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Your Care, Your Medicines:
Pharmacy at the heart of
patient-centred care

INTRODUCTION

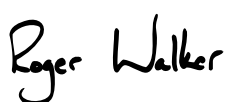
This report is the result of work led by the Welsh Pharmaceutical Committee, supported by the Royal Pharmaceutical Society and with contributions from all sectors of the profession. It sets out the ambition of the profession for the pharmacy resource to be fully integrated into the multidisciplinary health care team so they may contribute their unique knowledge and skills for the benefit of the people of Wales.

This ambition is set against the prevailing background of austerity and the challenges it has imposed on the NHS. The report, therefore, is not a blind wish list but recognition that the status quo is not an option and the appropriate and better utilisation of the pharmacy resource is part of the solution.

New ways of working are proposed to ensure individuals and society benefit from the expertise of the pharmacy network and achieve more from the £800 million plus spent each year on prescribed medicines in Wales. Medicines are the golden thread running through healthcare provision. They bring many benefits, but their use is not without risk and waste continues to be a challenge. It is only by working with patients, carers and the wider public that the pharmacy team can improve information and understanding about medicines and health, enhance the patient experience and empower the individual to better self-manage their condition, obtain the optimum outcome from their medicines, reduce avoidable waste and minimise unnecessary demand on other National Health Services.

To achieve sustained and effective change, patients must benefit from the integration of the pharmacy team into mainstream health care services. Close, integrated and collaborative working between health professionals, supported by access to real-time patient data, will deliver the seamless service that supports people, particularly those with long term conditions or when moving through the health and social care system.

The report does not set out to be a blueprint for the future of pharmacy in Wales but aims to inspire leadership, provide direction, embed pharmacy at the heart of the health care team and, most important of all, truly put patients at the centre of their care.



Professor Roger Walker
Chief Pharmaceutical Officer for Wales

I. THE GOAL FOR BETTER PATIENT CARE

Our Ambition

To ensure that when patients, their carers and their families need medicines and advice about their health and wellbeing they are seen, heard, and cared for as individuals by the pharmacy team in Wales. Patients in Wales will be put at the centre of their care and will benefit from the full integration of the pharmacy team into the NHS ensuring that every intervention involving medicines is supported, communicated and coordinated across the health and social care system.

1.1 What will this ambition look like?

Pharmacy led patient-centred care will be delivered by the Welsh Pharmacy Team taking responsibility for:

1. Providing access to pharmacy services when patients need them, seven days a week.
2. Working in partnership with patients to agree a plan regarding the medicines they are taking and the health goals they expect to achieve from taking their medicines correctly and making positive lifestyle changes. This will be known as the **Pharmaceutical Care Plan**.
3. Achieving positive outcomes for patients through pharmacy interventions and coaching to help patients understand more about their medicines and their health conditions.
4. Supporting patients in the safe and effective management of their medicines every step of the way along their healthcare journey, as part of a multidisciplinary and integrated approach to healthcare in Wales.
5. Co-ordinating the pharmaceutical aspects of the patient's care across the health and social care system.

Achieving this ambition will require the progressive development of pharmacy services to ensure not only the safe supply of medicines to patients but empowering the pharmacy team to take greater responsibility for the individual outcomes from medicines and pharmaceutical interventions (See fig 1). It will create new opportunities for patients to access more clinical and therapeutic services through the pharmacy team in primary and secondary care and homecare settings. It will help to galvanise new ways of working between health professionals, giving confidence to patients that the pharmaceutical aspects of their care are being communicated and coordinated across the health care system. It will support a more prudent approach to the use of medicines and streamline processes for patients to ensure every interaction with the pharmacy team is meaningful, appropriate and effective.

