

Health and Social Care Committee

Meeting Venue:
Committee Room 1 – Senedd

Meeting date:
16 November 2011

Meeting time:
09:30

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

1. Introductions, apologies and substitutions

2. Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from the Royal College of Nursing Wales (09.30 – 10.20) (Pages 1 – 9)

HSC(4)–11–11 paper 1

- Lisa Turnbull, Policy and Public Affairs Adviser
- Sue Thomas, Primary Care and Independent Sector Adviser

Break 10.20 – 10.30

3. Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from Diabetes UK Cymru and the Family Planning Association (10.30 – 11.15) (Pages 10 – 15)

HSC(4)–11–11 paper 2 – Diabetes UK Cymru

Jason Harding, Policy and Public Affairs Manager, Diabetes UK Cymru

HSC(4)–11–11 paper 3 – Family Planning Association

Melanie Gadd, Project Co-ordinator FPA Jiwsj project

4. Papers to note (Pages 16 – 18)

Letter from the Minister for Health and Social Services and the Deputy Minister for Children and Social Services – Additional information on the draft budget 2012–13

HSC(4)-11-11 paper 4

5. Motion under Standing Order 17.42(vi) to resolve to exclude the public from the meeting for item 6 (11.15)

6. Inquiry into Stroke Risk Reduction – Private discussion on key issues (11.15 – 11.45)

Health and Social Care Committee

HSC(4)-11-11 paper 1

Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from the Royal College of Nursing Wales

Royal College of Nursing
Ty Maeth
King George V Drive East
Cardiff
CF14 4XZ

8 November 2011

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

Dear Mark

Thank-you for your letter of the 18th October inviting the Royal College of Nursing to provide evidence to the Committee Inquiry into Community Pharmacy.

Nurses (and health care support workers) employed by general practitioners and in a variety of other settings provide well established, valued and effective clinical services in primary care.

The Welsh Government has stated its intention to improve access to primary care services and in particular introduce health check of the over 50's. The nursing profession is integral to achieving this aim.

Nurses, Nurse Practitioners and Health Care Support Workers in Primary Care

Practice Nurses are usually employed by General Practitioners (and therefore not usually covered by *Agenda for Change* terms and conditions) to undertake a range of tasks, including travel health, chronic disease management and cervical cytology.

Nurses undertake a two year degree course to become Nurse Practitioners and would be senior nurses (who may also have undertaken specific

qualifications) within the practice responsible for nurse led clinics, chronic conditions management, minor illness, triage, supplementary or independent prescribers. The RCN defines a nurse practitioner as a registered nurse who has undertaken a specific course of study of at least first degree (Honours) level and who:

- makes professionally autonomous decisions, for which he or she is accountable
- receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- screens patients for disease risk factors and early signs of illness
- makes differential diagnosis using decision-making and problem-solving skills
- develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures
- orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies
- has a supportive role in helping people to manage and live with illness
- provides counselling and health education
- has the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- works collaboratively with other health care professionals
- provides a leadership and consultancy function as required

Health Care Support Workers (who often have a variety of titles) whose routine duties are delegated to them by a registered nurse or who have a health and social care qualification, are part of the nursing family and are eligible for membership of the Royal College of Nursing. HCSWs in primary care may often undertake technical clinical work (e.g. recording patient observations, taking blood samples, dressings and wound care). HCSW are not a regulated profession.

Developing the nursing profession in primary care is a clear opportunity to improve access for patients. Nurses delivering primary care services will usually be employed by the GP but could also be employed by the LHB or an alternative provider such as a community pharmacy or Public Health Wales. It is also important to emphasise that improving access is not 'merely' about public convenience it is about:

- improving public health
- prevention
- tackling minor illness and injury appropriately

- managing chronic conditions to maintain independence and prevent deterioration

Nurse Prescribing

The legislation allowing independent nurse prescribing was introduced in Wales in 2007, seven years after it was introduced in England.

