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Chair, Health and Social Care Committee  
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Cardiff Bay  
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**Health and Social Care Committee inquiry into the implementation of the national service framework for diabetes in Wales and its future direction in Wales**

On behalf of the Welsh Pharmacy Board of the Royal Pharmaceutical Society and our members in Wales, I am pleased to submit comments to contribute to the above inquiry.

The RPS is the professional body for pharmacists in Wales and across Great Britain. We are the only body that represents all sectors of pharmacy.

The RPS promotes and protects the health and well-being of the public through the professional leadership and development of the pharmacy profession. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

**1. General comments**

We welcome the review of the Diabetes NSF and the focus by the Committee on diabetes care in Wales. As the professional leadership body for pharmacy, we recognise the importance of developing services which adequately provide individuals diagnosed with diabetes with the professional advice and information needed to help them effectively manage their diabetes. We also acknowledge the importance of providing professional advice to individuals who may be at risk of diabetes and the importance of helping them to

understand more about the importance of diet, exercise and other lifestyle issues that could help reduce the risk of diabetes.

We have long advocated and continue to advocate that pharmacists, working in all settings, have a critical role to play in the prevention and management of diabetes. Using their extensive expertise in medicines, pharmacists can work with other healthcare professionals at different stages in the patient pathway to improve prevention, diagnosis, treatment and care. Some pharmacists are now independent prescribers and many have specialised in diabetes care offering patients additional opportunities to access a health care professional to support their ongoing diabetic care needs. Examples of areas where pharmacy can contribute to diabetes care are attached at Appendix A.

We have welcomed the increased focus on the management of diabetes in Wales stimulated by the Diabetes NSF and the Diabetes Consensus Guidelines<sup>1</sup> issued by the Welsh Assembly Government in 2008. We have generally been supportive of the principles and actions contained in these frameworks and in particular their intent to incorporate the role of pharmacists in service developments across the diabetes care pathway. We must however echo the points we previously made to the Committee and reiterate our concern that opportunities have been missed in harnessing the skills of pharmacists in the development of models of care across Wales.

## **2. Missed opportunities for diabetes care in Wales**

Our submission to the Committee's inquiry into the contribution of community pharmacy to health services in Wales<sup>2</sup> outlined a number of areas where we believe opportunities have been missed to harness the skills and benefits of pharmacy into models of primary care. We believe that the same issues are equally relevant when considering developments in diabetes care in Wales and would like to emphasise a number of key points with regard to diabetes care:

### **2.1 Integrating community pharmacy services into primary care models of diabetes care**

The Diabetes NSF and the Consensus Guidelines are underpinned by the concept of

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<sup>1</sup> Welsh Government (2008) [\*Designed for the Management of Adults in Diabetes Mellitus across Wales: Consensus Guidelines\*](#), October 2008 (Accessed 25<sup>th</sup> October 2012)

<sup>2</sup> Royal Pharmaceutical Society (2011) [\*RPS Contribution to Health and Social Care Committee's inquiry into the contribution of community pharmacy to health services in Wales\*](#), September 2011

integrated care provided by multidisciplinary health care teams. Community pharmacy services are referred to explicitly in a number of the NSF Standards and the potential to incorporate pharmacy services into diabetes care existed right from the outset when the NSF was issued in 2003. We believe however that after nearly a decade opportunities have been missed in the implementation of the NSF to formally integrate the role of community pharmacy into national and standardised primary care models for diabetes care. This is disappointing given that the mechanisms for integration were readily available from 2005 onwards following the introduction of the Community Pharmacy Contractual Framework (CPCF).

We believe opportunities could have been taken to use the provisions of the CPCF to develop national enhanced services for diabetes care to help deliver the NSF in the areas of health promotion, medicines management and self care support. We continue to advocate that services of this nature can be developed in a way which complements the care provided by GPs, ensuring patients can access the appropriate healthcare professional at the right time. We are particularly supportive therefore of the Committee's recommendations following the inquiry into community pharmacy in 2011 regarding the development of a national specification for community pharmacy enhanced services including a national Chronic Conditions Services.