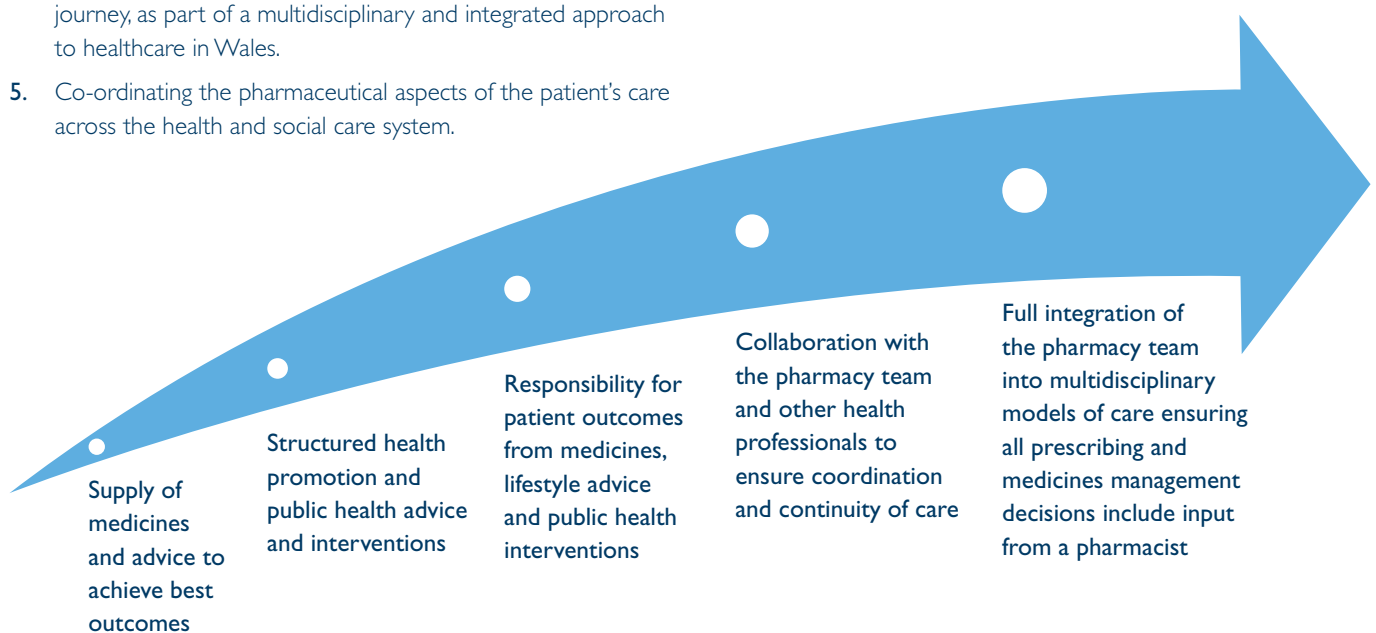


FIG 1: STRATEGIC PROGRESSION OF PHARMACY SERVICES IN WALES

1.2 Why change now?

The ambition for patient focused pharmacy for Wales is set in the context of the significant challenges facing healthcare systems globally and in Wales; changing demographics, increasing patient demands and expectations, increasing financial pressures, capacity challenges, and the continual drive for high quality care.

This document recognises and takes account of expert opinion that:

- The status quo is not an option for NHS Wales¹
- The NHS is precariously stood on a “burning platform”²
- “The NHS must change or die by 2020”³
- “Decisive action” and “bold wholesale changes” are needed to safeguard the future of the NHS⁴

As well as being grounded in the reality of the current socio-economic pressures facing the NHS, the ambition presented here is aligned to the policy drivers for healthcare in Wales. It is an ambition that contributes to:

- The delivery of prudent healthcare and prudent prescribing
- A change in culture to encourage greater co-production with patients and collaborative working between health professionals
- A rebalancing of services between health care sectors to deliver an increased primary care based focus
- Creating seamless patient care and closing the gaps between services
- Empowering people to take greater responsibility for their own health and wellbeing

By taking this context into account, the ambition for patient-centred pharmacy presented here is bold. It is an ambition borne out of the commitment of the whole pharmacy profession to take greater responsibility for improving people's lives in Wales. It will increase the responsibility of the pharmacy profession for the outcomes of medicines use and better integrate the expertise of the pharmacy profession into healthcare services. It will contribute to the radical transformation of services needed to meet current challenges and those of the future.

1.3 Why does pharmacy matter?

As the third largest professional group in the NHS, the pharmacy profession has a significant and unique role to play in the healthcare of the people of Wales and in re-engineering healthcare services to deliver more patient-centred care. Medicines are one of the most common interventions in the NHS today, used in all care settings and in all manner of ways to control pain, fight infection, manage disease, and prevent illness.

It is essential for patients that their medicines and pharmaceutical needs are overseen and coordinated at all points of the health and social care pathway to ensure they can benefit from their medicines and suffer no harm. Patients must be able to benefit from wider access to the pharmacy team in Wales, with the pharmacy profession taking greater responsibility for the outcomes of medication and working in partnership with patients to coach them to achieve their health goals at all points of their care journey.