Research shows that the majority of nurses who prescribe have at least ten years nursing experience before starting their prescribing training. Before they can even access a course, nurses have to be able to demonstrate that they have sufficient assessment and diagnostic skills in the specialist area they will prescribe in. The All Wales curriculum is highly regarded across the UK because of its emphasis on calculation, and has since been implemented as a UK standard, and is included in the NMC guidelines and standards.

The most important impact is the improved service offered to patients and clients. The patient has improved access to and advice about their medicines and it enables more effective use of the skills and time of nurses. It also ensures that the professional and legal accountability for the prescription issued is clear.

Importantly having experienced and qualified nurse prescribers allows for the more effective development of nurse run clinics.

The Welsh Government currently funds places for nurses on the prescribing course. However these places are not strategically targeted at a specific field of practice and there has been little uptake to date from primary care. Moreover taking up a place on the course requires an experienced prescriber as a mentor and nurses outside acute hospitals have reported difficulty in securing support from medical colleagues.

Attached with this evidence is a copy of *Lifting the Lid*. This is a report of the Wales non-medical prescribing conference held in 2010. It covers contemporary issues in Wales non-medical prescribing in more depth.

Occupational Health Nurses

Occupational Health Nurses (OHN's) make a valuable contribution to the Welsh economy, by assisting organisations and businesses to minimise their sickness absence and supporting the health and well-being agenda. Increasing the ability of the general population to access their services (only 6% of businesses in the private sector providing comprehensive OH services) will prove of great benefit to the public, assisting them to maintain and regain health contributing to improved lives and improvement in health inequalities and social exclusion.

Increasing the numbers of occupational health nurses in primary care could be extremely beneficial in reducing economic inactivity, receiving regional referrals and co-ordinating with GPs in each area to work together on health management. They could also support the local business community providing advice and referrals and building relationships.

Sexual Health

The need to improve sexual health services in Wales was one of the key points for the RCN in Assembly election of 2011. Our members were clear that too often this issue received a low priority in considerations of public health and primary care.

Recent years have seen an increase in the number of sexually transmitted infections in Wales not all of which can be explained by an increase in diagnosis. Access to long-term contraception methods can be variable particularly in primary care and both the funding and access to the training needed to deliver this service requires review. Equitable access to abortion services, particularly in North Wales, is also needed. Finally an integrated approach between health, education and crucially employment initiatives is required on teenage pregnancy.

Conclusion

The Royal College of Nursing is aware that the Health & Social care Committee Inquiry is principally concerned with the contribution of community pharmacy to health services in Wales.

We believe that this contribution is substantial. The RCN supports the development of 'enhanced' or 'advanced' services provided by community pharmacists. Pharmacy is a regulated profession and extremely well placed to assist in the development health services. Indeed the skills of the pharmacist would be well placed to combine with nursing skills.

The Inquiry however has also been a valuable opportunity for many groups and individuals to raise with the Committee broader policy questions of non-medical primary care services. It is our hope that our evidence will provide a useful opportunity for the Committee to understand nursing contribution to this agenda.

Kind regards

Yours sincerely

A handwritten signature in blue ink, reading "Tina Donnelly". The signature is fluid and cursive, with the first name "Tina" and last name "Donnelly" clearly distinguishable.

TINA DONNELLY
DIRECTOR, RCN WALES

Non Medical Prescribing in Wales - what is the current picture 5 years after its inception

1. Introduction

Changes have been made to UK wide medicines legislation permitting non-medical prescribing in the UK. It is up to each devolved administration to decide how it is implemented within its NHS. To enable this changes to NHS Wales Regulations have been made.

Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers, working within their clinical competence as either independent or supplementary prescribers.

Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. An independent prescriber may currently be a specially trained nurse, pharmacist or optometrist who can prescribe any licensed medicine within their clinical competence (there are restrictions on the prescribing of controlled drugs) or a community practitioner nurse prescriber for example district nurse, health visitor or school nurse, can independently prescribe from a limited formulary .

