

Wales launches strategy for pharmacy

“Remedies for success: a strategy for pharmacy in Wales” has been launched this week. It aims to enable the profession to deliver high quality pharmaceutical services in Wales and focuses on how patients’ needs can be met over the next 10 years. Zoë Gross reports

THE long-awaited Welsh pharmacy plan has been published this week by the Welsh health minister, Jane Hutt, alongside strategies for dentistry and optometry. “Remedies for success: a strategy for pharmacy in Wales”, which was previously referred to in the National Assembly as a draft pharmacy strategy, is the starting point of a consultation process to develop an integrated strategy for pharmaceutical services in Wales. It is intended to embrace all branches of the profession and is out for consultation until 31 December.

The strategy focuses on the pharmaceutical needs of the individual through both pharmaceutical and multidisciplinary roles and on how these can be met over the next 10 years. It 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”.

The strategy is based on a vision of the future, with 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 United Kingdom. That vision involves pharmacists using their expertise to: help people, maintain people’s health, manage common ailments, make the best use of prescribed medicines and manage long-term medication needs.

To achieve this vision, the strategy identifies three areas in which action is required:

- 1 Redesigning services for patients
- 1 Continuously improving quality
- 1 Making the best uses of resources

For each of these areas, actions to be taken during the next 10 years are included in the strategy.

Each copy of the consultation document contains a pull-out section for people to use to comment. Carwen Wynne Howells, chief pharmaceutical adviser to the National Assembly, told *The Journal*: “We are encouraging everyone to respond and we are not paying lip service to consultation — we do not have a monopoly on good ideas.” In addition, the three strategy documents are to be discussed by the National Assembly’s health and social security committee on 23 October. A final version, including an action plan for implementation, is expected to be published before the end of the 2002–03 financial year, ahead of the National Assembly elections in May 2003.

“The pharmacy strategy covers the whole of pharmacy, not just primary care,” Ms Wynne Howells says. “It is an integrated strategy.” She added that since pharmacists deal with well people, as well as those who are ill, sections are included about pharmacists’ interactions with the public as well as with patients. Recommendations of the

Welsh task and finish group report on prescribing are included as an appendix and they will be implemented in parallel.

She says that one of the main aims is to raise awareness among the public of pharmacy’s role in health care and the work that pharmacists could do. “We have received recognition from the Government and other professions that we are an underused resource, but we have a long way to go in raising the public’s awareness of pharmacy.”

The Journal reported a delay in the release of the strategy in July (*PJ*, 27 July, p121). Ms Wynne Howells says that part of this was because of the need to co-ordinate with the publication of the two other strategies. In addition, as an official document, a Welsh language version had to be prepared.

REDESIGNING SERVICES FOR PATIENTS

Part of the purpose of the strategy is to ensure the best use of what new technologies will offer and to support people looking after themselves. The strategy highlights the fact that “pharmacists must form a bridge between high technology medicine and individual human need”. To do this, many aspects of service provision need to be redesigned and the strategy sets out ways in which it will ensure that this will happen (see Panel 1).

The strategy recognises that “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”. However, it says that it will be important to ensure that all communities continue to be able to access a local network of community pharmacy premises and suggests that that a review of the future role, organisation and nature of community pharmacy should be undertaken by the Welsh government.

Panel 1: Redesign of services for patients

The strategy will ensure that:

- 1 Information and support on all medication issues will be more readily available, with easy access to new supplies of medicines as required
- 1 New and emerging technologies will be harnessed to make services more accessible and convenient
- 1 New ways of providing services will be developed to meet people’s needs more effectively
- 1 The “partnership” between the pharmacist and the patient will be strengthened



Carwen Wynne Howells: one of the aims of the strategy is to raise awareness among the public of pharmacy’s role in health care

Robert Gartside, North Wales Local Pharmaceutical Committee secretary, told *The Journal* that he is “not at all happy about [the strategy’s] acceptance of a likely increase in direct supply to the patient”. He says that patients waiting for deliveries to arrive may be inconvenienced and community pharmacists are unhappy that they are not handling the total pharmaceutical care of the patient.

The strategy also states that appropriate emergency pharmaceutical care should be available everywhere 24 hours a day. Arrangements for out-of-hours services will be agreed locally. The process will be informed by an appraisal of out-of-hours requirements, to be conducted by the Assembly.

The strategy says that the introduction of electronic systems will improve patient care through the use of decision-support software to assist rational prescribing and the reduction of medication errors. The Welsh government has undertaken a scoping exercise to examine the potential for prescriptions to be generated by prescribers, transmitted for dispensing and appropriate information to be available for payment for pharmaceutical services to take place within an electronic environment. “This will become a reality within the lifetime of this strategy,” it says. It is a requirement in the strategy that all pharmacists working in, or for, the NHS in Wales must have access to the NHS Wales intranet by 2004.

The electronic requirements of pharmacy will be reviewed. It should be possible for all pharmacists to access a wide variety of information services in support of their patient care, using appropriate information technology. “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 strategy says.

It notes that there is 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. There is also potential for a link between NHS Direct and pharmacies. Technological advances will include growth in automated dispensing, and the first robotic technology will be installed in a community pharmacy soon.