Medicines are relevant to all healthcare journeys and patients must benefit from ease of access to pharmacy services that can provide:

- Public health advice and interventions
- Early detection of health problems, pharmaceutical interventions and referral to appropriate services
- Safe supply of medicines 7 days a week to reduce harm and improve outcomes
- Access to advice and support on medicines
- Support for patients in all care environments including their own homes

The full integration of the pharmacy team into NHS models of care will also help to:

- Improve the quality of patient care
- Improve the coordination of medicines and pharmaceutical care when patients migrate through the health and social care system
- Ensure the cost-effective and prudent use of medicines
- Reduce medicines waste

Patients must be able to access consistent pharmacy services across Health Boards to ensure they are getting the best out of their medicines and are provided with advice and support about their pharmaceutical care throughout their care journey and in every setting.

¹Welsh Government (2011) *Together for Health: A Five Year Vision for the NHS in Wales*, Welsh Government

²Ham, Chris (2013) Conference presentation, *A National Health and Social Care Service? Delivering on Integration*, Future Inn, Cardiff, 10 July 2013

³Simply prudent healthcare (reference already provided)

⁴Welsh NHS Confederation (2013) *From Rhetoric to Reality - NHS Wales in 10 years time*, NHS Confederation

2. THE MODEL FOR PHARMACY LED PATIENT-CENTRED CARE

For patients in Wales, interactions with the pharmacy team will range from asking for advice about a common ailment such as earache, through to the management of complex health conditions requiring intensive medicines management and coaching. It is critical that throughout their care journey, patients can benefit from the expertise of the pharmacy team who work in partnership with other health care professionals.

Our model of pharmacy engagement in figure 2 demonstrates patient interactions with the pharmacy team at various points of their lives and health care journey. This model is useful in identifying the relationship between patients and the pharmacy team. Each segment of the model is representative of pharmacy contributions for the patient population.

FIG 2: PATIENT INTERACTIONS WITH PHARMACY ALONG THEIR CARE JOURNEY



The model is cognisant of the Prudent Healthcare agenda. The key domains in Table 1 are identified in each segment of the model.

TABLE 1: PRUDENT HEALTHCARE DOMAINS

Patient centeredness	Improved engagement, improved personal care and better patient experience
Patient safety	Less adverse results
Efficiency	Removing unnecessary processes, streamlining the systems of care
Effectiveness	Undertaking interventions based upon sound evidence
Timeliness	Reduced waiting times and queues where prioritisation is based upon need
Equity	Ensures similar outcomes for people with similar needs and different outcomes for people with different needs

2.1 Support for health and wellbeing

AMBITION: Patients will routinely access health promotion advice and self-care support from the pharmacy team. This will include healthy lifestyle information, medicines advice and opportunistic interventions at the point of medicines supply. Advances in technology will be to maximise benefits for patients in accessing pharmacy support.

Patients will have easy access to the pharmacy team for advice and support about their health and lifestyle. Pharmacy's roll in public health intervention will be fully utilised. The entire pharmacy network, in primary and secondary care sectors will play a more prominent role in public health and health promotion interventions; turning encounters with patients into opportunities to improve health and wellbeing outcomes.

Advances in technology will allow pharmacists to interact with patients through on-line video calling and other methods of communication. This will appeal to many patient groups ranging from younger people who rarely access health care services through to patients who have more intense medical and medication needs, the housebound and expert patients. In all cases, pharmacy advice will be highly accessible and delivered in a professional and confidential manner.

As the first port of call for health promotion advice, the pharmacy team will help to reduce pressures on other parts of the health care system, providing consultations on healthy lifestyle advice and reducing demand on GP consultations and other primary care services. Providing accessible health promotion advice will also contribute to efforts across the health and social care system to reduce inequalities in health in the most deprived areas of Wales.

Pharmacy's existing expertise to engage with patients and the general public will be fully utilised. The pharmacy team in all care sectors will play a key role in prioritising patients and will be able to refer patients directly to other healthcare professionals and services when more specialised care is needed. Patients will benefit from more streamlined and efficient services and direct referral from the pharmacy team to help reduce pressures on GPs and other health care services.

The pharmacy team must also be able to refer citizens directly to appropriate third sector organisations and national programmes to support them in their self-care and wellbeing. For many citizens this initial option for support may be preferable to medical interventions.