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient's agreement. A supplementary prescriber may currently be a specially trained nurse, optometrist, pharmacist, physiotherapist, podiatrist or radiographer who can prescribe any medicine within their clinical competence, according to a patient specific clinical management plan agreed with a doctor or dentist and the patient.

2. Purpose

This briefing using the information available from the questionnaire and feedback from non medical prescribers will aim to:

- present the current picture in Wales of pharmacist and nurse non medical prescribing
- gauge if the original intent for non medical prescribing has been delivered
- make recommendations on how the NHS in Wales can support the development of non medical prescribing.

3. Background

The Welsh Government has made a commitment to non medical prescribing; this commitment has been supported by budget allocation to train over 600 nurse and pharmacists as non medical prescribers, and additionally in supporting the concept of non medical prescribing in

- services change to improve patient safety ,
- choice and access to services without compromising patient safety,
- improvement in patient care ,
- making appropriate use of skilled healthcare workforce,
- contributing to the introduction of more flexible team working across the NHS
- increasing capacity to meet demand of new ways of working

Appendix 1 outlines the original Welsh Assembly policy drivers and their ambition for non medical prescribing to evolve across the professions and become integrated in service delivery to improve patients care and access to medicines, making their single NHS encounter more productive and efficient. The [All Wales Medicines Strategy Group](#) has also published a medicines strategy for Wales, *Getting the Best Outcomes from Medicines for Wales* in 2008.

The current prescribing rights (appendix 2) demonstrates that the legal framework has been established and evolved to recognise non medical prescribing as a useful development in meeting the needs of the 21st century health service.

The Medicine Management Programme Board established a Task and Finish sub group to review the current picture of how NHS Wales is utilising and developing the skills of Non medical prescribers to deliver on its original policy objectives for improving accessibility of medicines to patients. The group aimed to focused efforts in identifying how Health Boards had taken forward the recommendations of the *Lifting the Lid* symposium, following the letter to Heath Boards from Paul Williams dated June 2010 (appendix 3)

4. Methodology

A questionnaire was developed by the sub group and sent to the seven Health Boards and Velindre NHS Trust in January 2011. This was subsequently returned by 5 health Boards and Velindre NHS Trust. The main findings from the questionnaire (appendix 4), prescribing data and issues raised across Wales and England form the basis of the discussion and recommendations made in this briefing paper.

5. Findings

5.1 General findings

The original policy objectives of establishing non medical prescribing in Wales are well underway. Health Boards have feedback that non medical prescribers are an asset to their organisation and this appears to be supported by the growing number being trained and in practice. The general feedback from studies in England (appendix 5) has shown that patients are happy with the new prescribing status of pharmacist and nurses and value the access to medicines when under their care.

- Currently 213 **independent** prescribers are active in the community for NHS Wales, prescribing on average 1312 items per year
- In comparison an individual GP prescribes on average 35790 items per year
- The highest prescribing IP prescribed 10551 items
- 1 prescription in every 250 in NHS Wales is written by an independent prescriber.
- Only 17 **supplementary** prescribers are active in the community
- 42% of items prescribed by independent prescribers fall into 3 categories (infections 17%, CNS 13%, respiratory 12%)

5.2 Specific findings

Based on the feedback from the questionnaire, non medical prescribers and key stakeholders

5.2.1 Service redesign

- There has been significant growth in independent prescriber nurses working in GP practices, acting as triage/nurse practitioners.
- There is no national strategy for embedding and making the best use of non medical prescribing, respondents have also indicated that there are no local Heath Board strategies being implemented at this time.
- There is little evidence of widespread non medical prescribing use within chronic conditions management, especially in a community setting.
- There are examples in practice that non-medical prescribing has improved patients access to medicines, by enabling a patient to receive treatment at the point of consultation.
- Generally non medical prescribing has been driven by the individual practitioner and their special interest. It has been used to extend professional roles and thereby increase the quality of existing services, as opposed to enabling planned service re - design.

