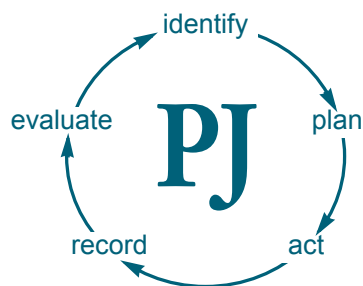


THE NEW NATIONAL HEALTH SERVICE

(3) UNDERSTANDING THE NHS IN WALES

By Phil Parry, DipAgVetPharm, MRPharmS

This article is the last in a series giving an overview of the National Health Service in Britain



identify gaps in your knowledge

1. Do you understand how the NHS is structured in Wales?
2. Which NHS documents should you be aware of?
3. What are the likely future developments for pharmacy in Wales?

Before reading on, think about how this article may help you to do your job better.

The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record," (available at: www.rpsgb.org.uk/education). This article relates to "political, economic and managerial aspects of the NHS" (see appendix 4 of "Plan and record").

The National Health Service in Wales provides primary care (eg, general practices, dental practices, pharmacies and opticians), secondary care (hospital and ambulance services), tertiary care (specialist hospitals treating diseases such as cancer) and community care (care provided in partnership with social services).

The National Assembly is the legislative body for Wales. Based in Cardiff Bay, it has powers to create and amend secondary legislation and to determine spending priorities. One of the most important areas in the Assembly's remit is health. A committee of the National Assembly, the Health and Social Services Committee, is made up of assembly members from different political parties. It is responsible for contributing to the development of Assembly policies on, amongst other things, prescribing and pharmaceutical services. The Welsh Assembly Government is the executive of the National Assembly.

NHS Wales is directed through the Welsh Assembly Government. It is headed by Ann Lloyd, who is director of health and social care. The chief pharmaceutical adviser, Carwen Wynne-Howells, is a part of the chief medical officer's team, and advises on professional pharmaceutical matters. The Welsh Assembly Government also has a pharmacy department, headed by Carolyn Poulter. Ms Poulter and her team deal with administrative matters which impact on pharmaceutical services and medicines.

NHS Wales has three regional offices, located in Mold, Pontypool and Carmarthen. They are both outposts and an integral part of the Welsh Assembly Government. These offices co-ordinate and manage the performance of the local health boards and NHS trusts in Wales.

NHS STRUCTURES

One recent change to NHS structure in Wales is that the National Assembly adopted the power of health authorities, under legislation enabled by the Government of Wales Act 1998. As a result, the five health authorities responsible for planning and paying for health

services in Wales ceased to exist on 1 April 2003. Many of the functions of the former health authorities were given to the local health groups, which reformed as statutory local health boards (LHBs).

Local health boards Wales now has 22 LHBs. These have adopted many of the functions of the abolished health authorities and are intended to develop services to provide for locally identified needs. LHBs commission primary care services and hospital and community health services and develop and implement health, social care and wellbeing strategies. Each LHB has a decision-making board and an executive team.

LHBs share common boundaries with local government and it is expected that a more integrated approach to health and social care will develop. However, there is tension between building local relationships and an obligation to respond to directions from the Welsh Assembly Government and to keep strictly within allocated budgets.

The Business Service Centre operating from six sites in Wales will provide support services for all 22 LHBs where there are benefits of scale in areas such as information management and technology, human resources and finance. It also operates contractor services for payments and provides administrative support to LHBs over contract applications.