Benefits

- Much broader access to members of the pharmacy team
- Effective advice and referral
- Early intervention opportunities
- Streamlined patient pathways

Prudent Healthcare Domains

- Patient centeredness
- Efficiency
- Timeliness
- Equity

⁵ RPS (2013) *New Models of Pharmacy: what is emerging and what is possible. A review of the literature*, London

2.2. Pre-screening and Unscheduled Care

AMBITION: The people of Wales will benefit from early detection and treatment of health conditions when engaging with the pharmacy team. Patients will expect the symptoms of minor ailments and non-life threatening emergencies to be treated by the pharmacy team and to be referred to other health services when symptoms require further and more specialised investigation and treatment.

Patients will have the opportunity to discuss their medicines and their health conditions prior to a consultation with a GP. This may include the development of a pharmaceutical care plan in partnership between the patient and the pharmacist. This plan will identify the medication needs and patient goals for their desired health outcomes. Pharmacy interventions in this way will make a significant impact to patient care, by increasing patient safety and patient experience. This will ensure that when a patient is seen by the GP the time they have is maximised to discuss their medical condition and diagnosis. The GP will feel confident that any medication issues have been addressed or highlighted to them in the patient's pharmaceutical care plan prior to any consultation.

The pharmacy team will offer prime opportunities for patients to access care in an unscheduled way. Patients will be confident they can access any community pharmacy for symptom relief and treatment of a wide range of minor health problems. Minor ailments will be treated, within the pharmacy and the details recorded in the patients pharmaceutical care plan.

Pharmacists will be empowered to supply more prescription only medicines for their patients, driven by further developing prescribing responsibilities, and more will be achieved through the supply of medicines to treat common ailments. If the presenting ailment is deemed to be more serious, pharmacists will be empowered to refer the patient on to their GP or another appropriate service so that a full investigation and diagnosis can be undertaken. These services will be commissioned on an 'all Wales' basis and pharmacists will have support to access structured training programmes to further develop these competencies and skills.

Accident and emergency departments will adopt a similar model to that set out above for primary care. Patients will be seen by a multidisciplinary triage service that includes pharmacy support so that the most seriously ill patients are escalated as soon as possible. Through effective triage, less serious health problems can be dealt with by the triage team and supported with medicines, prescribing services and relevant advice from the pharmacy team. Access to this advice will be available 7 days a week in the accident and emergency service in order to ensure that the most appropriate medicines are given to the patient and that medical staff will have the pharmaceutical support they need when making decisions about medicines and treatment.

The pharmacy team will play a greater role in supporting emergency services, providing immediate medication advice via telephone and other communication methods for complex and emergency situations. The pharmacy team will be an integral part of emergency care. In such a way, patients will benefit from immediate advice from experts in medicine across the unscheduled and emergency care pathway.

Benefits

- Access to medicines and pharmaceutical advice for patients across the unscheduled and emergency care pathway
- Appropriate referral process
- Holistic approach to care
- Maximising the skills of all healthcare professionals

Prudent Healthcare Domains

- Patient centredness
- Patient safety
- Efficiency
- Effectiveness

2.3 Medicines Management for Chronic Conditions

AMBITION: Patients with chronic conditions will have regular reviews with a pharmacist who will provide medication advice and coaching in a setting that is most suitable for the patient. A pharmaceutical care plan will be initiated, discussed and jointly managed between the patient and the pharmacist and made available to other health professionals involved in the patient's care.

Medicines are a vital component in the management of chronic conditions and patients will benefit from access to expert advice about their medicines through the pharmacy team. A pharmacist will take responsibility for all aspects of pharmaceutical care for people diagnosed with chronic conditions, including the prescribing of medication. These conditions can have a dramatic effect on all aspects of the patient's life and that of their families. Patients will therefore have the power to make informed decisions about their pharmaceutical care plan in partnership with their pharmacist. Patients and their families will feel supported by the pharmacy team throughout the healthcare journey and safe in the knowledge that the pharmacy team will be working closely with other health professionals to discuss and co-ordinate their care.

When a patient with a chronic condition moves through different care settings, the transition of information will be smooth and timely. Medication changes will be updated promptly on the pharmaceutical care plan for all healthcare professionals involved in the patient's care to access. It will be very clear which named pharmacy has current responsibility for maintaining the pharmaceutical care plan. Other healthcare professionals will be confident to discuss the patient's medication with this pharmacy when needed. Appropriate technology must underpin these processes, ensuring patient confidentiality and auditable professional decision making.