5.2.2 Workforce development

- Across the Health Boards there are wide ranging variations in the service planning for areas that would benefit from using non medical prescribing.
- Many non medical prescribers are in senior Agenda for Change band positions. There is a lack of evidence of workforce planning and development to succession plan for these posts through the requirement for qualification as a non-medical prescriber being written into job descriptions.
- The number of non medical prescribers in practice and those currently in the pipe line to be trained varies greatly across the 7 Health Boards.
- Generally, the numbers of non medical prescribers in practice have slowly risen from its introduction but currently not all trained non medical prescribers are using their qualification
- Most of the current jobs/roles undertaken by non medical prescribing are not reflected in the specifics of their job description.

5.2.3 Clinical Governance

- Local Health Board clinical governance arrangements for non medical prescribing vary across Wales, i.e. in many cases responding to the questionnaire being an impetus to develop a local register within each Health Board and appointment of leads/champions for non medical prescribing.
- Feedback from the questionnaire showed that every Health Board has identified a lead for Non-Medical Prescribing.
- There is a range of prescribing guidance for non medical prescribers across Health Boards which appears to be focused on technical processes of the course and not on where the services should be delivered.
- There appears to be little risk management strategies for non medical prescribers that are operational across primary and secondary care.

5.2.4 Education and training post qualification

- The ongoing education and training needs of non medical prescribers once qualified do not appear to be routinely identified or addressed long term.
- Maintaining therapeutic knowledge and competence appears to be the responsibility of the prescriber.
- There is no formal provision made for maintaining and assessing of prescribing skills for non medical prescribers after qualifying.

6. Discussion

Non medical prescribing has been developing in a manner that suits individual practitioners and not within a national prescribing strategy. It has added value to existing services by allowing non medical prescribers to extend their roles and manage patient conditions through providing quicker access to medicines but not been part of the service redesign envisaged by Designed for Life and 'Setting the Direction' Primary & Community Services Strategic Delivery Programme. While the group recognises that the implementation of the AWMSG's strategy for medicines will enhance the development of non medical prescribing in Wales, none of the 48 recommendations relate directly to non medical prescribing. The role of the Welsh Pharmaceutical Committee could be one to recognise and shape the direction of both medicines management and prescribing strategies in Wales.

To date there has been little or no non medical prescribing in the community pharmacy setting although a number of community pharmacists have undergone training. There is also little evidence of provision to use non medical prescribing to deliver chronic conditions management in a community setting outside of nurse led clinics in GP practices.

7. Recommendations

Recommendation 1:

A National Prescribing Strategy is developed by Welsh Government.

The original policy intent of establishing non medical prescribing in Wales has now been met. There is thus a need to establish policy intent to embed non medical prescribing firmly within the NHS in association with the other systems of accessing medicines.

Remedies for Success, the existing prescribing strategy for Wales was prepared almost 10 years ago, how the NHS uses medicines has changed considerably over this period especially in respect to the introduction of new prescribing rights for non – medical prescribers and the strategy is now in need of review and refreshing.

The preparation of a new national prescribing strategy could incorporate all aspects of prescribing by Doctors, Dentists and non-medical prescribers with an aim to reduce costs from prescribing and embed robust skills, knowledge and behaviours across NHS Wales.

A national prescribing strategy should also look at making the best use of a number of processes to improve access to medicines such as Patient-specific directions (PSDs), Patient group directions (PGDs), using nurses, pharmacists and allied health professionals as supplementary and independent prescribers.

The strategy should encompass all systems and processes that include access to medicines and medicines management, focusing on making the best use of the NHS workforce including non medical prescribers to aid delivery of enhanced services, minor ailment services, Chronic Conditions Management in the community, out of hours services, unscheduled care, linking into the primary care strategy, the rural health plan, and pledges made by Welsh Assembly for its current term in office.

