health Authorities should retain responsibility for the allocation of resources based on the advice received from the All-Wales Medicines Strategy Group until such time as “Improving Health in Wales” is implemented.

8. Prescribing Committees at LHGs should be retained and their role developed as LHGs evolve and move towards unified budgets (across sectors) in line with “Improving Health in Wales”

9. Priorities and strategies for influencing prescribing patterns should be locally based to reflect prevailing strengths and weaknesses.

10. Health Service planners should make effective use of prescribing data in Health Improvement Plans (HIPS), as an indicator of treatable morbidity in the Community.

Local Professional Choice

11. Drugs and Therapeutics Committees at NHS Trust level should be retained, in view of their wider remit, but opportunities to transfer some of the prescribing issues to LHGs should be explored.

12. A higher level of prescribing advice and support should be given to practitioners, particularly as new groups of prescribers enter the service.
13. There should be development of and strong adherence to agreed formularies as a valuable educational tool for prescribers, as well as a safety benefit to patients, as their implementation can encourage and achieve rational prescribing and reduce costs, even at a local level.

14. District-wide or LHG formularies should be implemented, including on a joint basis with NHS Trusts, to ensure dialogue between health professionals in primary and secondary care. Any more "local" formularies should be made consistent with them.

15. With change in the structure of management in the NHS in Wales by 2003, formularies should be developed on an LHG basis, and, after appropriate negotiation, be merged across several LHGs, especially where these are adjacent.

16. There should be closer liaison between Formulary Committees across Wales, particularly in relation to the consideration of costly medicines. This should lead to appropriate harmonisation of large formularies over the whole of Wales.

17. PRODIGY will be introduced progressively by practice computer suppliers as a method for supporting prescribing decisions. There is a need to provide practices with awareness and skills training to maximise the contribution of this development.

**Incentives to improved Prescribing**

18. NAFW officials should extend to all of Wales the review of evidence relating to Prescribing Incentive Schemes which showed that, after the end of fundholding, in one Health Authority ex-fundholders unit costs for prescribing rose faster than for non-fund holders.

19. In order to produce flexibility the existing directions on incentive schemes should be modified or the statutory requirement removed altogether.

20. All future incentive schemes should refer to quality measurements as well as budget performance.

**E. DISPEN sing IN THE COMMUNITY**

1. The role of existing ‘Patient Information Leaflets’ is to accompany a medicine once it has been prescribed. A major deficiency needs to be overcome to ensure that the information properly sets out choices and risks as in informed consent processes employed in clinical trials and clinical treatment.

**An Extended Role for the Pharmacist**

2. The roles and remuneration of dispensing contractors must be re-examined as legislation develops. A shift from pharmacist remuneration based on items dispensed to "medicines management" should be piloted in order to avoid unnecessary prescribing and dispensing.

3. Pharmacists have a very important role to play in the delivery of repeat medicines to patients.

4. Pharmacists should continue to have the option of working as salaried professionals with a clearly defined and important role within the Primary Healthcare Team, and be funded directly from the LHG.
5. Alternatively, they could continue as independent contractors, providing valuable services and advice where they are already located, but Base closely with GPs when appropriate.

6. The location of GPs and Pharmacists in the same premises should be encouraged and developed.

7. NHS rules should be reviewed to permit the dispensing of NHS prescriptions via e-pharmacy.

**Safe Substitution**

8. A system of generic substitution could be derived for use in the Community. A small group representing all relevant parties should produce an Action Plan for the implementation of this in the Community. That Plan should highlight:

   - objectives
   - method of implementation
   - constraints and methods of overcoming them
   - measurable outcomes, including for the purposes of audit

9. There should be a pilot site where close co-operation would occur between the medical and pharmaceutical professions.

10. A research site should be set up to test the feasibility of introducing a method of therapeutic substitution in the Community which will satisfy the professions in terms of clinical governance, financial audit and the needs of patients.

11. Appropriate schemes should be introduced which assist GPs in choosing and providing the most appropriate medicine under difficult circumstances e.g. emergency medicine bags, without having to resort to company samples.

12. The amount spent on such ‘specials’ in Wales should be investigated and methods of obtaining the best value for money examined.

**F. DISPENSING IN THE HOSPITAL**

1. Trusts which have an acute hospital facility should provide pharmaceutical services which effectively meet urgent clinical needs at all times, including work on the wards.

2. Systems should be introduced which use patients own medicines whilst in hospital, which encourage self-medication during hospital stays and which unify prescribing choices between hospitals and local GPs.

3. Trust Chief Pharmacists should be given the responsibility and resources to establish effective “medicines management” systems.

4. NAFW, Health Authorities, LHGs and Trusts should recognise that there are various implications of this and there may be a need to pump-prime hospital pharmacy services to achieve these Controls Assurance and Clinical Governance improvements.
G. THE INFORMATION AND FINANCIAL SYSTEMS

Data Flow and Information

1. A system of coding of medicines in Wales should be implemented such that primary and secondary usage data are comparable.

2. Connection of Community Pharmacies to the NHS Wales network is essential to achieve effective communication flow.

3. Resolving the technical and other problems at the Prescription Pricing Service (PPS) is urgent and pivotal to ensuring the maximum benefit from the resources devoted to medicines in Wales.