## **2.2 A coordinated approach to health promotion**

In terms of health promotion and raising awareness of diabetes we were fully supportive of the community pharmacy diabetes risk health promotion campaign in 2011. The review of this campaign<sup>3</sup> clearly demonstrated the potential of community pharmacy in reaching a high number of people through campaign activity. While we welcome the development of annual public health campaigns delivered through community pharmacy as part of contractual obligations we believe more could be done on a regular basis to ensure pharmacists can help raise awareness of diabetes and signpost people who may be at risk to their GP as part of a formalised and coordinated process.

There is a significant volume of research which suggests that pharmacy interventions can have long term positive effects for people already diagnosed with diabetes in terms of

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<sup>3</sup> Public Health Wales (2011) [Community pharmacy diabetes risk health promotion campaign](#), August 2011 (Accessed 24<sup>th</sup> October 2012)

adopting healthy lifestyles as well as self managing their condition more effectively. We believe that the opportunity for providing health promotion advice and structured patient education through pharmacy should be incorporated into NHS service developments, ensuring pharmacy plays a significant and recognised role in disease prevention and the identification of people at risk of diabetes.

### **3. Issues for future service developments**

We continue to advocate that pharmacists should be the universally accessible frontline clinical provider of all aspects of pharmaceutical care, responsible for all aspects of medicines use and management. Anecdotally, conversations with our members suggest that the role of pharmacists does not receive much attention in the development of local plans to deliver national frameworks, including the Diabetes NSF. The lack of new integrated models of care would tend to support this anecdotal evidence.

After nearly a decade, the principles of the Diabetes NSF remain relevant and important to the care of people with diabetes in Wales today. As far as the role of pharmacy is concerned in diabetes care we would ask that the following issues are given careful consideration in the development of future integrated services in Wales:

#### **3.1 Access to the Individual Health Record**

In order to achieve meaningful and effective integration in primary care and across patient pathways as outlined in 'Together for Health', we believe it is essential that pharmacists are able to have secure access and input to a patient's electronic health record. A truly integrated system could be used to help reduce prescribing errors, reduce levels of wasted medicines, reduce costs and ensure continuity of shared care. It could also facilitate dialogue between pharmacists and other health professionals, including GP's - the most effective method of improving patient healthcare. In terms of diabetes care, ensuring access by pharmacists to the Individual Health Record (IHR) will help them to provide the right advice on lifestyle and medication, tailored to the specific health needs of each individual diagnosed with diabetes.

We raised the issue of access to the IHR previously to the Committee during the inquiry into the contribution of community pharmacy to health services and welcomed the recommendation of the committee to ensure "*access to summary patient records when*

*patients are registered with a community pharmacy*<sup>4</sup>. We maintain that access to the IHR is essential for modern pharmacy services in Wales, providing pharmacists with the tools to support professional judgement in their role in unscheduled patient care. We were disappointed therefore that the recent NHS Wales Informatics Service (NWIS) consultation strategy for enabling integrated information services in 2012<sup>5</sup> did not include community pharmacy within its vision for the integration of services. We have responded to the NWIS consultation calling for community pharmacy systems and access to the Individual Health Record (IHR) to be included in their final strategy.

### **3.2 Ongoing pharmaceutical care and support**

Ongoing pharmaceutical care is a key ingredient in effective diabetes care. To ensure patients can get the best from their medicines following a diagnosis of diabetes and the development of treatment plan, patients should expect to receive medication checks and support from their community pharmacist. Medicine Use Reviews (MURs), undertaken on an annual basis, provide an ideal framework to allow community pharmacists to help patients understand more about their medicines, identify problems they may have in taking their medicines and identify patients who may be at risk of making poor use of their medicines through poor adherence. Similarly Discharge Medication Reviews (DMRs) play an essential role in ensuring a safe and effective transition from hospital to home. It is important that these services are appropriately resourced and that community pharmacy is supported on a regular basis to provide the advice and support that patients need to optimise medicines use, reduce waste, improve health outcomes and deliver better value for the NHS for investment made in medicines.

