



Mark Drakeford AM
Minister for Health and Social Services

5 November 2014

Dear Mark,

We would like to take this opportunity to thank you and your officials for your contribution to our follow-up inquiry into the contribution of community pharmacy to health services in Wales.

Key issues identified during the Committee's initial inquiry included:

- that significant barriers to realising the full potential of community pharmacy lay both within the profession and between professional groups in the health services;
- that work needed to be done within community pharmacy to bring the standard of the whole network up to the standard of the best; and
- that there was a considerable inter-professional responsibility to resolve some of the issues between professions which were illustrated as barriers to the future development of community pharmacy.

In undertaking our follow-up work on inquiries, we do not intend to publish supplementary reports and a series of additional recommendations; rather, it is our intention to ensure that our original recommendations are implemented where accepted and that the Welsh Government is held to account for progress in the subject areas considered by the Committee.

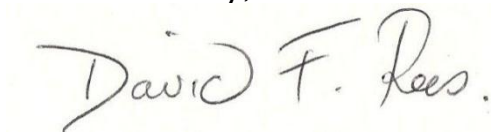
During spring 2014, the Committee invited all those who gave evidence to the original inquiry to provide an update on progress. In light of the evidence we have received, we have identified some key areas in which we believe further

work is necessary. Further detail about these areas is provided in the annex to this letter.

The Committee would welcome a further update from the Minister 12 months from now about:

- progress in implementing the areas identified in the annex; and,
- any further relevant developments in the field of community pharmacy.

Yours sincerely,

A handwritten signature in black ink that reads "David F. Rees." The signature is written in a cursive style with a large initial 'D' and 'R'.

David Rees AM

Chair, Health and Social Care Committee

Annex: key issues arising from the 2014 follow-up inquiry into the contribution of community pharmacy to health services in Wales

Introduction

The Health and Social Care Committee reported on its inquiry into the contribution of community pharmacy to health services in Wales in May 2012.¹ The focus of the inquiry was to examine the effectiveness of the Community Pharmacy contract in enhancing the contribution of community pharmacy to health and well-being services. In its report, the Committee noted its intention to return to the subject during the lifetime of the Committee in order to monitor progress against the recommendations made.

The Welsh Government's response to the Committee's report was laid in July 2012.² In the response, the Minister indicated that the Welsh Government accepted all seven recommendations made by the Committee as part of its inquiry.

This annex does not seek to re-consider every issue that arose during the Committee's 2012 inquiry. Rather, its purpose is to highlight the areas in which the Committee believes further work is still needed. These are issues that were drawn to the Committee's attention during the follow-up evidence session on 24 September 2014, a full record of which can be found [here](#). All written evidence submitted to the follow-up inquiry can be accessed [here](#).

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

Written evidence received by the Committee as part of its follow-up inquiry suggested that work is still needed to ensure that members of the public are aware of the services available at individual community pharmacies.³

¹ More information about the Committee's original inquiry can be found at: <http://senedd.assemblywales.org/mgIssueHistoryHome.aspx?IId=1532>

² Welsh Government, [Response to the HSC Committee's inquiry into the contribution of Community Pharmacy to health services in Wales](#), July 2012

³ National Assembly for Wales, Health and Social Care Committee, [CP 01 Response from the National Pharmacy Association](#)

In written evidence, Public Health Wales (PHW) suggested that patients continue to have problems identifying the range of services available in community pharmacies.⁴ In a similar vein, Community Pharmacy Wales (CPW) stated that promoting pharmacy services within pharmacies alone is insufficient, and queried the effectiveness of this method as a way of raising the general public's awareness of pharmacy services.⁵

Written evidence received from the Minister stated that the Welsh Government has been working with CPW to develop guidance for pharmacies on how to publicise services, including the use of standardised, bilingual service names and descriptions, recognisable across Wales. The Minister envisages that this will be established within community pharmacies in early 2015.⁶