4. If the technical problems at PPS are solved then sufficient capacity must be deployed to ensure the required throughput of prescriptions. If the technical problems persist then a determined effort is required to adapt existing technology to enable reliable and routine pricing at the point of dispensing and transmission of the data electronically to those who need to receive it.

5. Within the hospital sector systems currently in use are reasonably uniform and should be harnessed to produce comparative information between units and to feedback to Consultant-led teams their own comparisons with peer groups.

6. Work should be commissioned to ensure that hospital prescriptions can be analysed throughout Wales using standardised and comparable indicators of cost and efficiency.

Finding the Money

7. The allocation formula being developed for primary care prescribing in Wales should be relatively simple and based on determinants such as age, sex and deprivation, so having a basis which is understandable mathematically and from first principles. This should be seen as a short- to medium-term measure to ensure equitable distribution of funds and to encourage cost and clinical efficiency.

8. The NHS in Wales presents an opportunity to develop an `elemental' approach to funding the drugs bill. Based on morbidity data compiled at practice and local level, the GP morbidity database and Welsh Health Survey should be used to map "need for medicines".

9. The emerging National Services Frameworks and other well accepted therapeutic guidelines should be used to calculate expected usage rates and therefore costs of drugs. Such information would provide an innovative tool for resource planning and benchmarking practice at All-Wales and local levels.

10. At an All-Wales level, cost pressures should be reviewed and deficiencies across all budget headings within health, social services and housing recognised. Comparisons with other UK countries should be made.
H. PURCHASING OF MEDICINES

1. The method by which the multi-disciplinary, multi sector, All-Wales Drugs Contracting Committee complies with the EEC Directive on Public Procurement, thereby obtaining the best value for money for the secondary sector without harm to the primary care sector budget, is wholly endorsed.

2. The hypothesis should be tested that the LHGs and even consortia of LHGs should be the purchasing bodies for specific items which are already being purchased within GP practices. They could, therefore, negotiate better terms with respect to the cost of medicines supplied to LHG populations.

I. PARTNERSHIPS AND GOVERNANCE

Real Collaboration

1. The Assembly should create an All-Wales Forum to include strong representation from the Pharmaceutical industry to discuss sales and marketing expenditure in Wales.

2. It should examine:
   • mechanisms for setting priorities
   • current patterns of activity and drivers for change
   • transparency and reporting
   • the establishment of a generic fund to support service training and postgraduate education.

3. When 'Improving Health in Wales' is implemented, the NHS representation should be appropriately reconstituted to reflect the new structure of the NHS in Wales.

Sponsorship

4. It is important to acknowledge the major contribution of the Pharmaceutical Industry to innovation in medicine and to continuing medical education. However, industry-sponsored Continuing Professional Development (CPD) - (approved programs are more likely to be respected and beneficial when the control of content and the selection of presenters and moderators rests with a CPD-sponsoring institution.

5. Sponsorship or direct employment by the industry of service-based posts should cease. Pharmaceutical sponsorship for staff training should be indirect through a generic fund rather than, as at present, through direct provision and funding.

6. Where there is justification for the deployment of specialist nurses then they should be funded by the NHS. Existing sponsored nursing post-funded by a transfer from primary care drugs budget within the unified Health Authority allocations.
Safeguarding Public Standards

7. The bodies responsible for professional postgraduate education should be asked to work with the Pharmaceutical Industry to formulate a funding mechanism which will ensure integrity of activity whilst demonstrating openness and transparency.

8. Organisers of CPD-approved educational events and the pharmaceutical companies involved should abide by the "Code of Practice for the Pharmaceutical Industry" agreed by the ABPI in relation to hospitality and gifts.

9. Safeguards equivalent to the Department of Health's 'Commercial Sponsorship - Ethical Standards for the NHS' and its "Code of Conduct" should be introduced in Wales and applied to all situations where there is interaction between those who promote and those who commission or influence the use of drugs.

10. The All-Wales Forum should be asked to build upon these standards and to develop codes for NHS Trusts, LHGs and Primary Care Organisations. In all cases it should consider audit mechanisms. The principles underpinning these codes should be based on the 'Seven Principles of Public Life' established by the Committee on Standards in Public Life. They should also incorporate the Committee's specific recommendations relating to sponsorship.

Safe Innovation

11. The Assembly should also consider a watchdog arrangement to scrutinise sales promotional activity and to ensure that the standards and codes are adhered to. It must have the ability to investigate complaints that require corrective action. This should extend beyond pharmaceuticals to other commercial activities such as surgical materials, other supplies and property development.

12. The introduction of new products and changes in use must be managed effectively. Necessary drugs and those with proven benefit should be available to all who need them, wastage must be avoided and overall expenditure on drugs must be considered in the context of other demands.

13. The work of the Committee on Safety of Medicines (CSM) Wales should be extended so that all relevant health care professionals in primary and secondary care are strongly encouraged to be aware of their role in reporting suspected adverse drug reactions. CSM Wales should continue to inform health professionals in Wales about the safe use of medicines.

14. The monitoring of the safety of medicines is important in informing decisions relating to rational and cost effective prescribing in Wales.

15. The "Green Card" scheme should be extended to include GPs in Wales.

16. The adoption of a performance indicator measuring the frequency of prescribing of new drugs and practices and localities (cost and volume of black triangle drug prescribing) should take place.