Recommendation 2:

Commissioning of pilot studies to evaluate of service redesign

The lack of formal strategic intent and service evaluation of non medical prescribing is a hindrance to service planners when thinking and planning new services.

To demonstrate how non-medical prescribing can positively impact patient care through service redesign, **three pilots** should be initiated and reviewed. The areas identified as themes for the pilots are:

1. non-medical prescribing in **unscheduled care**
2. non-medical prescribing in **chronic conditions management in care homes**
3. non- medical prescribing in **community pharmacy**, with community pharmacists having direct access into the Health Board drug budget

Recommendation 3:

A system for monitoring and surveillance of non-medical prescribing should be established

We welcome the involvement of NLIH in respect to commissioning of education requirement in non medical prescribing.

A local and national system should to be developed to monitor and share good practice of non-medical prescribing. For example through the Health Profession Forum of the Health Boards, reporting in to the Health Board at a local level and the National Joint Professional Advisory Group.

This process would provide a mechanism for non-medical prescribing to be discussed on a local and national level, ensuring cross profession awareness and support in service redesign as well as monitoring clinical governance aspects.

8. Conclusion

The NHS is facing unprecedented challenges and new ways of working are now needed to deliver effective services which improve health and make the best use of all available resources. The Welsh Government has signalled that new workforce models are required to deliver improvements across the NHS especially in our more rural communities.

A revision of the previous prescribing strategy for Wales incorporating all systems of accessing medicines and including non medical prescribing would indicate leadership for the service. Testing and evaluating service redesign through a series of pilot studies would provide an evidence base for non-medical prescribing. Enhancing monitoring and surveillance systems for non medical prescribing would provide invaluable information sources, help with service planning and strengthen local clinical governance arrangements.

Agenda Item 3

Health and Social Care Committee

HSC(4)-11-11 paper 2

Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from Diabetes UK Cymru



Submission to Inquiry into the Contribution of Community Pharmacy to Health Services in Wales: Diabetes UK Cymru

Diabetes is now one of the most pressing health issues in the Wales. There are 160,000 people diagnosed and an estimated 66,000 undiagnosed with the condition. The number of people living with diabetes in Wales grows by 7,000 every year. Diabetes is a major cause of amputation, heart disease, blindness, kidney failure and stroke. It cost NHS Wales £500m last year (10% of its entire budget)

Diabetes UK is the sole charity working with and for people with both Type 1 and Type 2 diabetes. Our goals are practical. We aim to reduce the rate of increase of diabetes and ensure earliest possible diagnosis; half the rate of complications; increase the quality of life for people with diabetes, and reduce premature deaths.

The Inquiry is a timely one. We appreciate that the Health and Social Care Committee will be working through many submissions. Diabetes UK Cymru feels the following issues are pertinent to the Committee's considerations. We have aimed to be concise.

The Role of Pharmacy and Enhanced / Additional Services

For many, pharmacy is the most accessible health interface in their community. Many people can be intimidated by doctors and nurses who they see as authority figures. They will not present at a health centre unless they are unwell. Whilst simplistic, appointments at health clinics tend to be quite short and goal orientated – diagnosis and treatment recommendation.

With an increased focus on the benefits of preventative and patient-centred health, creative approaches need to be considered if progress is to be made in an environment of reduced health spending.

Diabetes UK Cymru believes consideration of an expansion of the role and duties of pharmacy is sensible. Areas that could be considered with recommendations follow.

1. Risk awareness and screening

In June 2011, Diabetes UK Cymru in partnership with Community Pharmacy Wales, the Royal Pharmaceutical Society and Public Health Wales delivered a risk assessment campaign across all pharmacies in Wales as part of the community pharmacy contract. It screened 17,500 people, nearly 1,500 of whom were classified as high risk and referred to GPs for further diabetes tests.