In oral evidence, the Minister stated that 86% of pharmacies now display a list of the additional services provided on their premises.⁷ He also noted that discussions are on-going to allow use of the NHS logo and brand in the community pharmacy setting. He told the Committee:

“We think that that will emphasise again to the Welsh public that pharmacies are more than just places where prescriptions are dispensed; they are places where you can get this wider range of NHS-type services – the nationally commissioned services. Allowing them, in a universal way, to use the NHS logo and to have the brand of the NHS more prominently displayed will, I hope, take a further step to getting the message across to the Welsh public that you do not always need to go to a GP, but that often a pharmacist will be able to give you very good advice and attend to the issue immediately. There is more that they can do for the future; we are on track to do that, as you ask, by 2015”.⁸

⁴ National Assembly for Wales, Health and Social Care Committee, [CP 03 Response from Public Health Wales](#)

⁵ Ibid. [CP 12 Response from Community Pharmacy Wales](#)

⁶ Ibid. [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

⁷ Ibid. [Record of Proceedings \[para 6\]](#), 24 September 2014

⁸ Ibid. [Record of Proceedings \[para 7\]](#), 24 September 2014

When asked to what extent pharmacy services are advertised beyond pharmacies – particularly in general practice – the Minister acknowledged that activity remains variable. He noted that, where ‘*Choose Pharmacy*’ pilot schemes⁹ are underway, GPs are actively signposting patients to pharmacies for relevant services.¹⁰

The Committee’s view:

The Committee welcomes the progress that has been made to date in improving the communication mechanisms used to inform the general public about the availability of services in community pharmacies. While noting the Welsh Government’s aim to deliver further progress in relation to this recommendation by 2015, the Committee recognises that stakeholders remain concerned about the level of public awareness of services and urges the Welsh Government to work on advertising pharmacy services beyond pharmacies alone. Furthermore, good practice identified from the ‘*Choose Pharmacy*’ pilot schemes about GPs signposting patients to pharmacies for relevant services should be implemented across Wales as soon as possible.

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

Written evidence from stakeholders suggested a mixed picture in terms of progress towards a clearer national lead for the development of community pharmacy in Wales.¹¹ The National Pharmacy Association (NPA) stated that there had been little meaningful change generated by health boards over the past two years and asked the Committee to encourage the Welsh Government to take a more proactive role in the development of community pharmacy.¹²

Evidence from health boards also painted a mixed picture in terms of progress. Whilst Abertawe Bro Morgannwg University (ABMU) Health Board acknowledged that some progress had been made, its evidence stated that a

⁹ [Choose Pharmacy](#) is a pilot scheme that has been underway in 32 community pharmacies in Cwm Taf and Betsi Cadwaladr University Health Board since October 2013. Its aim is to establish community pharmacy as the first port of call for people seeking advice and treatment for common minor ailments.

¹⁰ National Assembly for Wales, Health and Social Care Committee, [Record of Proceedings \[para 9\]](#), 24 September 2014

¹¹ Ibid. [CP 07 Response from Royal Pharmaceutical Society](#); [CP 15 Response from the Carers Trust Wales](#)

¹² Ibid. [CP 01 Response from the National Pharmacy Association](#)

clear national strategy for community pharmacy in Wales had not been developed.¹³ In contrast, Aneurin Bevan University (ABU) Health Board stated that there is now a clear national steer for community pharmacy from the Welsh Government with regular meetings of Health Board pharmacy leads, the Chief Pharmaceutical Officer for Wales and Community Pharmacy lead.¹⁴ ABU Health Board's view was echoed by CPW, which cited the development of national services, especially the Discharge Medicines Review (DMR) service, the flu vaccination service and Common Ailments Service, as examples of the Welsh Government's national leadership.¹⁵