17. A confidential Medication Error Reporting Program for Wales should be established. Such a program should work alongside the other agencies with a national role in encouraging and ensuring safe and effective prescribing and dispensing.
18. There should be an investigation of possible linkage between the Drug Surveillance Research Unit in Southampton and prescribing activities in Wales.

19. The NAFW should work with patient groups and the professions to ensure that adequate safeguards are in place against the abuse of electronic prescribing and supplying of medicines.

J. RECOMMENDATIONS FROM PREVIOUSLY PUBLISHED REPORTS

1. The Group identified a number of recommendations from previously published reports, which it felt warranted further consideration by the NAFW. They are set out in Chapter 11.

POWERS OF THE ASSEMBLY RELATING TO THE RECOMMENDATIONS

The National Assembly for Wales is responsible for the National Health Service in Wales. It has a duty to continue the promotion of a comprehensive health service designed to secure improvement in the physical and mental health of the people and in the prevention, diagnosis and treatment of illness. Within the framework of Acts of Parliament, the Assembly has a wide range of regulatory and other powers to enable it to carry out this duty. In the most general terms, the Assembly powers cover the role and functions of Health Authorities and Hospital Trusts, the services provided by doctors, dentists and pharmacists in the Community, and the terms of service of Community Pharmacists, GPs, and dentists. These powers also encompass NHS charges, which fall outside the remit of this study. Some related functions are not devolved to the National Assembly for Wales, notably those relating to the licensing and safety of drugs, and determining what drugs can be sold over-the-counter and what drugs supplied only on prescription.
AUDIT COMMISSION REPORT

A SPOONFUL OF SUGAR:
MEDICINES MANAGEMENT IN NHS HOSPITALS

RECOMMENDATIONS

The terminology used in these recommendations is aimed at England; however, they are broadly consistent with the recommendations that are made in the National Assembly’s Report of the Task and Finish Group on Prescribing (see appendix 1).

For the Department of Health and the National Assembly for Wales

1 The establishment of standard and nation-wide definitions and categories of medication errors and ‘near misses’ should be an early priority for the new National Patient Safety Agency. Trusts should be required to adopt such systems as part of their clinical governance arrangements and should report progress in their annual reports, as well as reporting along the lines proposed in Building a Safer NHS (Paragraph 36)

2 Following agreement of standard definitions and categories of medication errors, base-line audits should be undertaken with central funding at a representative sample of hospitals to calibrate the current situation in order that improvement targets can be set and their achievement monitored. Work should prioritise specialties with the highest likely risk. (Paragraph 37)

3 National co-ordination of publicity posters should be considered to encourage patients to take their medicines into hospital with them. (Paragraph 72)

4 The DoH and the National Assembly need to work with HM Customs and Excise to equalise tax treatments between hospital and community sectors and thus remove what is becoming an obstacle to vest prescribing practices.

5 The DoH and the National Assembly should commission a specification for a automated dispensary systems and consider the provision of earmarked funds to roll-out the introduction of these systems to al trusts. (Paragraph 140)

6 A standard national system for the coding of medicines and barcodes should be introduced across the whole of the NHS to support the development of electronic prescribing systems and automated dispensing systems. (Paragraphs 140 and 148)
Earmarked funds should be made available to enable trusts to comply with the targets that are set in the NHS IM and T strategy. Central Guidance on systems specification and screen layouts should be considered. (Paragraph 148)

Trust’s medicines management framework returns should be analysed in conjunction with returns to the Audit Commission’s acute hospitals portfolio. The DoH and the National Assembly should consider using this exercise to enable the identification of Beacon Sites for medicines management. These trusts should then be funded to run open days aimed at board members. (Paragraph 160)

For the Royal Pharmaceutical Society of Great Britain

The RPSGB should review the adequacy of its current support for hospital pharmacist’s education and training; continuing professional development; professional competence and performance; and its workforce planning arrangements. (Paragraph 117)

The RPSGB should consider introducing the formal registration of pharmacy technicians. (Paragraph 136)

For the NHS Purchasing and Supply Agency

PASA should consider establishing a national contract for the supply of patients’ medicines lockers. (Paragraph 80)

PASA should work with trusts and with the Association of the British Pharmaceutical Industry to examine and eliminate supply chain costs and improve wholesaler and supplier performance where necessary. (Paragraphs 101 to 103)

For NHS Trust Boards

Trust Boards should use the DoH’s Medicines Management Framework in conjunction with the Audit Commission’s diagnostic to review medicines management arrangements and develop local action plans. (Paragraph 23)

Medicines formularies should be agreed that are linked to joint care arrangements, clinical guidelines and NICE guidance. (Paragraph 28)

Medicines management groups and DTC’s should be made formally accountable to the trust board or to the clinical governance committee. (Paragraph 28)

Risk management arrangements should be reviewed and ‘fair blame’ and ‘miss’ reporting systems introduced. (Paragraphs 44 to 45)
17 Trust boards and senior managers should seek regular assurance that actual clinical practice reflects agreed protocols - in particular, the practice of making-up aseptic preparations on hospital wards should be stopped. (Paragraph 46)

18 Lead clinicians should ensure that the induction program of all clinical staff provides adequate coverage of policies on prescribing practice, medicines administration and incident reporting. Monitoring of competencies in prescription and administration of medicines should be given high priority. (Paragraphs 47 and 48)