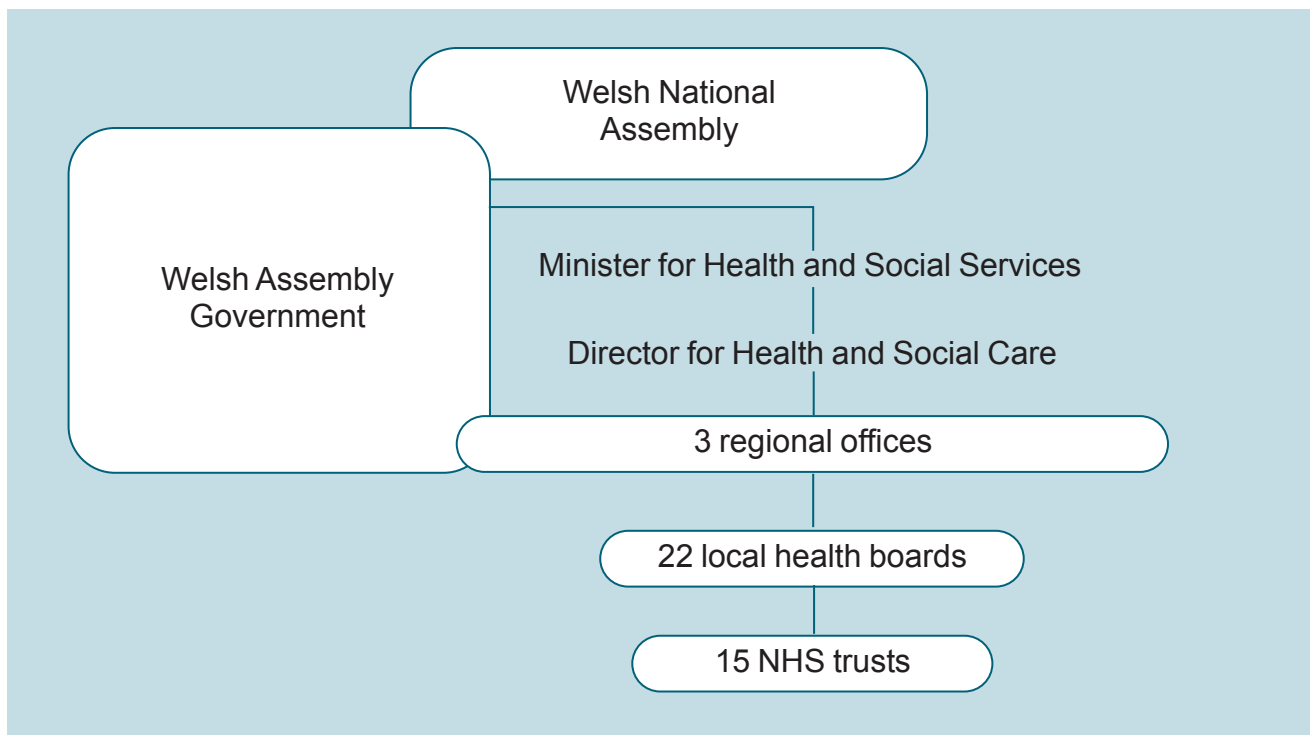
One LHB, Powys, has been designated as a "pathfinder" and has combined functions of both LHB and NHS trust (see below). This may be used as a model for other areas in the future.

National Public Health Service Some of the work previously done by health authorities (eg, management of public health resources) was transferred to a single organisation for the whole of Wales: the National Public Health Service. This organisation provides locally delivered guidance and advice to LHBs — each LHB has a public health director who is part of the NPHS.

The service has input from academic departments and the Public Health Laboratory Services in Wales, which incorporates the Communicable Disease Surveillance Centre in Cardiff. Among the providers of health professional expertise are pharmacists who were either former health authority directors of pharmaceutical public health or pharmaceutical advisers.

NHS trusts There are 15 NHS trusts in Wales which provide secondary care and tertiary care services as well as community health

Mr Parry is chairman of Community Pharmacy Wales, which represents the interests of all 712 community pharmacies in Wales in the health and social care sectors



The NHS in Wales

services. They include the Wales Ambulance NHS Trust, based in North Wales.

Velindre NHS Trust acts as a base for organisations providing special services. The best known of these, for community pharmacists, is Health Solutions Wales (www.hsw.wales.nhs.uk), which provides the Health of Wales Information Service. The trust also houses the prescription information and pricing service. This prices prescriptions in Wales and provides information to LHBs and for the contractor payments service based at the Business Service Centre. Another special service housed at Velindre NHS Trust is Health Commission Wales, which commissions tertiary and cross border care on behalf of LHBs.

PHARMACY INFRASTRUCTURE IN WALES

Welsh Pharmaceutical Committee The Welsh Pharmaceutical Committee is a statutory body that provides professional advice to the National Assembly and the Welsh Assembly Government. The committee is composed of members drawn from community, hospital and advisory pharmacists. There are also three regional pharmaceutical advisory committees that advise the regional offices of NHS Wales and the LHBs. This is unique to Wales.

Community Pharmacy Wales Community Pharmacy Wales is a committee that represents the diverse range of community pharmacies in Wales. Its board functions to interface with the National Assembly, the Welsh Assembly Government and the business service centre. It has developed specifications for out-of-hours services and is looking to develop specifications for other areas at a national level so that pharmaceutical services can be implemented at local level.

To communicate with the NHS Wales regional offices and LHBs there are three regional CPW subcommittees. These deal with local applications and act as a conduit to the LHBs, NHS trusts and unitary authorities (county councils). CPW has close links with the Pharmaceutical Services Negotiating Committee.

Pharmacy development groups Local pharmacy development groups are made up of community pharmacists, hospital pharmacists, prescribing advisers and the LHB pharmacist — in fact, anyone who has an interest in the development of pharmacy in their area. They aim to enable all pharmacists to get involved, debate and bid for new pharmacy-based services within the LHB

boundary. With their grass roots base pharmacy development groups are effective structures to interface with LHBs. Particular successes have involved organising blood pressure monitoring, clinical governance activity, medicines management and concordance activity.

SOURCES OF FUNDING

The largest source of funding for community pharmacies is through the current national contract. Pharmacy services for England and Wales are remunerated from a unified global sum. They are reimbursed through the Drug Tariff, which is, in practical terms, identical in both countries. The negotiations for the new contract for both England and Wales are being conducted through tripartite discussions between the PSNC, the NHS Confederation and the Department of Health. However, it might be that a separate contract for Wales will emerge at the instigation of CPW or the Welsh Assembly Government.