The Minister's written evidence listed a series of nationally specified services¹⁶ and the associated funding and training that is in place to support consistency of approach across Wales. Furthermore, the Minister referred to the proposal within the Public Health White Paper that will require all health boards to undertake a pharmaceutical needs assessment. His evidence stated that there is an expectation on health boards to "ensure the range of national community pharmacy services are available as part of a comprehensive package of planned and community care services" and noted that this will be underpinned by the requirement on health boards to incorporate pharmaceutical needs assessment as an integral part of service planning.¹⁷ In his oral evidence, the Minister explained that the pharmaceutical needs assessment proposed in the Public Health White Paper would provide greater levers in the system to encourage those community pharmacies that provide the wider range of services.¹⁸

The Committee's view:

¹³ National Assembly for Wales, Health and Social Care Committee, [CP 13 Response from Abertawe Bro Morgannwg University Health Board](#)

¹⁴ Ibid. [CP 14 Response from Aneurin Bevan University Health Board](#)

¹⁵ Ibid. [CP 12 Response from Community Pharmacy Wales](#)

¹⁶ The nationally specified services listed are: Discharge Medicines Review; medicines use review; provision of emergency contraception; influenza vaccination; 'Just in case' (palliative care) boxes; and, substance misuse services. Ibid. [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

¹⁷ Ibid. [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

¹⁸ Ibid. [Record of Proceedings \[para 42\]](#), 24 September 2014

It remains a matter of concern to the Committee that a mixed picture is still being presented about the extent to which national leadership for the future development of community pharmacy exists. Nevertheless, the Committee acknowledges the role that pharmaceutical needs assessment proposals may have in encouraging take up of wider services in Welsh pharmacies and looks forward to considering the proposal as part of future Public Health legislation.

Discharge Medicines Review

The Minister's response to the Committee's report stated that £3.6 million would be made available to health boards for the Discharge Medicines Review (DMR) service. In its evidence, the NPA stated that less than 10% of this sum had been utilised to date, and called for further scrutiny:

"We understand that less than 10% of this sum has been utilised. We would like the Committee to scrutinise the differential between the earmarked public investment and the actual public investment".¹⁹

Responding in oral evidence, the Minister explained that any under-utilisation of the funding made available for the DMR service was most probably attributable to the fact that pharmacists were reluctant to invest in the training, expertise and time necessary to provide the service until they were sure it was a permanently funded scheme. The Minister noted that, following completion of the scheme's evaluation and the announcement in April 2014 of the DMR service as a permanent feature of the pharmacy landscape, he believed that a sharp and welcome increase in the number of reviews undertaken would follow.²⁰

The Committee's view:

The Committee recognises the importance of evaluating the DMR service before a commitment to invest more heavily in it could be made. Given that the evaluation of the DMR service has now concluded and more permanent funds have been made available, the Committee would expect healthcare providers and community pharmacies to work together to increase uptake of

¹⁹ National Assembly for Wales, Health and Social Care Committee, [CP 01 Response from the National Pharmacy Association](#)

²⁰ Ibid. [Record of Proceedings \[para 26\]](#), 24 September 2014

this service. The Committee expects the Welsh Government to monitor progress closely to ensure that uptake improves.

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

Some organisations, including CPW, expressed concern and opposition to the approach proposed by the Committee’s original recommendation:

“This [capitation-based payments] would be a very major change to a Community Pharmacy Contractual Framework that is not broken. We are aware that some of our contractors believe there would be fundamental dangers to the viability of the community pharmacy network if this move was to be pursued”.²¹

Furthermore, health boards indicated in written evidence that they did not believe that progress had been made on this recommendation, and some suggested that changing to capitation-based payments could present significant challenges.²²

In his written evidence, the Minister noted:

“It is a novel concept within pharmacy but I believe it has the potential to be a component of an efficient and more stable financial and professional environment for our community pharmacy contractors, in which they can invest in developing additional services to promote and protect health”.²³

The Committee’s view:

The evidence received to the Committee’s follow-up inquiry indicated that views about the merits of introducing a capitation-based payment system remain diverse. Nevertheless, the Committee confirms its original conclusion that consideration should be given to changing the way in which community