19 Trusts should undertake reviews, of pharmacy staffing levels and consider whether there are adequate resources to:

(i) provide for all aspects of clinical pharmacy services;

(ii) meet the demands of the NHS-Plan in respect of new consultants and nurse prescribers

(iii) take patients' medication histories; and

(iv) support dispensing for discharge schemes

(Paragraphs 56 and 132)

20 Arrangements should be introduced for the use of patients' own medicines in hospital. (Paragraphs 68 to 69)

21 Trust boards should call for a position statement on progress towards introducing self-administration of medicines and providing the necessary staff resource to maximise implementation. (Paragraphs 72 to 82)

22 Original pack dispensing should be introduced in all appropriate areas immediately, using Department of Health guidance. Re-packaging of medicines from bulk should be stopped, wherever possible. (Paragraphs 85 to 88)

23 The annual Service and Financial Framework round should include an assessment, of future cost pressures from medicines, and a risk-sharing approach agreed between commissioners and providers. (Paragraph 94 and Case study 5)

24 Transfer of money from non-pay to pay budgets should be considered in order to fund investment in pharmacy services. (Paragraph 95)

25 Wherever possible, trusts should use PASA contracts for medicines: (Paragraphs 96 to 98)
Pharmacists should work with procurement professionals in the development of strategic partnerships with the main suppliers. (Paragraph 101)

Trusts should introduce electronic updating of supplier contract details. (Paragraph 102)

Trust boards should always consider the impact on pharmacy services when appointing new consultants. (Paragraph 111)

The role of chief pharmacist should be elevated to the equivalent of a clinical director and should be a member of the trust's management executive. (Paragraph 112)

A review of pharmacy operating hours should be undertaken. (Paragraph 130)

Recruitment and retention policies and practice should be reviewed to provide competitive working flexibility's and remuneration packages for pharmacists. (Paragraph 134)

For Commissioners

Primary and secondary care should work together to consider, limiting the practice of outpatient dispensing. (Paragraphs 64 and 65)

Original pack dispensing should be introduced immediately. (Paragraphs 95-97)
CURTIS BUCKLEY REPORT

A STOCKTAKE OF HOSPITAL PHARMACIES IN WALES

1. Executive Summary

Hospital pharmacy in Wales is at the forefront of some service developments such as the use of patient own medicines and one stop dispensing. Full implementation of such developments has been curtailed through issues of historic funding and difficulties in developing establishment levels to provide a modern patient based service.

Premises in which hospital pharmacy operates are generally designed for 1970 style pharmacy services and have not been adapted to meet current requirements. The shortfall in meeting health and safety and similar issues reflects a lack of management priority both in and out of the pharmacy. There is an excessive willingness to design support services for old functions rather than take a strategic view of current and future needs. This lack of vision seems to evolve from a variety of factors, not least of which is the operational pressure imposed by organisations. The work of the production and quality control sub-committees must be given urgent support to finish their analysis of needs so that a realistic plan can be developed for the provision of services to meet current and future needs. Trusts should be asked to work with Chief Pharmacists to assess shortfalls and prepare an action plan for resolution.

Use of information technology is focussed on the aged stock control and dispensary system or on the use of internet and commercially available medicines information support. There is a risk of piecemeal development that could lead to unacceptable interfaces between systems. In order that the replacement of existing systems can merge with the provision of strategic developments such as the electronic health record and electronic prescribing it is essential that the existing National work on systems development is reinforced to ensure robust specifications and procurement across Wales.

When the pharmacy strategy is complete its introduction must be facilitated across all sectors of health at an operational and strategic level including consideration of pump priming for developments in patient based services. Meanwhile there is an urgent need to support pharmacy management and career structure through the introduction of development courses, the consideration of schemes for succession planning, and through the introduction of support for joint working. In addition, resource should be made available urgently for leadership support to the existing groups and for management development courses to develop existing post-holders and for succession planning. Service shortfalls are in places concealed by good management dependent on an individual.

2. Conclusions and Recommendations

Hospital pharmacy in Wales is in reasonable health, but needs a substantial boost to eliminate risk, to develop service delivery to meet new models of care, to maintain a vibrant workforce, and to plan premises to meet the needs. The Pharmacy Strategy may give this boost, but the changes required will need facilitated implementation and the contribution of all sectors of pharmacy and other professions.
2.1 Premises:

A substantial number of premises for core pharmacy activities do not meet professional and legal standards. Particular problems are present in dispensing areas, in storage facilities, and for extemporaneous dispensing. Although no immediate crisis point has been identified, the risks remain.

I recommend that:

- as a matter of urgency Trusts be asked to work with Chief Pharmacists to assess shortfalls and prepare an action plan for short-term improvements;
- subsequent to the completion of the Pharmacy Strategy an action plan be produced on an all Wales basis to design premises to meet the needs of a patient based, multi-sectorial service.

2.2 Staffing:

Total staffing levels across Wales are around average, but the distribution and use of staff is not ideal.

I recommend that:

- subsequent to the issue of the Pharmacy Strategy an establishment plan for pharmacy be produced across primary and secondary care. This must take into account the need to define the establishment to meet the needs of the strategy and the need for a skills mix review;
- current good work on education and training and retention is built on to develop a career path which will enable staff to move flexibly and between sectors of pharmacy. This should incorporate elements of succession planning.