Collaborative work involving pharmacy and the statutory/third sector should be encouraged. No single partner would be able to achieve the impact that the coalition of bodies was able to achieve. The initiative was successful but only identified around 2% of people estimated to be living with undiagnosed diabetes in Wales. Early identification of diabetes would save considerable money by reducing the costs of complications that would otherwise arise

Recommendations

- Pharmacies to offer diabetes risk assessment and screening all year round.
- Continuous screening for other long term health conditions should also be considered

2. Provision of support to those living with long term conditions

People with diabetes have around 3 hours of contact time with a health professional (doctor, nurse or specialist) each year. They are expected to self manage for the remaining 8,757 hours. 80% of people with diabetes do not follow their management plan and 60% of people do not understand their diabetes diagnosis or the medicine prescribed to them. The repercussions are clear. People with diabetes make up 5% of the population and 15–20% of hospital inpatients in Wales.

Opportunities to better enable people with diabetes to understand the condition and how to manage it effectively are clearly required but increasing contact time significantly with GPs or Diabetes Specialist Nurses is simply not viable. Pharmacy staff could play an important role in the provision of increased access to support and advice.

Recommendation

- Pharmacies offer general diabetes advice, support and information to assist people living with diabetes understand and manage the condition more effectively. Where appropriate referrals are made to a local GP or health centre.

3. Behaviour Change

Diabetes UK Cymru estimates that there are 350,000 people in Wales with elevated blood glucose levels. Many will go on to develop diabetes and heart disease or experience a stroke. It is not melodramatic to say it is a ticking time-bomb. The Welsh Government and Public Health Wales acknowledge that rising numbers of people classified as obese is an increasing problem. Behaviour change across large population groups is extremely difficult. Previous public health campaigns have unfortunately made little impact.

Recommendations

- Pharmacies provide good opportunities for the provision of information and advice on diet and lifestyle to hard to reach groups in their communities.
- Dedicated diet and lifestyle expertise and coaching should be delivered through pharmacy clusters.

Health and Social Care Committee

HSC(4)-11-11 paper 3

Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from the Family Planning Association



November 2011

FPA submission to the Health and Social Care Committee Inquiry into Community Pharmacy

1. Executive summary

- 1.1 FPA is one of the UK's leading sexual health charities, with over 80 years' experience of providing the UK public with accurate sexual health information, education and advice services.
- 1.2 FPA represents a national voice on sexual health, working with and advocating for the public and professionals to ensure that high quality information and services are available for all who need them.
- 1.3 FPA delivers a community sex and relationships education project to groups of vulnerable young people in community settings throughout North Wales. *Jiwsí* has been in operation since 2002 and works with groups of vulnerable young people which can include looked-after children, children with disabilities, excluded young people and young offenders.
- 1.4 We support pharmacy provision of sexual health services such as provision of emergency hormonal contraception (EHC) as it is important to offer women a choice of where they can access EHC from. We warmly welcomed the recent announcement that EHC would be available for free of charge from pharmacies in Wales.

- 1.5 We would also support the provision of other sexual health services through pharmacies, such as condom distribution through a local C-Card Scheme.
- 1.6 However, we think that increased provision of sexual health services through community pharmacies in Wales must be delivered alongside high quality training and guidance to enable pharmacists to signpost people to other sexual health services if they need them.
-

FPA welcome the opportunity to respond to the Health and Social Care Bill Committee Inquiry into Community Pharmacy and will restrict our comments to our areas of expertise.