²¹ National Assembly for Wales, Health and Social Care Committee, [CP 12 Response from Community Pharmacy Wales](#)

²² Ibid. [CP 13 Response from Abertawe Bro Morgannwg University Health Board](#); Ibid. [CP 14 Response from Aneurin Bevan University Health Board](#)

²³ Ibid. [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

pharmacies are remunerated in order to deliver a system that is based on the quality of outcomes as opposed to dispensing volume. The Committee agrees with the Minister that a measured approach must be taken towards any changes to remuneration arrangements to maintain a stable financial environment for community pharmacy, however it also emphasises the importance of thinking innovatively to deliver improved and prudent services. The Committee notes that an independent evaluation of the ‘*Choose Pharmacy*’ pilot scheme, which remunerates on a capitation basis, is underway, and welcomes the evidence base this will provide to inform future decisions on remuneration arrangements for community pharmacy.

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

Evidence base

In written evidence, PHW recommended that any proposal for a national enhanced service is supported by a literature review. Its evidence also suggested that the body of evidence supporting an intervention should influence the speed and extent to which new models of service delivery are implemented. As an example, PHW suggested that areas such as smoking cessation, where there is robust evidence for the effectiveness of a community pharmacy intervention, could be rolled out more rapidly than others.²⁴

Local variation

The Company Chemists Association stated in its written evidence that local variations in service provision have led to confusion for patients about which health services can be accessed in their community pharmacy. It also suggested that this variation – and the confusion it can cause – can limit the effectiveness of national advertising campaigns.²⁵ In contrast, ABMU Health Board’s evidence suggested that there had been some progress in this area, particularly with regards to the flu vaccination service. It argued that this

²⁴ National Assembly for Wales, Health and Social Care Committee, [CP 03 Response from Public Health Wales](#)

²⁵ Ibid. [CP 08 Response from the Company Chemists Association](#)

service had been approached consistently across Wales with health boards conforming to the requirements set out in a national service specification.²⁶

CPW stated that it strongly supports the national specification of services for reasons of cost effective delivery by contractors, and reduction of confusion for patients. CPW gave the example of the flu vaccination service which showed some of the drawbacks of nationally specified services that still have local delivery options:

“...there were still separate Patient Group Directives for each of the 7 health boards which resulted in some differences in patient eligibilities, different costs for pharmacies delivering the service, different procedures for applications for pharmacies and individual pharmacists within pharmacies”.²⁷

Chronic Conditions Service

Written evidence to this follow-up inquiry pointed clearly to the lack of progress to date on developing a Chronic Conditions Service. Both PHW and CPW stated that they were unaware of any specific action to develop a distinct community pharmacy Chronic Conditions Service, whilst Boots UK’s evidence urged the Welsh Government to make more visible progress in this area.²⁸ The Royal Pharmaceutical Society’s evidence noted that it would like to see more progress on a Chronic Conditions Service in order to make use of “vastly under-utilised” community pharmacists who are independent prescribers.²⁹

In written evidence, the Minister stated that he:

“...will be expecting health board plans to reflect a robust assessment of need around the management of long term and/or chronic conditions accompanied by explicit reference to the service delivery options

²⁶ National Assembly for Wales, Health and Social Care Committee, [CP 13 Response from Abertawe Bro Morgannwg University Health Board](#)

²⁷ Ibid. [CP 12 Response from Community Pharmacy Wales](#)

²⁸ Ibid. [CP 03 Response from Public Health Wales](#); *ibid.* [CP 12 Response from Community Pharmacy Wales](#)

²⁹ Ibid. [CP 07 Response from Royal Pharmaceutical Society](#)

available; this should include the use of community pharmacy national services”.³⁰

Responding to questions on the lack of progress in developing a Chronic Conditions Service, the Minister stated that:

“...the development of an identified Chronic Conditions Service in community pharmacies is not in the top part of our agenda at the moment”.³¹

