

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Nick Ramsay AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

16 August 2018

Dear Mr Ramsay,

Medicines Management

Thank you for your letter of 19 July seeking clarification on a number of issues set out in the Welsh Ministers' response to the Public Account Committee's report entitled Medicines Management.

I welcome the Committee's recognition of the good progress that has been made against many of the recommendations in the Auditor General for Wales' report of 2016. Regarding the specific issues you raise, I hope the Committee will appreciate that on this occasion there were a small number of recommendations where, whilst we agree with the intention of the recommendation, we reject the specific course of action favoured by the Committee. The decision to either accept or reject these recommendations was finely balanced and I am therefore pleased to have the opportunity to provide clarification on the specific points in your letter.

I trust the additional information in Annex A clarifies the position in relation to the particular recommendations you highlight.

Yours sincerely

Dr Andrew Goodall

cc: Andrew Evans, Chief Pharmaceutical Officer, Welsh Government
CGU Mailbox
Cabinet Mailbox

Annex A

Clarifications relating to the Welsh Ministers' response of 2 July 2018, to the Public Accounts Committee report Medicines Management

Recommendation 1: The Welsh Government produce an annual report detailing information on improvements in medicines management across all Health Boards to increase accountability and ensure the profile of medicines remains high on the agenda of Health Boards.

It was our interpretation that this recommendation stemmed from recommendation three of the Auditor General for Wales' report which concluded "*prescribing and medicines management need a higher profile within health bodies*". In our response we wholly supported the view that the Board of every health body in Wales should regularly scrutinise all aspects of medicines management.

It is apparent from the Committee's recommendation that we are entirely agreed on the desired outcome, Boards of health bodies being more accountable for delivering improvements in medicines management; for this reason we accepted the Committee's recommendation. I understand in accepting the recommendation our response which goes on to decline to produce a Welsh Government report on medicines management, may give the impression we do not accept the recommendation. I can assure you this is not the case. Our intention is to raise the profile of medicines management issues at a Board level. We consider the most appropriate way to achieve this is to improve the existing All Wales Medicines Strategy Group (AWMSG) annual report, by broadening the content and producing individualised health board reports information, ahead of publication of the 2018-19 annual report.

Recommendation 4: The development of a database to quantify the numbers of pharmacists and pharmacy technicians working in Wales, and to help plan their training requirements.

From October 2018, the planning for workforce needs in the health sector will be the responsibility of Health Education Improvement Wales (HEIW). To achieve this, HEIW will need to maintain and develop intelligence and information regarding the health workforce, including data relating to pharmacists and pharmacy technicians.

In establishing HEIW it is implicit the Welsh Government is committed to an improved, strategic approach to planning and commissioning of the future workforce. Our response to the Committee relates therefore to the specific recommendation to develop a database. It will be a matter for HEIW to determine how it discharges its functions which may be through new systems or be based on the existing databases referred to in the Welsh Ministers' response to the Committee.

Recommendation 7: The use of smart packaging technology to permit the safe re-use of unopened medicines, and reduction in wasted medicines.

We are pleased the Committee recognises the legitimate challenges associated with the reuse of medicines. Please accept my apologies if our response seemed dismissive of the issue, I can assure you medicines waste is a matter we take very seriously and health boards already have local policies and procedures in place to maximise the reuse of medicines within the controlled environment of hospitals in Wales.

We like the Committee, recognise there have in recent years been increasing calls for returned medicines to be reused and we appreciate that on face value reusing medicines may appear to be a solution to the problems of returned medicines. We would dispute that our response is *largely silent* on the matter of medicines waste.

Medicines waste is a complex issue, whilst it most obviously manifests itself as medicines returned to pharmacies. There is likely to be far greater waste in the form of hidden opportunity costs associated with unnecessary prescribing and dispensing and the suboptimal management of disease leading to avoidable morbidity. The Welsh Ministers' response of 2 May commits the Welsh Government to:

- Increasing the accountability of Boards for the effective use of medicines across all NHS bodies;
- Deliver a national campaign to raise public awareness of medicines management issues including waste;
- Reduce the over-prescribing of medicines known to have limited clinical value; and
- Reduce the over-ordering of prescriptions through the production of a compendium of best practice in repeat prescription ordering, including ordering by care homes.

These actions set out in the Welsh Ministers' response to recommendations 1, 2, 11 and 12, as well as our continuing commitment to include clinical pharmacists as an integral part of the general practice teams are a response to the root causes of medicines waste.

Recommendation 5: Evaluation of cluster pharmacists specifically in relation to funding models and recruitment.

We fully agree there is merit in the sharing of learning and good practice within and between health boards. General practice based clinical pharmacists from across Wales are given the opportunity to meet regularly to share best practice through a community of practice established and overseen by Public Health Wales' 1000 Lives Improvement Service.

The role of Welsh Government and health boards is to ensure primary care clusters deliver improvements in the health and wellbeing of the citizens they serve. Whilst this may include providing clear direction on the types of interventions and arrangements which are shown to be effective, it will be for clusters to determine the most appropriate delivery arrangements. The role of clinical pharmacists in GP practices supports improvement in the safety and quality of prescribing in primary care. Welsh Government will continue to measure such improvements using our developing suite of national prescribing indicators.

Other matters

In relation to **recommendation 2**, we have agreed with all health boards that Cwm Taf University Health Board will lead the work on a campaign to raise public awareness of

medicines management issues. This work will be based around the most successful elements of the *Your Medicines Your Health* campaign. We are currently discussing the detail of the campaign and how progress and the benefits will be monitored. We now envisage preparatory work will be concluded in 2018-19 with the public awareness element being delivered in 2019-20. I will include further information in the update we have committed to provide in early 2019.

I can assure you Welsh Government officials are in frequent contact with the NHS Wales Informatics Service to progress the business case and action plan for e-prescribing as described in **recommendations 16 and 17**. When I attended the Committee on 6 March 2017, I outlined how the capital costs associated with implementing e-prescribing are likely to be substantial and will require prioritisation over other investments; it is in this important context we are committed to getting the business case absolutely right.

A further update on progress will be provided early in 2019.