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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MB/MD/5257/14

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

9 December 2014

Dear David,

Thank you for your letter of 5 November presenting the Committee's conclusions from the follow up inquiry into the contribution of community pharmacy to health services in Wales.

For ease of reference I have followed the structure of the annex to your letter in providing you with my further comments.

Recommendation 1 – Communication mechanisms to inform the general public about pharmacy services

I am pleased the Committee acknowledges the progress made to date to ensure a good standard of consistent and comprehensive information is available to the public about community pharmacy services. As I stated in my evidence to Committee, I envisage standardised, bi-lingual service information being established in community pharmacies across Wales in early 2015.

I agree we should harness the positive outcome of closer working between GPs and community pharmacists through the Choose Pharmacy pathfinder service. The evaluation results of the service will help to identify how to translate that across into general partnership working.

One of the key drivers for securing inter professional co-ordination is the primary care clusters. The national plan for primary care "*Our plan for a primary care service for Wales up to 2018*" was published the day after the Committee published its follow up report. The plan highlights the pivotal role of GPs and reinforces the importance of fostering collaboration to co-ordinate access to the wide range of services required within a local community to help meet their health and well-being needs.

Recommendation 2 – Providing a clear national lead for the future development of community pharmacy services

The Committee's comments are noted.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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Recommendation 3 – Transition to capitation-based payments, underpinned by a patient registration system

Remuneration on a capitation basis can facilitate options for treating people holistically, build up long term relationships and allow contractors to better understand patient needs and their medical history. They may also make way to reduce an emphasis on volumes and enhance mechanisms for providing additional service improvements.

Capitation payments are currently being used for the Choose Pharmacy service and we will consider a wider application in light of the evaluation findings with contractors and their representative bodies.

Recommendation 4 – Promotion of further enhanced services with a national specification for community pharmacy

All Welsh Government policy relating to the introduction of new services is underpinned by a robust evidence base.

The three-year medium term plans being developed by health boards for 2015-18 will reflect the framework provided by Welsh Government which requires a shift in focus and resources towards primary care and community services and to incorporate improved mechanisms for preventing and managing chronic conditions by improving planning processes and setting out service improvement priorities.

I can confirm that health board plans will not be approved unless there are assurances that these changes will be delivered at the required scale and pace. In addition, the primary care clusters will, as they mature, provide a means of understanding the skills offered by workforce members and a means of providing a shift in the balance of care for chronic conditions towards community care and nearer to home.

The medicines use and hospital medicines discharge reviews continue to support patients with particular needs and the management of chronic conditions. Officials are in discussion with Community Pharmacy Wales to increase the proportion of Medicine Use Reviews undertaken within target groups to bolster this service.

I have already confirmed to you in my letter of 15 November 2014 that Public Health Wales, in conjunction with health boards, is currently reviewing the smoking cessation service it provides and recommendations will be made by the end of January 2015.

Recommendation 5 – Consistent participation of community pharmacies in public health campaigns

During this third year of a national community pharmacy NHS influenza service, I am pleased that participation has increased again. The end of November 2014 data shows that 230 pharmacies have provided vaccinations under the scheme, up from 195 the previous year. The number of vaccinations being provided by pharmacies has also increased with over 9,000 having been administered so far this year.

Recommendation 6 – Cooperation and joint working between community pharmacists and GPs

I am not convinced establishing a national working group is the most effective way of promoting closer collaboration between GPs and community pharmacists. I believe, the greatest progress will be made on closer working when professionals are engaged on a common agenda, such as the Choose Pharmacy pathfinders which have successfully built good inter professional relationships.

The primary care cluster developments will have a strong focus on the further development of professional networks and partnerships and will require GPs to engage more with the wide range of health and social care professionals, including community pharmacists. This will directly improve the coordination, quality and integration of health and social care planning at a local level and offers a real opportunity for a breakthrough in locally-led service planning and delivery. I want to extend locality groups to include community pharmacy and I expect to see this aspiration reflected in health board plans for 2015.

Recommendation 7 – Access to summary patient records

The Committee's comments are noted. I can confirm the ultimate aim of the current development work is to scope and test the IT and information sharing protocols to enable the sharing of relevant patient information between GPs, hospitals and all community pharmacists for all community pharmacy services in the future.

Best wishes,

Mark.

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