The Minister went on to explain that two of the three key components of the Scottish chronic conditions scheme are in place in Wales, namely: a medicines use review, and a repeat prescribing service. The third component which does not exist in Wales is a patient registration scheme. The Minister explained that:

“Part of the reason we do not have it is that it is pretty controversial out there in the community pharmacy and pharmacy world”.³²

Smoking cessation

Evidence from the NPA, Ash Wales, and CPW called on the Welsh Government to progress arrangements for a nationally-specified stop smoking service delivered by community pharmacies.³³

In his oral evidence to the Committee, the Minister acknowledged that:

“Getting a national specification for smoking cessation services has been more difficult than it has been in some other health boards, partly because some health boards had already begun to do the work themselves in their own way. So, you are trying to bring back into a national specification work that has already started in many different

³⁰ National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

³¹ Ibid. [Record of Proceedings \[para 53\]](#), 24 September 2014

³² Ibid. [Record of Proceedings \[para 54\]](#), 24 September 2014

³³ Ibid. [CP 01 Response from National Pharmacy Association](#); [CP 5 Response from Ash Wales](#); [CP 12 Response from Community Pharmacy Wales](#)

places, but, by 2015—the beginning of next year—we are confident that we will have a national specification”.³⁴

The Minister also noted that work on a national smoking cessation service will be informed by a review currently being carried out by the Chief Medical Officer and PHW into the effectiveness of Public Health Wales’ national smoking cessation service.³⁵

The Committee’s view:

The Committee agrees with Public Health Wales (PHW) that a robust body of evidence should underpin proposals for any new models of service delivery. Where evidence exists in support of a community pharmacy intervention, as is the case with smoking cessation, these should be rolled out more rapidly than others.

The Committee recognises that the Welsh Government must prioritise its work and has chosen not to introduce a national Chronic Conditions Service in community pharmacies. The Minister stated that two of the three components of such a service are in place; however, the Committee is mindful of the Wales Audit Office’s recent update report on the management of chronic conditions³⁶. This report concluded that more remains to be done to move resources to the community sector and to expand access to community-based services for chronic conditions. The Committee would seek assurance from the Welsh Government that it will undertake further work in this area.

The Committee recognises the challenges faced in seeking to agree a national specification for smoking cessation services. The Committee welcomes the establishment of a national specification by early 2015 which will be informed by the Chief Medical Officer’s and Public Health Wales’ on-going review of the national smoking cessation service for Wales.

³⁴ National Assembly for Wales, Health and Social Care Committee, [Record of Proceedings \[para 76\]](#), 24 September 2014

³⁵ Ibid. [Record of Proceedings \[para 77\]](#), 24 September 2014

³⁶ Wales Audit Office [The Management of Chronic Conditions in Wales: An Update](#), March 2014

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

Campaigns and compliance

Optometry Wales and RNIB Cymru highlighted the positive contribution community pharmacies have made to the ‘*Look After Your Eyes*’ campaign, which ran during July 2013.³⁷ Furthermore, Hywel Dda Health Board reported that there has been far more consistent participation in public health campaigns by community pharmacy since PHW has taken a coordinating role in developing and sourcing materials for national campaigns.³⁸

Evidence from CPW expressed disappointment that the Welsh Government did not undertake its previous high profile and well-financed publicity campaign to promote widespread flu vaccination during last winter.³⁹ Concerns were also raised by ABU Health Board that there is a lack of punitive measures available for health boards to resort to should a pharmacy decide not to participate in a public health campaign.⁴⁰

In written evidence, the Minister provided a number of examples that underlined the positive contributions of community pharmacies in delivering public health messages. The Minister went on to state that ensuring the appropriate level of community pharmacy participation in public health campaigns is the responsibility of health boards but that it is the Welsh Government’s role to ensure that they have the tools they require to effectively and proportionately manage under-performance. To that end, the Minister asked the Committee to note the proposals for pharmaceutical needs assessment set out in the Public Health White Paper. He noted that the White Paper also includes proposals to strengthen the sanctions available to health