The strategy reports that modernisation of supply, including the emergence of e-pharmacy, will have considerable impact over the next 10 years and is likely to have particular significance in the area of repeat dispensing. However, it is likely, for many years, that only a small number of people in Wales will routinely use electronic means to obtain their pharmaceutical services as large numbers will not have access to appropriate information or will prefer face-to-face contact. Geraint Davies, a member of the National Assembly for Wales and a the pharmacy proprietor, told *The Journal* that this is one area of the strategy he is concerned about. He says that it is "a potential threat to pharmacy network". If more people obtain their medicines via the internet, there will be less work for pharmacy.

The strategy highlights the fact that the profession must develop new ways of working with other health care professions and suggests areas such as diabetes, asthma, cardiac rehabilitation, palliative care, nutritional support and substance misuse. Mr Davies, comments that this "gives a great opportunity for pharmacists to take a full part in the health improvement in Wales. With the implementation of this report they will be full partners of the health care team". He adds: "It is an exciting document which anticipates changes in technology and drug usage". However, he says that "pharmacists no doubt will welcome the acknowledgement that increased resources are required to implement the plan".

"One particular delight for me is the choice of 28 days for original pack dispensing," Mr Davies says. The strategy says that an original pack dispensing implementation plan should be developed and should include standardisation of 28 days' supply. However, it notes that there are groups of patients for whom moving to original pack dispensing and automated systems will present particular difficulties. In terms of phar-

Panel 2: Improving quality of services

The following areas are addressed:

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

Panel 3: Making best use of resources

The following areas are addressed:

- 1 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
- 1 Getting value for money for medicines
- 1 Ensuring that staff skills and knowledge match the roles expected of them
- 1 Ensuring that appropriately qualified pharmacists and other staff are attracted to and retained in Wales
- 1 Ensuring that the physical environment of pharmacy is appropriate

maceutical public health it envisages that specialists in this field will form part of new National Public Health Service and that their role will focus on patients, medicines and health in six areas: prescribing, self care, surveillance, policy, education and training, and research.

CONTINUOUSLY IMPROVING QUALITY

The plan also sets out ways of working towards the continuous improvement of quality in pharmacy services. Key objectives it identifies as a means of achieving uniformly high standards for all patients across Wales include adequate resourcing to meet changing clinical needs, properly preparing pharmacists to meet changed needs and ensuring their full contribution to new service developments (see Panel 2).

The plan sets out a number of actions to try to achieve these objectives. These include the development of a capacity planning tool, clinical governance and consideration of risk management standards.

In terms of pharmacy's contribution to new services the plan states quite plainly that there needs to be pharmacist involvement in the implementation of all national service frameworks. It also makes clear that a robust training infrastructure is needed in order to meet growing demand for preregistration training, postgraduate diplomas and extended responsibilities, such as pharmacist prescribing. The Welsh government is expected to support further investment in dedicated education and training posts.

On CPD, the plan says that the introduction of mandatory continuing professional development will mean that staff numbers will have to rise in order to make protected time available. "The resources to meet these demands adequately must be put in place quickly if Wales is not to lose staff to more progressive parts of the UK," it states. Specific actions advocated in the plan include official encouragement of the use of CPD portfolios before CPD becomes compulsory, the introduction of a formal training framework at national level and

commissioning a leadership and management development programme for pharmacists.

The plan says that the shortage of pharmacists must be addressed by attracting more students to study pharmacy and giving priority to encouraging them to stay in the profession once qualified. It fails to say how this can be done, other than by providing incentives for pharmacy technicians to enrol on degree courses, possibly on a part-time basis. However, it recognises that the scale of the shortage is such that the total number in training has to be increased. The Welsh government is asked to give urgent consideration to this, particularly the need to train and recruit Welsh-speaking pharmacists.

MAKING THE BEST OF RESOURCES

The strategy notes that some radical change is now required to realise the full potential of pharmacy and to ensure that Wales has a pharmacy service that is at least equal to others in the UK. (See Panel 3 for details on the strategy's recommendations on making the best use of resources.)

The strategy states that pharmacists can move to full independent prescribing status as quickly as legislative change permits. The Welsh government is already committed to the extension of supplementary prescribing rights to pharmacists by 2004 and that independent prescribing status will follow.

The strategy comments that community pharmacy is experiencing recruitment difficulties because of the expansion of the numbers of pharmacists required to cover extended opening hours in supermarket outlets and the impact of the pharmacist's role in new areas of practice. "There are significant increases in staff numbers predicted to be required by 2005, from the existing secondary care plans. Increases in excess of 40 per cent in both pharmacists and technicians highlight a large training and resource gap to be bridged," the strategy says.

According to the strategy, the Welsh government is to encourage trusts to evaluate the suitability of their pharmacy premises and identify appropriate development plans. It says that many hospitals in Wales have pharmacies covering less than 500m². "Safe services provision in such circumstances is not sustainable."

Although the net investment required to achieve the strategy will depend upon the saving which it generates, significant additional investment will be required. The strategy suggests exploring extension of the cost rent scheme to community pharmacies.

Andrea Robinson, chairman of the Royal Pharmaceutical Society's Welsh Executive, welcomed the strategy saying: "It is an innovative approach to developing a strategy for the profession, integrating the profession of pharmacy and integrating us with other health care professions."

Copies of the strategy can be obtained from Health and Well-being Strategy and Planning team, Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ or from www.wales.gov.uk/subihealth/content/key-pubs/pdf/pharm-strat-e.pdf.