2.3 Management:

Overall there is a good co-operation between Chief Pharmacists in Wales, which has led to Wales being in the forefront of several initiatives such as one-stop dispensing and use of patient own medicines.

Difficulties in implementation of agreed policies are a symptom of lack of resource for pharmacy management. This is reflected in willingness but no leadership time from innovators to support colleagues.

I recommend that:

- resource be made available urgently for leadership support to the existing groups including the Chief Pharmacists committee;
- a management development programme be set up to develop existing post-holders and for succession planning. Service shortfalls are in places concealed by good management dependent on an individual;
- a facilitated review be undertaken of specific service areas to identify further opportunities for rationalisation across Wales. This should release staff for more patient focussed activity.
2.4 Relations with Trusts:

Relations within Trusts are good on an interpersonal basis, but inadequate for service planning.

I recommend that:

- utilising the impetus provided by the Audit Commission, Trust management and pharmacists be encouraged to take a more pro-active approach to medicines management and the provision of services to achieve it;

- Trust management and Chief Pharmacists work jointly to develop better systems for financial planning and control of the medicines budget.

2.5 Preparative services:

Rationalisation of technology and staffing intensive support services needs to be considered urgently. Current intentions in this area are inhibited by the culture of self sufficiency within Trusts.

I recommend that:

- the work of the production and quality control sub-committees be given support to finish their analysis of needs.

2.6 Service delivery:

Links with primary care, and consideration of new models of medicines management are poor.

I recommend that:

- when the pharmacy strategy is complete its introduction must be facilitated across all sectors of health at an operational and strategic level.

2.7 IM & T:

Use of computers and similar technologies is very intra-departmentally focussed. Pharmacy at a local level is rarely involved in specifications for new systems such as electronic prescribing.

I recommend that:

- the existing National work on computer systems development for pharmacy and medicines management be reinforced to ensure robust specifications and procurement across Wales;

- an all Wales approach to automating pharmacy services is taken considering supply, dispensing, integrated information flows and electronic data capture.

2.8 Specialist sub-committees:

These groups have been recently and positively refocused, but they again lack the resource to act in a timely manner. They have difficulties in obtaining commitment from across Wales, and much of their activity is purely focused on secondary care.
I recommend that:

- management support to the sub-groups is provided in parallel to that recommended for the Chief Pharmacists committee;

- membership, accountability and finance of these groups is reviewed to meet requirements for future development and innovation.
Using the Skills of the Pharmacy Family in Primary Care

Key
- Support & Service
- Electronic Information Provision

Intranet Database Resources

Region / LHB Specialists
Pharmaceutical Advisors
Pharmaceutical Public Health Specialists
Prescribing Advisors
LHB Prescribing Sub-Group

Trust Specialists
Medicines Information
Quality Control
Community Services
Clinical
Drugs & Therapeutics Committees

Patient/Client

Drugs & Therapeutics Committees

Community Pharmacy

Supply.
- Concordance Support: Pharm. care
- Advice on Minor ailments
- Prescribing, Repeat dispensing
- NHS Direct Gateway

Day to day and focussed
Medicines and Management inc
OTC Review and Recommendation
Repeat prescribing support

Cyclical Focussed prescribing advice

Train and Support
Update and advise

Specialist Outpost Info

All Wales Specialists
WeMeRec
Medicines Information
Community Services
Quality Control
Clinical

Appendix 4

Created by
Train & Support
Advising
Cyclical Focussed prescribing advice

Support & Service
Electronic Information Provision

GP & Other Health Professionals

Pharmaceutical Advisors
Pharmaceutical Public Health Specialists
Prescribing Advisors
LHB Prescribing Sub-Group

Region / LHB Specialists
Pharmaceutical Advisors
Pharmaceutical Public Health Specialists
Prescribing Advisors
LHB Prescribing Sub-Group

Trust Specialists
Medicines Information
Quality Control
Community Services
Clinical
Drugs & Therapeutics Committees

Patient/Client

Drugs & Therapeutics Committees

Community Pharmacy

Supply.
- Concordance Support: Pharm. care
- Advice on Minor ailments
- Prescribing, Repeat dispensing
- NHS Direct Gateway

Day to day and focussed
Medicines and Management inc
OTC Review and Recommendation
Repeat prescribing support

Cyclical Focussed prescribing advice

Train and Support
Update and advise

Specialist Outpost Info

All Wales Specialists
WeMeRec
Medicines Information
Community Services
Quality Control
Clinical