The patient's pharmacist will be responsible for making any medication changes as necessary and prescribing medication for all diagnosed chronic conditions. All prescribing decisions will be based on discussion with the patient about their treatment goals and underpinned by evidence-based knowledge. Should the patient develop new symptoms or significant change in health the patient will be referred to a GP or hospital doctor who will have access to the patient's pharmaceutical care plan.

Simple monitoring and detection will be routinely available through the NHS and the results communicated to the pharmacy team for inclusion within the patient's pharmaceutical care plan. The pharmacist will be responsible for ensuring any necessary medication changes are made based on patient's test results. Patients will be confident that these interactions are added to their records and shared with their GP electronically, ensuring real-time updates.

Benefits

- Patient access to a pharmacist in their nominated pharmacy when advice is needed
- Smooth, accurate transition of care
- Clear ownership of pharmaceutical care plan

Prudent Healthcare Domains

- Patient centeredness
- Patient safety
- Efficiency
- Effectiveness
- Timeliness
- Equity

2.4 Intensive Interactions and Case Management

AMBITION: When patients require planned hospital care or any intensive health care they will feel confident that a holistic approach is taken to the management of their conditions and that all decisions on medication changes will be led by expert advice from the pharmacy team.

A patient's individual pharmaceutical care plan will play an important role in reducing service fragmentation and repetition in the work of healthcare professionals e.g. drug history taking. When patients are admitted to hospital their medication history will be accessible through the pharmaceutical care plan on a shared information system. There will be no time delay in treatment and patient information will be current and accurate for all health professionals that need access to it.

A pharmacist, and where appropriate, a consultant pharmacist, will be integrated into every hospital team. They will be responsible for supporting the medication needs of patients admitted and providing advice to the multidisciplinary team. Each hospital ward will benefit from a dedicated pharmacy team to help support patients with their medication needs. This will include pharmacy technicians who will have a significant understanding of the patients' needs.

The skill mix of the hospital pharmacy team will be supported by the development of a structured professional career framework. This framework will reflect the stages that other healthcare professionals follow throughout their career; with intense training and further education in their chosen clinical specialty. This framework will allow appropriate practitioners to consult with each other at the appropriate level and ensure that patients with the most severe issues are supported more intensely by the senior practitioners in all professions. The role of the consultant pharmacist will become established within identified specialities and they will act as expert advisors to both primary and secondary care.

All medication changes within hospital settings will be initiated through a joint decision-making process involving the pharmacist, doctor and the patient. The patient's pharmaceutical care plan will be updated immediately to reflect any decisions made. The pharmacy team will be responsible for discussing any medication change with the patient and nurses responsible for administering medication, thus minimising errors.

Patients will be confident that their medicines and pharmaceutical care needs will be updated on their pharmaceutical care plan prior to admission to hospital and on discharge from hospital. The pharmaceutical care plan will play a key role in the reconciliation of medicines as patients migrate through the health and social care system, ensuring greater accuracy, safety and effectiveness in their medication and treatment regimen.

Benefits

- Immediate access to comprehensive care records
- No time delay in treatment
- Decreased time in undertaking drug histories
- Holistic, patient centred approach to pharmaceutical care

Prudent Healthcare Domains

- Patient centeredness
- Patient safety
- Efficiency
- Effectiveness
- Timeliness
- Equity

2.5 Supported living needs

AMBITION: Patients with supported living needs, whether living independently in their own homes or in a care home setting, must benefit from access to the pharmacy team to help manage their medicines effectively and to maintain their health and wellbeing.

Patients with supported living needs will expect the same rights to access pharmacy services, coaching and advice as any other individual. All services delivered through pharmacy will be accessible to this cohort of patients including support for minor ailments, vaccinations, and health promotion services.

Patients should expect to be visited regularly by a pharmacist or a pharmacy technician to ensure continuity of care and safe medicines supply and administration in line with their individual care plan. The pharmacy team will be cognisant of the level of support required for the individual and will liaise with carers and/or family members as appropriate, ensuring that the patient is empowered to be involved as much as possible in making decisions about their pharmaceutical care. New technologies will be utilised to support this process, ensuring effective engagement and communication between patients and/or carers and the pharmacy team.

Patients and their carers and/or family will have access to expert pharmaceutical knowledge and will be empowered to co-produce a pharmaceutical care plan with the pharmacy team. This will include vital information regarding their medicines and pharmaceutical needs e.g. allergies, administration requirements such as swallowing difficulties, outcome monitoring and the ability to self-administer medicines.