2. The effectiveness of the Community Pharmacy contract in enhancing the contribution of community pharmacy to health and wellbeing services

- 2.1 Emergency contraception has a vital role to play either when contraception has failed or after unprotected sexual intercourse, and increasing access to EC is important as it recognises that no method of contraception is 100 per cent reliable. EC is an important “back-up” contraceptive for women seeking to avoid an unintended pregnancy, although it should not be used instead of a regular form of contraception, because it is less reliable than other forms of contraception used correctly and consistently.
- 2.2 We are aware that some people have expressed concerns that emergency contraception acts to induce an abortion. However, medical research and legal opinion are quite clear that EC (hormonal or IUD) prevents pregnancy and cannot cause an abortion. This was most recently clarified in a case at the High Court in 2002 during which the judge ruled that “there is no established pregnancy prior to implantation”¹ Pregnancy begins at implantation and abortion can only take place after a fertilised egg has implanted in the womb.
- 2.3 FPA supports pharmacy provision of emergency hormonal contraception (EHC), as we believe that enabling women to obtain EHC quickly from pharmacies is a measure that safeguards women’s health. We welcomed the recent announcement that provision of EHC through pharmacies in Wales will be free of charge.

¹ [Judicial Review of Emergency Contraception](#), Department of Health website (accessed 24 October 2011)

2.4 In 2008/09, 42 per cent of all women who had used EHC had obtained it directly from a chemist or pharmacy.² This clearly demonstrates the importance of pharmacy provision in promoting access to EHC.

2.5 We do believe, however, that pharmacy provision of sexual health services like EHC should complement, rather than replace, access to EHC through other services and pharmacists must be able to signpost women to these services if they want to access them. It is crucial that women have a choice of where to access EHC as not all women will want to access it from the same source.

3. The scope for further provision of services by community pharmacies in addition to the dispensing of NHS medicines and appliances, including the potential for minor ailments schemes

3.1 FPA calls for more widespread advanced prescribing of EHC for women who may need it. Advance provision is appropriate for women who are worried about their contraceptive method failing, or who cannot get emergency contraception easily. Some studies³ have shown that women are more likely to use EHC after unprotected sex if they have it in advance rather than having to visit a health professional. They also show that advance supply is safe, effectively used by women and does not increase the incidence of unprotected sex or lead to repeated use of the method. We believe that community pharmacies can play a role in more widespread advanced distribution of EHC.

3.2 We believe that community pharmacies in Wales are ideally placed to be involved in other sexual health initiatives in addition to the provision of EHC. For example, community pharmacies could be a useful and easily accessible distribution point for a local C-Card Scheme.

3.3 A C-Card Scheme is a co-ordinated free condom distribution network. It aims to give young people the opportunity to seek advice and ask questions about sexual health issues in a confidential environment from people such as youth workers. An example of a C-Card Scheme that is already running in Wales in the [Torfaen C-Card Scheme](#).

3.4 If young people want to, youth workers can sign them up to the C-Card Scheme which means that the young person would be able to

² Office for National Statistics, *Contraception and Sexual Health 2008/09* (London: ONS, 2009) NB statistics refer to women aged 16–49

³ Glasier A 'Emergency contraception: is it worth all the fuss?' *BMJ*, vol 333, no 7568 (16 September 2006) pp 560-561.

collect free condoms from local distribution points. The youth workers will have a discussion with the young person and ensure they have all the information they need before signing them up to the C-Card Scheme. We believe that local community pharmacies are ideally located to become one of the distribution points for a local C-Card Scheme which would enable more young people in Wales to have access to free condoms and confidential sexual health information.

3.5 Although we see a clear role for community pharmacies in Wales as a local distribution point for a C-Card Scheme we believe that there must be clear guidance available to pharmacists on distributing condoms to young people on the scheme. They should also be able to demonstrate that they can signpost people to local contraception services and sexually transmitted infection (STI) testing services and be able to inform people of how they can access these services.

3.6 We also believe that for community pharmacies to play a meaningful role in a C-Card Scheme there must be high quality training available to them on contraception and STIs. This will enable pharmacies to give young people high quality and accurate information about sexual health if they have any questions.

3.7 We believe that increasing access to EHC and free condoms through community pharmacies provision in Wales will go towards meeting public health objectives such as decreasing new diagnoses of STIs and the rate of under 18 conceptions.