³⁷ National Assembly for Wales, Health and Social Care Committee, [CP 04 Response from Optometry Wales and RNIB Wales](#)

³⁸ Ibid. [CP 02 Response from Hywel Dda University Health Board](#)

³⁹ Ibid. [CP 12 Response from Community Pharmacy Wales](#)

⁴⁰ Ibid. [CP 14 Response from Aneurin Bevan University Health Board](#)

boards to address under-performance issues including failure to participate in public health campaigns.⁴¹

The Committee's view:

The Committee welcomes the progress that has been made in increasing the number of pharmacies participating in the Welsh Government's flu vaccination programme. There is concern, however, that the participation rate – stated as 27% of all pharmacies⁴² – is too low. The Committee calls on the Welsh Government to take urgent steps to increase participation in the scheme so that community pharmacies play as active a role as possible in vaccinating the population against flu.

The Committee received evidence that health boards lacked sufficient measures to combat non-participation of pharmacies in such programmes. The Committee notes the proposals contained within the Welsh Government's Public Health White Paper to strengthen the powers available to health boards to address under-performance and looks forward to considering the proposal as part of future public health legislation.

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

It emerged from the written evidence received from stakeholders that although some progress has been made in promoting cooperation and collaboration between professions, significant steps remain to be taken.⁴³

In its submission, the National Pharmacy Association stated that it had worked with the BMA and the General Medical Council Wales to initiate meetings between the two professions. One of the outcomes from this meeting was to ask the Welsh Government to urgently establish a national working group

⁴¹ National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

⁴² Ibid. [Record of Proceedings, \[para 51\]](#)

⁴³ Ibid. [CP 07 Response from Royal Pharmaceutical Society](#)

focused on improving integration and collaboration amongst primary care providers.⁴⁴

The BMA Cymru Wales and the Dispensing Doctors' Association said that many GPs across Wales already have close working relationships with their pharmacist colleagues, but noted that there are further ways in which joint working could be considered.⁴⁵ Health boards, on the other hand, commented that there are still professional tensions between community pharmacists and GPs, although some health boards did note that attempts have been made to improve this.⁴⁶

In its written evidence, Cwm Taf University Health Board identified a number of challenges to securing close working relationships and successful integration, including: a belief that community pharmacy services are duplicating GP services; communication issues between the professions; and contractual funding. Cwm Taf University Health Board believed that realignment of contractual funding may reduce professional barriers and encourage the integration of services delivered by primary care professionals.

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In his written evidence, the Minister stated that

“In some services, collaboration is much more explicit such as the *‘Choose Pharmacy’* service and the influenza vaccination programme”.⁴⁸

The Minister expanded on this in his oral evidence:

“So much of the barrier to allowing pharmacists to provide the full potential contribution that they could make is not to do with policy and it is not to do with infrastructure; it is to do with professional boundaries and the need to persuade some professionals in the system

⁴⁴ National Assembly for Wales, Health and Social Care Committee, [CP 01 Response from the National Pharmacy Association](#)

⁴⁵ Ibid. [CP 10 Response from BMA Cymru Wales and Dispensing Doctors' Association](#)

⁴⁶ Ibid. [CP 13 Response from Abertawe Bro Morgannwg University Health Board](#); [CP 14 Response from Aneurin Bevan University Health Board](#);

⁴⁷ Ibid. [CP 09 Response from Cwm Taf University Health Board](#)

⁴⁸ [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

to give up turf that they have previously occupied, to allow others to do things that, in the past, only the first group could do”.⁴⁹

The Committee’s view:

The Committee welcomes the efforts made to date to develop cooperation and joint working between community pharmacists and GPs. However, the Committee is disappointed at the slow speed of progress and calls on the Welsh Government to focus its efforts on improving inter-professional cooperation. To this end, the Committee calls on the Minister to consider establishing a working group between the GP and community pharmacy professions in order to accelerate the process of building consensus between both professions.