### **3.3 Improved dispensing and prescribing arrangements**

There should be better use of the NHS repeat dispensing service to increase efficiency, streamline practice workloads and improve patients' access to their medicines. Independent pharmacist prescribers have undertaken extra training and may prescribe autonomously for any condition within their clinical competence. These skills can particularly benefit patients with long-term conditions and complex medication regimes. The RPS and RCGP are

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<sup>4</sup> National Assembly for Wales Commission (2012) [Inquiry into the contribution of community pharmacy to health services in Wales – Key conclusions and recommendations](#) – page 1, May 2012 (accessed 24<sup>th</sup> October)

<sup>5</sup> NHS Wales Informatics Service (2012) [Enabling Integrated Care: The health and social care strategy for enabling integrated information services in 2012 – Draft for consultation](#), September 2012 (Accessed 24 October 2012)

developing processes to facilitate GPs and pharmacists working more closely together, to utilise these skills where they can best improve patient care.

#### **4. A standard model of pharmaceutical care for diabetes care**

If these issues in 3.1 – 3.3.above are appropriately addressed we believe Wales could benefit from a standardised model of diabetes care where:

- Pharmaceutical care planning is integral to the diabetes care pathway
- Pharmacists are responsible for the pharmaceutical care of patients with diabetes and an integral part of the multidisciplinary diabetes team
- Electronic communication allows the transfer of prescriptions and clinical data between care settings, the pharmacists, and other members of the multi disciplinary team
- Pharmacists have appropriate access to the Individual Health Record
- Health promotion for diabetes patients is a key domain of community pharmacy
- Repeat prescriptions for diabetes patients is the responsibility of community pharmacy
- The specialist skills of pharmacist independent prescribers are utilised to support the long term care of people with diabetes
- Community pharmacy acts as a gateway for referral to other services when health promotion and illness prevention interventions fail.

Appendix B illustrates how this vision of integrated care might translate into practice for diabetes care.

#### **5. Key recommendations**

We believe that the key to the integration of pharmacy into diabetes care essentially rests with the effective implementation of multidisciplinary models of chronic conditions management in Wales. The tools for improvement have already been developed including the Diabetes NSF, the Consensus Guidelines, the Model and Framework for Chronic Conditions Management, and the CPCF. These tools now need to be used innovatively to develop multi-disciplinary care that is truly integrated.

Specifically we recommend the following action is taken to help improve diabetes care in Wales:

**Recommendation 1:** Urgent action should be taken to ensure pharmacists in all healthcare settings can appropriately access the Individual Health Record as part of an integrated IM&T strategy for Wales

**Recommendation 2:** A national specification for community pharmacy enhanced services should be developed as part of a Welsh Chronic Conditions Service that incorporates:

- Risk assessment
- Health promotion activity and lifestyle advice
- Self Care advice
- Medicines Management advice and adherence support
- Independent prescribing
- Medication review
- Signposting and referral to other services
- Integration with the diabetes care pathway

**Recommendation 3:** Local Health Boards should take steps to improve pharmaceutical care and medicines safety by harnessing the skills of pharmacists in the development of integrated, multidisciplinary diabetes pathways of care.

**Recommendation 4:** Enhanced service developments that incorporate the skills of pharmacist prescribers should be explored and developed to meet the needs of patients with chronic conditions including diabetes.

I trust this response is helpful and look forward to elaborating on these issues in due course.

Yr eiddoch yn diffuant



**Paul Gimson**  
**RPS Director for Wales**

cc. Health and Social Care Committee Clerk

### **Areas where pharmacy interventions can improve diabetes care**

Community pharmacists and their teams play a central role in the daily life of people with diabetes. Examples of areas of the patient pathway in which pharmacists are making successful interventions include:

#### **Disease prevention**

Pharmacists can help to identify people at risk of developing diabetes, offer lifestyle advice and appropriate interventions. Some medicines predispose people to a risk of diabetes and this risk may be identified as part of the repeat dispensing process. As part of their public health role, pharmacists can give healthy eating advice or smoking cessation support.