Local contracts also provide funding for community pharmacies. CPW recently finalised national rates for the oxygen, out of hours and advice to homes services. It is seeking to extend this principle of nationally agreed rates with locally agreed allocation.

There are some opportunities to bid for monies under the LHB primary care development funds. There will also be opportunities to bid in response to the health, social care and wellbeing strategies developed between LHBs and their local authority partners. Clinical governance activity and prescribing initiatives also offer opportunities for pharmacists.

IMPORTANT DOCUMENTS

It is important that pharmacists familiarise themselves with documents being produced at a national level and by their LHBs. At a local level it is worth looking out for invitations from LHBs to submit bids for the primary care development fund and the health, social care and wellbeing strategies. Bids can be health or social care related, or a mixture of the two. Ask your LHB for information about where they are in the planning of these strategies.

Nationally, the consultation document “Remedies for success” will form the basis on which services are developed in future. The five major themes are: pharmacy family, supplementary prescribing, medicines management, original pack dispensing and information management and technology.

action: practice points

Reading is only one way to do CPD and the Society will expect to see various approaches to CPD in a pharmacist's portfolio.

1. Check out the websites of the organisations and documents mentioned in the text (eg, "Remedies for success" is available at www.wales.nhs.uk) so that you are able to brief a colleague fully about activity in Wales.
2. Identify areas of interest and contact the organisations concerned for further information and support, eg, find out about any pharmacy development groups in your area. If your area does not have a pharmacy development group, help establish one. Contact Community Pharmacy Wales or the Royal Pharmaceutical Society for support.
3. Give some thought to whether or not you need to develop your skills further in the areas outlined for future role development (eg, supplementary prescribing).

evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following three questions:

What have you learnt?

How has it added value to your practice? (eg, have you applied this learning or had any feedback?)

What will you do now and how will this be achieved?

Pharmacy family The pharmacy family theme aims to make best use of pharmacists' skills in all areas of health care. For example, pharmacists' skills can be used in medicines information, in quality control, on various drug and therapeutics committees and in advisory roles.

Community pharmacy is promoted as the interface between the public and local health care professionals. It will be required to be the first port of call for information and advice about the use of medicines. The aim is also to formalise communication between community pharmacy and specialised centres such as the Welsh Medicines Resource Centre. It means that community pharmacies could become outposts for specialist services, supported by information technology and guided by specialist pharmacists.

Supplementary prescribing The LHBs have recently written to pharmacists and nurses asking for expressions of interest to train as supplementary prescribers. Supplementary prescribing is a way for pharmacists to manage chronic diseases, operated through a care plan agreed by the patient, diagnostician and the pharmacist. The training is extensive, requiring face-to-face learning, distance learning and time spent with a prescriber.

The investment in the training will provide successful participants with greater professional freedom and business security. Further information and support is available from CPW or the Royal Pharmaceutical Society's Welsh Executive.

Medicines management The document "A spoonful of sugar," published by the Audit Commission in 2001, identified the improvements in cost and quality that can be achieved in secondary care through medicines management approaches and interventions. "Remedies for success" sees these being extended to primary care and there are important roles for community pharmacists, in this arena.

Original pack dispensing It is important for enhanced patient safety and information and as a prerequisite for better use of technology, for medicines to be supplied in original packs.

Information management and technology Information management and technology strategies lie at the heart of "Remedies for success". The Welsh Assembly Government has recently commissioned a scoping study for the electronic generation and transmission of prescriptions. This is a wide and inclusive view of electronic systems for prescribing and dispensing medicines. It has, at its heart, connectivity of health care professionals to the NHS Wales information technology infrastructure. This includes pharmacists in community and hospital. Central to the service is access to a single electronic patient record or perhaps more appropriately, patient approved access to the record. With this in place, pharmaceutical care by community pharmacists can become a reality.

Automation is also approaching. Already NHS trusts in Wales are installing robots into their pharmacies, while on the continent they are appearing in community pharmacies. Even where use of robots is not possible, information management and technological advances will enhance patient safety and free pharmacists' time.

THE FUTURE

The emerging policies of the Welsh Assembly Government will also have an impact beyond "Remedies for success". The policy to provide free prescriptions will impact on GPs and community pharmacies in particular but it is too early to know the eventual outcome. On the face of it, free prescriptions could increase volume, professional workload and NHS costs. Much work is needed to minimise risks and to create a win for all parties. On the plus side, it is possible that the policy will herald independent NHS prescribing by community pharmacists for self-limiting conditions. It may also hasten the inclusion of pharmacists in supplementary prescribing.

The development of a new contract for Welsh community pharmacy is likely in the next two years.

RESOURCES

- Further information about service development can be found on the Community Pharmacy Wales website (www.cpwales.org.uk) and by contacting the Royal Pharmaceutical Society's Welsh Executive (tel 029 2041 2800, e-mail wales@rpsbg.org.uk).
- Further information about NHS structure in Wales can be found on the Health of Wales Information Service website (www.wales.nhs.uk).