Appendix 4

Created by
Train & Support
Advising
Cyclical Focussed prescribing advice

Support & Service
Electronic Information Provision

GP & Other Health Professionals
## GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Drug Reaction (ADR) Reporting</td>
<td>Any drug may produce unwanted or unexpected adverse reactions. Detection and recording of these is important.</td>
</tr>
<tr>
<td>All Wales Medicines Strategy Group (AWMSG)</td>
<td>Established in 2002. Accountable to the National Assembly it will provide strategic advice on prescribing and other related matters.</td>
</tr>
<tr>
<td>Audit Commission (AC)</td>
<td>Independent Body which carries out best value inspection of public services.</td>
</tr>
<tr>
<td>British National Formulary (BNF)</td>
<td>A joint publication of the British Medical Association and the Royal Pharmaceutical Society of Great Britain, providing key information on the selection, prescribing, dispensing and administration of medicines.</td>
</tr>
<tr>
<td>British Oncology Pharmacists Association (BOPA)</td>
<td>Organisation comprising pharmacists working in, or with an interest in, oncology</td>
</tr>
<tr>
<td>Clinical Trial</td>
<td>Process for evaluating a medicine prior to licensing.</td>
</tr>
<tr>
<td>Commission for Healthcare Audit and Improvement</td>
<td>New body, currently being established, to audit and monitor standards in health and care settings.</td>
</tr>
<tr>
<td>Community Pharmacy</td>
<td>Term used to denote practice within the community ie your local pharmacy.</td>
</tr>
<tr>
<td>Community Pharmacy Wales (CPW)</td>
<td>Community Pharmacy Wales is an elected body of community pharmacy contractors whose remit is to negotiate with Welsh Assembly Government and other bodies on issues relating to community pharmacy contractors.</td>
</tr>
<tr>
<td>Cost Rent Scheme</td>
<td>Enables practices to receive reimbursement at around the level of the interest charges they pay on the capital they borrow to finance a new project.</td>
</tr>
<tr>
<td>Continuing Professional Development (CPD)</td>
<td>Continuing Professional Development. This is a determined, life-long process of refreshing and extending professional skills and of keeping up-to-date with developments in one’s field of work.</td>
</tr>
<tr>
<td>E-Commerce</td>
<td>Conduct of business via electronic means.</td>
</tr>
<tr>
<td>E-Pharmacy</td>
<td>Provision of pharmacy services via electronic means.</td>
</tr>
<tr>
<td>Electronic Patient Record (EPR)</td>
<td>Comprehensive patient record in electronic form which can be used by all health professionals.</td>
</tr>
<tr>
<td>European Medicines Evaluation Agency (EMEA)</td>
<td>Agency which authorises the licensing of medicines for use within the EEC.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>European Working Time Directive</td>
<td>Directive which outlines acceptable working hours for personnel.</td>
</tr>
<tr>
<td>Expert Patient</td>
<td>A knowledgeable, well informed patient who can contribute to the development of services, usually in specific disease areas.</td>
</tr>
<tr>
<td>Guild of Healthcare Pharmacists - Wales</td>
<td>This is the professional trade union body for secondary care pharmacists. The organisation has a Welsh Secretary.</td>
</tr>
<tr>
<td>Good Manufacturing Practice (GMP)</td>
<td>Practice which complies with guidance on safe manufacturing processes.</td>
</tr>
<tr>
<td>Health Solution Wales (HSW)</td>
<td>Organisation which supports NHS information systems including pharmacy computer systems and the pricing of prescriptions.</td>
</tr>
<tr>
<td>Hospital Pharmacy</td>
<td>Term used to denote practice in hospitals.</td>
</tr>
<tr>
<td>Local Health Boards (LHBs)</td>
<td>Bodies responsible for commissioning local health services from April 2003.</td>
</tr>
<tr>
<td>Local Pharmacy Services (LPS)</td>
<td>System to encourage development of innovative approaches to service delivery.</td>
</tr>
<tr>
<td>Local Research Ethics Committee (LREC)</td>
<td>Multi-disciplinary committee which considers ethical aspects of research proposals including Clinical Trials.</td>
</tr>
<tr>
<td>Medicines Management</td>
<td>Encompasses the entire way that medicines are selected, procure, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care.</td>
</tr>
<tr>
<td>Multicentre Research Ethics Committee (MREC)</td>
<td>Similar to the LREC but considers and approves proposals that will be using a number of centres.</td>
</tr>
<tr>
<td>NHS Direct</td>
<td>24 hour Call centre which provides advice to the public on health problems.</td>
</tr>
<tr>
<td>National Institute for Clinical Excellence (NICE)</td>
<td>Body which provides evidence based guidance on the use of medicines and approaches to Treatment.</td>
</tr>
<tr>
<td>National Patient Safety Agency (NPSA)</td>
<td>Agency established to assist health care services to reduce the numbers and effects from professional errors, mistakes and accidents.</td>
</tr>
<tr>
<td>National Service Frameworks (NSFs)</td>
<td>National Service Frameworks set National standards and define service models for a specific service or care group, put in place programmes to support implementation and establish performance measures against which progress within an agreed timescale will be measured.</td>
</tr>
<tr>
<td>Patient Packs</td>
<td>Medicines supplied for individual patients in the manufacturers’ original packs, or in similar packs created by a pharmacy.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pharmaceutical Services</td>
<td>Term used to describe a range of services relating to medicines and pharmaceutical products.</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>A person who is registered as a pharmaceutical chemist under the provisions of the Pharmacy Act 1954; includes pharmacists who are employed by or contracted to the National Health Service.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>According to context, the profession of a registered pharmacists; or premises registered under Part IV of the Medicines Act 1968. The latter includes pharmacies managed by NHS Trusts and premises listed in pharmaceutical lists under the NHS (Pharmaceutical Services) Regulations 1992.</td>
</tr>
<tr>
<td>Pharmacovigilance</td>
<td>System for monitoring the safety of drugs after licensing.</td>
</tr>
<tr>
<td>Policy</td>
<td>A plan of action by an individual, group or government.</td>
</tr>
<tr>
<td>Prescription Pricing Regulatory Policy (PPRS)</td>
<td>An agreement for the purposes of Section 33 Scheme of the Health Act 1999 between the Department of Health and the Association of the British Pharmaceutical Industry, intended to ensure that safe and effective medicines are available on reasonable terms to the NHS and to promote a strong efficient and profitable pharmaceutical industry in the UK.</td>
</tr>
<tr>
<td>Primary Care (first stage of care)</td>
<td>Directly accessible health care services provided by family doctors, dentists, nurses optometrists and optitualmic medical practitioners, pharmacists.</td>
</tr>
<tr>
<td>Primary Care Resource Centre</td>
<td>Centres designed to provide a wide range of services.</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Activities directed at reducing the possibility of adverse events or incidents.</td>
</tr>
<tr>
<td>Royal Pharmaceutical Society of (RPSGB)</td>
<td>Professional and Regulatory Body for Great Britain pharmacists in Great Britain established in 1841.</td>
</tr>
<tr>
<td>Secondary Care (second stage of care)</td>
<td>Term used to indicate services provided in hospitals.</td>
</tr>
<tr>
<td>Standard Operating Procedures (SOPs)</td>
<td>Guidelines for undertaking routine functions with a pharmacy eg sale of medicines.</td>
</tr>
<tr>
<td>Surveillance</td>
<td>The ongoing and systematic collection, analysis and interpretation of data and discrimination of information about a disease or human condition.</td>
</tr>
<tr>
<td>Tertiary Care (third stage of care)</td>
<td>Term used to indicate highly specialised hospitals services provided by Regional Centres eg Cancer Services, Cardiac Surgery, Plastic Surgery.</td>
</tr>
<tr>
<td>Therapeutic Teams</td>
<td>Multiprofessional teams working in specific areas eg Cardiac Rehabilitation.</td>
</tr>
<tr>
<td>Welsh Assembly Government</td>
<td>The Executive arm of the National Assembly for Wales.</td>
</tr>
</tbody>
</table>
Welsh Chief Pharmacists NHS Trusts Committee: Committee established to develop pharmacy services in hospitals, to share best practice and make best use of available resources.