Trigger points will be in place in the NHS to increase the level of pharmacy input in response to patient need. When people require supported living, either for the first time or following discharge from hospital, a more intensive review of their pharmaceutical care will be triggered ensuring the safest transfer of care possible and ensuring 'real-time' updates to the patient's pharmaceutical care plan.

Once triggered, a pharmacist from a named pharmacy or a pharmacy department will take responsibility for managing the patient's pharmaceutical care and working with carers, family members, nurses and GPs to ensure the delivery of patient-centred care. This support will follow the patient as they move between health care settings and will be transferred to other members of the pharmacy team as and when appropriate. The pharmaceutical care plan will contain all the relevant and up to date information to ensure this is achieved safely and efficiently.

Benefits

- Empowering patients to take more control of their care
- Same level of service for all patients regardless of care setting
- Holistic, patient centred approach
- Patient safety focus

Prudent Healthcare Domains

- Patient centeredness
- Patient safety
- Efficiency
- Effectiveness
- Timeliness
- Equity

2.6 Palliative and End of Life Care

AMBITION: Patients with palliative care and end of life care needs will be treated with dignity and respect and empowered to shape their clinical pathway with support from the pharmacy team.

End stage care is highly dependent upon medicine interventions, to control pain, alleviate symptoms and stabilise people's conditions. It is an area of care where patients can benefit significantly from the expertise of a pharmacist.

The involvement of a pharmacist with a specialist interest in palliative care will be triggered as soon as a decision is made to initiate palliative and end of life care. Patients will be at the centre of decision making and will be supported by discussion with the pharmacist about their medication options.

Options for pharmaceutical care will be incorporated into the end of life care pathway and discussed with the patient, their family, carers, and the multidisciplinary health care team. Support for the patient will also include dialogue between a pharmacist with a specialist interest in palliative care, the multidisciplinary team and the third sector to ensure the patient's needs are effectively met in the care setting of their choice. Co-ordination and communication across the multidisciplinary team will be critical to delivering high quality and responsive palliative and end of life care.

Building on the current palliative care medicine supply arrangements, access to specialist palliative care pharmacists will be available 7 days a week as part of multidisciplinary team arrangements. They will be the first point of contact for advice about any changes to medicines in the patient's care plan. All members of the multidisciplinary team will work in this flexible way to ensure the same level of care and support is consistently provided and thus the ability of the palliative care pharmacists to prescribe medication, along with the whole of the multi-disciplinary team, will be important.

The wishes of patients to have treatment in the care setting of their choice will be respected and wherever practicable incorporated into their end of life care pathway. Patients, their families and carers will be supported through intensive coaching about all medication supplied including the medication that will only be required during acute stages of end of life.

New technologies will be utilised to help control medication doses and administration remotely under the supervision of the pharmacist. Advances in telehealth and telecare will be fully utilised to ensure effective engagement between the patient, their family, carers, the multidisciplinary team and the specialist palliative care pharmacist.

Benefits

- Empowering patients and families to take more control of their care
- Same level of service for all patients regardless of care setting
- Holistic, patient centred approach
- Patient safety focus
- 7 days a week approach

Prudent Healthcare Domains

- Patient centeredness
- Patient safety
- Efficiency
- Effectiveness
- Timeliness
- Equity

3. KEY ELEMENTS OF PATIENT-CENTRED PHARMACEUTICAL CARE

The following core elements of care will help to deliver patient centred care through the pharmacy team. Each core element will underpin the model of pharmaceutical care:

Active management of medicines, advice and support

Patients in Wales will be confident that the pharmacy team is taking overall responsibility for the medicines they are taking and are able to supply medicines, advice and support 7 days a week where appropriate.

Safe supply of medicines

Patients will be confident that the medicines they are prescribed or purchase from a pharmacy, will be clinically overseen by a pharmacist who has read and write access to a patient's pharmaceutical care plan. They will have assurance that the pharmacy team will be available to provide medicines advice and coaching when needed. The supply of any new medicine will initiate pharmacy contributions and referral to the patient's pharmaceutical care plan.

Shared decision making

Patients and pharmacists will work together to agree realistic outcomes from their treatment as part of the development and delivery of the patient's individual pharmaceutical care plan. Patient's and health professionals will actively seek out a pharmacist as their point of contact when expert medicines advice and guidance is needed. This will apply to the management of all conditions ranging from common ailments to chronic conditions and more acute conditions.