#### **Diagnosis**

Early diagnosis of diabetes can significantly reduce the risk of developing complications. Pharmacists can identify symptoms which require onward referral for medical intervention from requests for over the counter medicines and when advising for minor ailments. Community pharmacy staff are familiar with the symptoms of diabetes and are well-placed to identify patients with the condition when they present a prescription or request an over the counter (OTC) medicine.

#### **Disease management**

Following a diagnosis of diabetes, pharmacists can contribute to the patient's knowledge of their condition, boost understanding of their medicines and increase their ability to self-care. They can also improve patients' adherence to medicines, which can be extremely poor in people with long-term conditions. It is estimated that up to 50 per cent of patients do not take their medications correctly and up to two-thirds of people with type 2 diabetes do not take their oral hypoglycaemics as prescribed.

Medicines Use Reviews (MURs) provide an opportunity for a patient to meet with a pharmacist and discuss the medicines they have been prescribed. The pharmacist will help patients to understand how their medicines should be used, why they have to take them, and to identify any problems.



### **A vision of integrated community pharmacy services in Wales**

The following scenario outlines a vision where community pharmacy services can work much more effectively, delivering a greater range of services and enhancing patient care in the community. To achieve this level of service however the CPCF will need to be utilised more effectively in local and national planning.

Mrs Jones is a regular visitor of her local community pharmacy, for her families self care needs. She mentions to the healthcare assistant (who as part of the national scheme has been trained as a health advisor) how tired she feels as she is not getting a good night's sleep due to the number of times she needs to get up in the night to go to the toilet. She is referred to the pharmacist for a consultation.

The pharmacist recommends that Mrs Jones has her blood pressure and blood glucose checked through the pharmacy "early detection" screening service. The tests show above normal levels of blood glucose and a raised blood pressure. An appointment is made for Mrs Jones to re-attend the pharmacy for a fasting blood glucose test and to recheck her blood pressure, at which it was found that both her blood glucose and blood pressure were still above national guideline recommendations and the local referral guidelines agreed with the patient's practice. The pharmacist discusses the results with Mrs Jones and sends them to her GP. An appointment is booked electronically for Mrs Jones to have an assessment at her GP's Surgery. After a diabetic assessment in the surgery the GP confirms the diagnosis of early type 2 Diabetes and she is registered as such.

As a person with a chronic condition she is regularly assessed including an annual review by the practise nurse with foot checks, referral for retinopathy, lifestyle and dietary advice and a full clinical medication review by the practice pharmacist.

As Mrs Jones' blood pressure is not controlled, the pharmacist changes Mrs Jones' medication and arranges for on going monitoring of her blood pressure and HbA1c through her local pharmacy .The community pharmacist enters all relevant information electronically onto Mrs Jones' medical record and periodically rings Mrs Jones to see if she has any problems with her medication.

Once Mrs Jones condition has been stabilised she uses the 'Repeat Prescription Scheme' to obtain her medication.

Once a year Mrs Jones's community pharmacist undertakes her Medicines Use Review (MUR) to check compliance issues and the information is fed directly into Mrs Jones' medical record electronically. The pharmacy also provides Mrs Jones with healthy lifestyle advice that is supportive to the management of her condition.

Overall community pharmacy contributes effectively to the care of Mrs Jones, allowing for opportunistic interventions and referrals to others service, monitoring of her medication needs as her condition changes, and support to allow Mrs Jones understand more about the medicines she is taking. This level of service maximises health outcomes for Mrs Jones and stabilizes her chronic conditions. It also prevents emergency admissions to hospital and reduces pressures on the acute sector of the NHS, ensuring the most complex and urgent cases are not delayed.