Recommendation 7 – Access to summary patient records

In its written submission, CPW stated that it supports registration and patient record access for pharmacies and for particular named pharmacists in those pharmacies. CPW stated that it has found this is working well in the Common Ailments Service, in DMRs and the flu vaccination service. However, CPW outlined concerns regarding the interpretation of this recommendation, highlighting that it should not lead to patients having to follow an individual pharmacist who may work in a range of pharmacies.⁵⁰

PHW stated that only patients participating in the Common Ailments Scheme pilots are registered currently with a community pharmacy for NHS services. It believes that access to summary patient records is critical for pharmacists to deliver a wider range and higher quality of services.⁵¹

Evidence submitted by health boards all seemed to suggest that there has been recent progress with regards to access to patient records as part of the Common Ailments Scheme. However, difficulties with IT were also identified in evidence, with the Royal College of General Practitioners stating that these can

⁴⁹ National Assembly for Wales, Health and Social Care Committee, [Record of Proceedings \[para 11\]](#)

⁵⁰ Ibid. [CP 12 Response from Community Pharmacy Wales](#)

⁵¹ Ibid. [CP 03 Response from Public Health Wales](#)

lead to problems for the pharmacist and the GP, “as there is a failure to update both ways”. Furthermore, the independent evaluation of the Discharge Medicines Review (DMR) service identified that a lack of access by community pharmacists to discharge information, was proving a considerable barrier to full implementation of the service.⁵²

The Minister’s evidence paper stated that since the Committee’s original report in 2012, the Medicines Transcribing and E-Discharge project (commonly known as MTeD) has been evaluated in the Cardiff and Vale University Health Board area by the NHS Wales Informatics Service (NWIS). It was noted that this project provides a patient’s hospital discharge information, including the medication regime, in electronic form to the GP, and that NWIS is now progressing roll-out with health boards. The Minister stated that the priority now is to move to a secure IT platform that supports the delivery of national services within community pharmacy and enables the sharing of relevant patient information between GPs, hospitals and community pharmacists.⁵³

During oral evidence, Andrew Evans, the Principal Pharmacist for Public Health Wales, stated that:

“By the end of 2014–15, so the end of March 2015, we will have in place a proof-of-concept model that allows us to share hospital discharge information with community pharmacies. That is, broadly speaking, the same information that a GP would see following a discharge from hospital about a patient’s medications when they leave hospital, but also those that have been changed or stopped during their admission”.⁵⁴

When asked whether professions should be compelled to participate in information sharing, the Minister told the Committee:

⁵² National Assembly for Wales, Health and Social Care Committee, [CP 06 Royal College of General Practitioners](#)

⁵³ Ibid. [HSC\(4\)-21-14 Paper 1 Evidence from the Minister for Health and Social Services](#), 24 September 2014

⁵⁴ Ibid. [Record of Proceedings \[para 33\]](#)

“...we [Welsh Government] do not have powers of compulsion very easily to hand, nor do I think that the evidence is good to show that compulsion is a productive way of trying to change people’s minds and things. We rely on persuasion and we rely on using all the different strands that we have in the system to persuade professional groups to deliver on the ground the principles that they are generally signed up to [...] we rely on using professional mechanisms, putting pressure into the system and doing everything we can to make it as easy as possible for these things to happen, so that people cannot hide behind claims that technology and equipment and things like that mean that they cannot do these things”.⁵⁵

The Committee’s view:

The evidence received as part of the Committee’s original and follow-up inquiries illustrates that the challenges associated with information sharing are not solely technological. The Committee identified that a consensus must be reached between professionals and with patients on the extent to which community pharmacies and other health professionals should have access to patient information. The Committee welcomes the assurances given that advances in IT will ensure hospital discharge information will be shared with community pharmacies by the end of 2014–15. The Committee expects the Welsh Government and relevant professions to work together to deliver similar progress for the sharing of information with community pharmacy in the context of other services.

⁵⁵ National Assembly for Wales, Health and Social Care Committee, [Record of Proceedings \[para 35\]](#)