Co-ordinated care

Patients will no longer fall in the gaps between services. Their pharmaceutical care needs will be documented in their individual pharmaceutical care plan and actively communicated across the multidisciplinary team. Primary care contracts will be dovetailed together to ensure greater coordination of patient care by the multidisciplinary team. IT solutions will be in place to ensure that geographical, organisational and professional boundaries are broken down through timely access to appropriate patient information and clear communication across the multidisciplinary team.

These core elements of care are illustrated in case study examples at Appendix A.

4. IMPLEMENTING THE NEW MODEL OF PHARMACEUTICAL CARE

What needs to change?	What does this mean for Pharmacy?
Patients need more time with the pharmacy team to ensure they get the best from their medicines.	Establishing a sustainable funding model for pharmacy services, to create capacity for direct therapeutic consultations while continuing to supply medicines safely and accurately Redesigning the framework of care for pharmacy, including legislative changes and technological enhancements across the profession.
Patients must benefit from co-produced plans with the pharmacy team to support their health and wellbeing.	The development of a pharmaceutical care plan pro forma that can be individualised by the pharmacy team and shared electronically across the NHS.
Access must be available for advice and support from the pharmacy team 7 days a week for patients and professionals.	Innovative service design to allow for 7 days a week pharmacy support for all patients and as part of a multidisciplinary approach across care settings.
Patients must be confident that information about their health and medicines is being shared appropriately between the pharmacy team and with other health professionals as a standard part of NHS care, supported by technology wherever possible.	Investment in technology, including mobile technology, to ensure read and write access for the pharmacy team to a patient's health record and to ensure the patient's medicines care plan is accessible to GPs and hospital based health professionals.
Patients should benefit from the full skill mix available across the pharmacy team.	A review of the pharmacy skill mix across Wales and workforce planning to integrate the skills of pharmacist practitioners, consultant pharmacists, specialist and generalist pharmacists and pharmacy technicians into pharmacy led patient centred models of care.
Patient centred care must be underpinned by close working relationships between patients, their GPs, hospital doctors and the pharmacy team.	Alignment of pharmacy services with GP collaborations to ensure community needs are met in a co-ordinated and integrated way. Alignment of the Community Pharmacy Contractual Framework with other primary care contracts including the Welsh GP Contract.
Patients must be made more fully aware of the range of services available to them through pharmacy to help them 'choose well'.	Consistent approaches to national awareness raising of the pharmacy services available to patients, building on the 'Choose well' campaign.
Patients must see the pharmacy profession playing a greater role in public health and health promotion activity.	The delivery of public health advice and services must be fully incorporated into the roles of the pharmacy team in all care settings.
Ongoing pharmacy support delivered by a pharmacist from a nominated pharmacy who can take responsibility for the outcomes of patient's chronic conditions.	Empowerment of community pharmacy to take responsibility for the ongoing management of medicines for patients with chronic conditions.
A greater understanding is needed of how pharmacy interventions are improving patient care and supporting other health professionals to undertake their roles.	Incorporating robust evaluation into new service models for pharmacy to establish the benefits for patients, other health professionals, other services and financially.

APPENDIX A

Achieving excellence in pharmaceutical care - a case study approach

I: Jean - 58 year old, living with her partner of five years and two children, a diagnosis of breast cancer with a poor prognosis. Coming to terms with her cancer through support networks and becoming an expert on her health through different information resources

Jean's health journey and how pharmacy can support her:

Since diagnosis, Jean has developed a trusting professional relationship with Paul, her community pharmacist, and has been supported in building her pharmaceutical care plan. At various points in her care journey she has been admitted to hospital where she has received specialist care from a multidisciplinary team, including a pharmacist who specialises in oncology. The hospital team has had immediate access to Jean's pharmaceutical care plan and has liaised with Paul, ensuring a smooth transition of care from one care setting to another.

Jean hears about a new drug (only available in England) that could help alleviate a range of her symptoms. She speaks to Paul, who is aware of the new drug and has an understanding of the decisions made by NICE and the All Wales Medicines Strategy Group. They have a conversation about the rationale of why this drug is not being made available in Wales, including a clear and professional explanation of the risks and benefits of the drug, giving her better understanding of alternative treatment options.

Jean engages with the palliative care team

The rapid progression of her breast cancer means that Jean requires palliative care. Following a referral from her GP Jean engages with the palliative care team. This team is multidisciplinary and includes a pharmacist. Paul is made aware of the referral to the palliative care and is able to engage with the team to provide information on all current medicine aspects of Jean's care.