For more information please contact:

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Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/LG/6125/11

Mark Drakeford AM
Chair, Health and Social Care Committee
The National Assembly
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3rd

November 2011

Dear Mark,

In response to your letter dated 26 October please find below further information on the points you raised.

Mental Health Ring Fencing

Health Boards have been issued with clear guidance by the Welsh Government that the ring-fenced allocation for mental health services represents the minimum they should be spending on these services. We would expect mental health services to make efficiencies like all other parts of the NHS, but the guidance we have issued is quite clear that any savings must be re-invested in mental health services.

There are difficulties with monitoring compliance with the mental health ring-fencing arrangements, which have been highlighted in the recent report by the Auditor General. This is because the ring-fenced total is derived from an analysis of the full cost of providing mental health services, so will include the indirect costs of treating patients (such as the costs of pharmacy departments) as well as a share of organisations overheads that are attributed to mental health services (for example heating, lighting and administrative departments). The purpose of using this analysis was to ensure that all relevant expenditure relating to the provision of mental health services was included within the ring-

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

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fenced quantum. However, the limitations of using this analysis as the basis of the ring-fenced quantum have to be taken into consideration.

Further information will be available in early 2012 which will allow Health Boards' compliance with the ring-fencing requirements to be assessed more easily. At that point officials will investigate any material variations between the ring-fenced sums and actual expenditure.

Despite its limitations, I intend to continue the ring-fencing arrangements again in 2012-13. It demonstrates this Government's continued commitment to these important services. However, ring-fencing arrangements are a means to an end. The evidence that this approach is working will not be found in detailed financial statements, but will be in the evidence of improvements in services and better clinical outcomes for patients.

Breakdown of how the additional £83 million is to be allocated to Health Boards.

£20 million of the £83 million will be allocated to Hywel Dda Health Board to support the ongoing transformation of their services. I have yet to determine the distribution of the remaining £63 million. I will consider this over the next few weeks.

Positive Impact on the implementation of Free Prescriptions

Prior to the introduction of free prescriptions in Wales, prescriptions were generally only free for those individuals who were under 25, over 60 or with certain medical conditions.

The exemption criteria based on certain medical conditions was established in 1968 and was somewhat antiquated and inconsistent. For example, a diabetes sufferer was exempt from all charges but a rheumatoid arthritis sufferer was not. Moreover, the individual with diabetes would have free prescriptions for all items prescribed whether they were related to their diabetes or not.

Complaints arose from chronic illness sufferers about the unfairness of the exemption system and in addition, evidence suggested that prescription charges deterred people from asking for NHS prescriptions and from having them dispensed either in part or their entirety. Surveys undertaken by the Citizens Advice Bureaux (CAB) and the Office of Fair Trading (OFT) confirmed this to be the case.

Key findings of the CAB survey showed that 50% of their clients who had paid prescription charges, reported difficulties in paying the charge and 28% had failed to get part or all of a prescription dispensed during the previous year because of the cost.

Free prescriptions remove the unfairness in the previous system where people with, for example, heart disease, or even organ transplant recipients were not entitled to free prescriptions despite the large number of medicines they could be prescribed.

Free prescriptions are a long term investment in improving health, managing chronic conditions and improving health which will ultimately reduce the cost and pressure on the NHS from the likes of emergency admissions and hospital stays.

First Steps Improvement package

As part of our post implementation review of the First Steps Improvement Package, during the first year of implementation two half yearly monitoring exercises are being undertaken to assess the impact of the Package and any pressures local authorities have experienced as a direct result of this. The first of these is being concluded this month and so I would hope to be able to share the outcome of this with the Committee in early December.

Kind Regards
Lesley

Lesley Griffiths AC/AM

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

Yours ever,
Gwenda.

Gwenda Thomas AC/AM

Y Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol
Deputy Minister for Children and Social Services