Welsh Centre for Postgraduate Pharmaceutical Education (WCPPE): This unit housed within the Welsh School of Pharmacy, is commissioned by WCPDP to provide a Continuing Professional Development Service to all Pharmacists and their support staff in Wales.

Welsh Committee for the Professional Development of Pharmacy (WCPDP): An Assembly Sponsored Public Body (ASPB) which commissions a programme of professional development activities from a range of providers.

Welsh Executive of Royal Pharmaceutical Society: Committee representing the professional and regulatory body (RPSGB) in Wales.

It is elected by all pharmacists resident in Wales and is responsible for the implementation of the Society’s policy in Wales.


Welsh Medicines Partnership (WMP): Partnership between:
(i) Committee on Safety of Medicines (CSM) Wales
(ii) Department of Therapeutics and Toxicology
(iii) Welsh Medicines Information Centre
(iv) Welsh Medicines Resource Centre (WeMeReC)

that will support the work of the All Wales Medicines Strategy Group (AWMSG)

Welsh Pharmaceutical Committee (WPhC): Statutory advisory committee that advises the Welsh Assembly Government on pharmaceutical matters.

Welsh Pharmacy Forum: Informal group comprising representatives of:
(i) Community Pharmacy Wales
(ii) Guild of Healthcare Pharmacists
(iii) Welsh Executive of RPSGB
(iv) Welsh Pharmaceutical Committee

that meets to discuss matters of mutual interest.

Workforce Planning: System use to predict future staffing Requirements.
References

1. Improving Health in Wales – a plan for the NHS and its partners
   *National Assembly for Wales - Feb 2001*

2. Improving Health in Wales – the Future of Primary care
   *National Assembly for Wales - July 2001*

3. Improving Shopping Access for People Living in Deprived Neighbourhoods – a paper for discussion
   *Department of Health - 1999*

   *NHS Wales 1999*

5. Informing Healthcare
   *(Scheduled for Publication)*

   *Audit Commission - Dec 2001*

7. Fundamental Review of the Generic Drugs Market
   Oxford Economic Research Associates (OXERA)
   *Department of Health – July 2001*

8. Quality Care: Clinical Excellence
   *NHS Wales - July 1998*

   *National Assembly for Wales – January 2001*

10. Task & Finish Group on Prescribing in Wales
    Report to the Minister for Health and Social Services
    *National Assembly for Wales – March 2001*