The palliative care team update the medicines care plan and inform Paul that she is to be supplied with a "Just in case box" from her community pharmacy. Paul understands Jean's anxiety about the side effect profile of her medication and is able to inform all other members of the palliative care team about her concerns so that she can be reassured and consulted. Paul is also able to support Jean's relatives and carers, and can refer them to third sector and voluntary sector groups which could provide additional support and advice, should they desire. During the early stages of her engagement with the palliative care team, Jean continues to be supported by medication supply and advice through her nominated community pharmacy.

As her condition progresses further Jean requires the end of life care that is included in her medicines and healthcare management plan that she has chosen to be initiated. Medicines are a critical part of Jean's care, controlling her pain and symptoms. Jean and her family are reassured by the availability of medicines and professional medicines advice from a pharmacist seven days a week, as an integral part of the end of life care plan. The pharmacist provides specialist advice when it is needed over the phone, via Skype or in person as required by the family and /or carers. This investment of time into Jean's end of life care is imperative to allow quality and dignity in this difficult phase of her care and through a co-ordinated team approach of the palliative care team Jean's is able to fulfil her intention to be able to 'die well' with little pain and with dignity and respect at home.

2: James - James is a fit 19 year old, living at home with his mum. He uses the internet and social media as his sources of information. He is a gym member who is becoming more aware of illegal steroid use and the possibility of supply of these online. He has no interaction with health services and is unaware of how the NHS operates.

James's health journey and how pharmacy can support him:

Engagement with Pharmacy

As a fit young adult, James' interaction with health care has been minimal and passive; he has not had to take responsibility for his own health needs as he has relied on his parents to direct him to health care services. James uses social media for information regarding personal health issues using online networks to share ideas for self-care and other information. This information is not evidence based but it is easily accessible and James needs to be aware of when this information is appropriate and when he should seek professional advice.

The pharmacy profession must embrace new technologies and work with them to support the public health role (promotion and prevention) e.g. public health campaigns via social media, and provide access to pharmacist through face to face interaction through video calling technology. James should be aware of the expert, confidential advice he is entitled to about medication and health care through the pharmacy.

James decides to contact his community pharmacy via the internet and the pharmacist confirms and reassures him that the service is private and confidential. The pharmacist discusses the issues with illegal steroid use and highlights the side effects and issues around administration. They discuss why James feels he needs these steroids, he believes that they will make him fit and healthy, the pharmacist informs him that this isn't the case and it can be a dangerous habit. James is provided with healthy eating and exercise advice.

Minor ailments service

Now that James feels comfortable in accessing pharmacy services, he contacts the pharmacy for advice about another issue that's troubling him. This time he walks into the pharmacy and asks if anyone can advise him on what he can use to ease an itchy, red rash that he has between his toes on his left foot. It becomes apparent that James is suffering with athlete's foot. He cannot afford the cream that was recommended so the pharmacist decides to issue the medication through the minor ailments scheme so that he has the treatment immediately and doesn't need to take up a GP appointment.

3: Mike - 62 year old widower, living independently at home, non-smoker, has a healthy lifestyle but unfortunately suffered a heart attack 5 years ago and has recently been diagnosed with atrial fibrillation.

Mike's health journey and how pharmacy can support him:

Before his heart attack, Mike never took any medication and lived a very active lifestyle, mountain biking and walking. During his stay in hospital he was treated by a multidisciplinary team and was given the opportunity to discuss his new medication with the cardiac consultant pharmacist, this eased his concerns as he has a lot of questions to ask.

After his heart attack, he left hospital with a host of medicines including blood pressure tablets, cholesterol tablets and aspirin. Mike's condition had been carefully managed in conjunction with Jas, his pharmacist. He has felt in control of his medication and been a part of the decision making with every change to his care through regular meetings with Jas who has altered the medication regimen as needed.

When Mike started suffering with palpitations on a fairly regular basis, Jas referred him to his GP and Mike was given a monitor to wear that recorded the changes in his heart beat. Mike was diagnosed with atrial fibrillation and understood that his medication would need changing. Jas was also informed so that she could support Mike with this change and have an informed conversation about treatment options.

Pharmacy's role in warfarin management

It was decided that warfarin would be the best treatment option for Mike. This was initiated through consultation with the community pharmacy and monitoring was undertaken regularly in the convenient and friendly setting of Mike's community pharmacy. Mike was fully informed of how warfarin might affect him and his pharmaceutical care plan was updated by Jas and her team to reflect all the changes. This ensured all health professionals involved in Mike's care would have access to the latest information about his medicines.