11. Report of the Stocktake of Hospital Pharmaceutical Services
    *Curtis Buckley - May 2002*

12. Securing our Future Health: Taking a Long-Term View
    Derek Wanless
    *HM Treasury: April 2002*

13. Risk Assessment of NHS Manufacturing
    *Department of Health: March 2002*
### MAKING IT HAPPEN

<table>
<thead>
<tr>
<th>NO.</th>
<th>ACTION POINT</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Welsh Assembly Government should establish a wide-ranging and inclusive review of the future role, organisation and nature of community pharmacy in Wales.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Health Solutions Wales will quantify the volume of urgent prescriptions and analyse the range of treatments dispensed by December 2002.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The Welsh Assembly Government will commission a study of patient and professional needs for out-of-hours services by March 2003.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Implementation of ‘Informing Healthcare’ is crucial to delivery of this Strategy; the implications for pharmacy will be examined by December 2002.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Completion of phase one of ‘Medusa’ on common drug code project should be achieved by March 2003.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Pharmacists access to NHS intranet and the electronic patient record to be included in the programme for the development of IM&amp;T in NHS Wales.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>The Welsh Committee for the Professional Development of Pharmacy to ensure that adequate training in critical appraisal skills is available to pharmacists in Wales.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO. ACTION POINT</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>COMMENTS</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The electronic information requirements of pharmacy will be reviewed in the light of the implementation of ‘Informing Healthcare’, significant additional resources will be required in this area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welsh Committee for the Professional Development of Pharmacy to explore with the Royal Pharmaceutical Society for Great Britain (RPSGB) and education providers opportunities to exploit eLearning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welsh Assembly Government to issue guidance to facilitate the introduction of original pack dispensing in 2002.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welsh Assembly Government with Community Pharmacy Wales (CPW) and hospital pharmacy services to explore potential links with NHS Direct.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modernisation to be addressed as part of the Review of Community Pharmacy in Wales (see Action 1).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Welsh Assembly Government will work with Pharmacy’s representative bodies to identify and remove the barriers to service innovation, and to stimulate the development of new models of service delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>ACTION POINT</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>14</td>
<td>Local Health Boards (LHBs) and local interests will be encouraged to apply best practice in pharmacy service delivery, and to experiment with new models as appropriate, including ways of better incorporating community pharmacy expertise into the work of the wider primary healthcare team.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>An original pack dispensing implementation plan should be developed and should include standardisation to 28 days supply.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Welsh Assembly Government should open discussions with the Wales Industry Group to address those therapies where dose titration or short courses are required to ensure appropriate packs are available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>The facilities and staff to accommodate services for patients with special pharmaceutical needs must be included in the future design of premises where appropriate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Medicines management services should be developed to care settings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Pharmaceutical Clinical Networks should be established.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>The Welsh Assembly Government will develop of the role of pharmacy in the delivery of public health.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>ACTION POINT</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>21</td>
<td>All NHS Trusts, Local Health Boards and Local Authorities will need to have</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>access to a pharmaceutical public health service.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>The use of a contract between the pharmacist and the individual to support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the public health role should be encouraged.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Facilitate the establishment of a Pharmacy Public Forum.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>A capacity planning tool for pharmacy services will need to developed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>A clinical governance maturity matrix will be developed by October 2002.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Welsh Pharmacy Forum should examine the concept of Risk Management Standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and develop an appropriate set of standards for primary care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>There needs to be pharmacist involvement in the implementation of each NSF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>in Wales.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>The Welsh Assembly Government to support the case for further investment in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education and Training posts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>ACTION POINT</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>29</td>
<td>Welsh Committee for the Professional Development of Pharmacy should encourage the uptake of the use of CPD portfolios prior to the introduction of mandatory CPD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Welsh Assembly Government to put in place a training framework to ensure delivery of training and continuous professional development.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>A programme of formal education/training and Continuing Professional Development (CPD) will be developed for specialists in pharmaceutical public health.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>The Welsh Assembly Government should commission a programme of leadership and management development for pharmacists.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Welsh School of Pharmacy should engage in debate with the profession and the Welsh Assembly Government to shape the curriculum to meet the future needs of the service in Wales.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>The adequacy of current undergraduate pharmacy provision in Wales to be reviewed in relation to the demands of the Strategy, and measures to increase that capacity appropriately considered.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>ACTION POINT</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>35</td>
<td>The medication error reporting system used in hospitals will be extended to primary care and will be introduced in 2003.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>The Welsh Assembly Government should consider the establishment of a pharmacy practice development unit in Wales.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>The Welsh Assembly Government should examine the current extent of practice to determine areas for further research in Wales.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Wales Industry Group will consider the development of a Welsh Pharmacy Practice Research Award and other measures to foster joint research activity.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Welsh Assembly Government to provide administrative support to the Professional Advisory machinery.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>All Wales Medicines Strategy Group to review the practice of the parallel importation of medicines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>The All Wales Medicines Strategy Group should work with primary and secondary care pharmacy to explore new ways of developing effective working relationships with the pharmaceutical industry.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>ACTION POINT</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-----</td>
<td>--------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>42</td>
<td>All Wales Medicines Strategy Group will address the managed entry of new medicines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>The Welsh Assembly Government is already committed to the extension of supplementary prescribing rights to pharmacists by 2004. It is hoped that Independent prescribing status will follow.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Welsh Assembly Government should programme investment in student technician training places.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Welsh Committee for the Professional Development of Pharmacy should ensure the development of a structured, standardised training package for pharmacy support staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>The Welsh Assembly Government will conduct a thorough review of workforce planning processes in Wales, and work with the other Home Countries to review the future development of roles and career structures in hospital pharmacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Welsh Assembly Government should prepare advice and guidance to the service to facilitate the development of creative contracts of employment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>ACTION POINT</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-----</td>
<td>--------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>48</td>
<td>The Welsh Assembly Government to encourage Trusts to evaluate the suitability of their pharmacy premises, and to identify appropriate development plans.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Provision should be made in the Welsh Assembly Government’s capital programme to provide automated dispensing systems, upgrade or replace older hospital pharmacies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Explore extension of the cost rent scheme to community pharmacies.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments and Views:-**