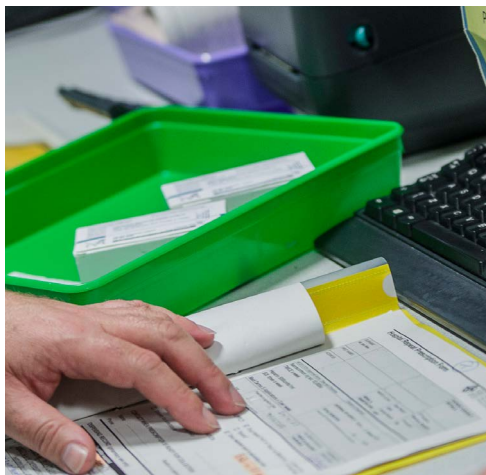
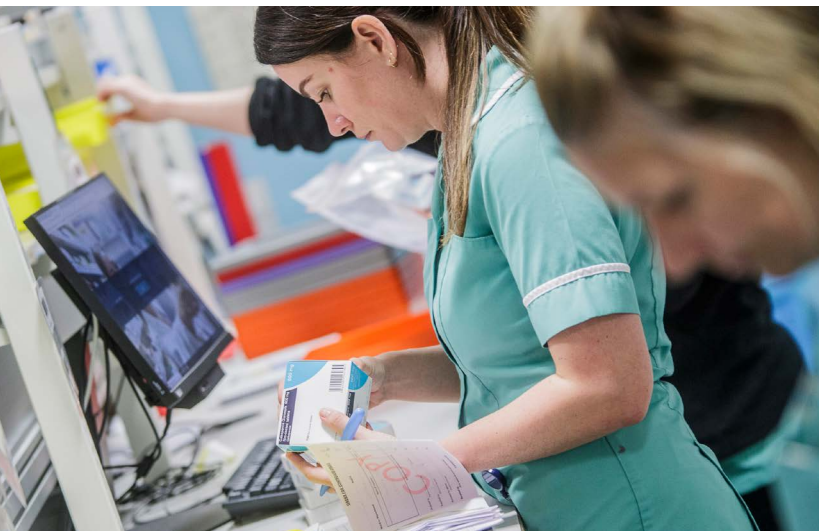




Llywodraeth Cymru
Welsh Government

Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales



Response by the Welsh Government

September 2023

1. Background

Hospital pharmacy services

The prescription of a medicine is the most common healthcare intervention undertaken within the NHS. Medicine supply remains a major part of the hospital pharmacy service and pharmacists and pharmacy technicians play a vital role in the procurement and manufacturing of medicines. In addition, pharmacy teams have a broader role in healthcare teams through their involvement in monitoring and improving the effectiveness and safety of medicines used in hospitals.

Hospital pharmacy practice has become increasingly patient orientated and has been described as the “engine of innovation” for pharmacy services.¹ As the use, complexity and expenditure of medicines has increased, hospital pharmacy practice has been at the forefront of expanding the clinical role of pharmacists and more recently pharmacy technicians.

What is clinical pharmacy?

Clinical pharmacy is one element of medicines management and pharmacy services delivered by integrated pharmacy teams. It comprises a set of functions that promote the safe, effective, and economic use of medicines for individual patients.²

Clinical pharmacy skills are in high demand in the NHS where the expertise of pharmacy professionals plays a key role in addressing suboptimal medicines use, polypharmacy, high levels of preventable medication related admissions, increasing antimicrobial resistance, rising therapeutic costs and supporting the wider healthcare team with the increasing complexity of medicines.

Hospital pharmacy has been at the forefront in demonstrating how the clinical expertise of pharmacists and pharmacy technicians can be best used to maximise patient outcomes. Many hospital pharmacists are now prescribers and pharmacy technicians in hospitals are taking on more clinical roles. However, there is considerable variation between different hospitals, including between pharmacists’ clinical activities, the services offered to different specialties, the way in which the pharmacy workforce is structured, management arrangements and the culture of leadership, and whether pharmacists are organised as part of the clinical services or are aligned to the pharmacy department. There are opportunities to ensure the benefits of clinical pharmacy practice are prioritised and available more consistently to those with the greatest need including in less-traditional areas and outside hospitals as more care is provided in the community closer to people’s homes.

1 Farrar K. Hospital pharmacy: thinking the unthinkable. The Pharmaceutical Journal, PJ, January 2000;(i);DOI:10.1211/PJ.2000.20000004

2 Whittlesea C and Hodson K. Clinical Pharmacy and Therapeutics. 6th edition. Elsevier 2019

NHS Wales' priorities

The Welsh Government's long term plan for health and social care [A Healthier Wales](#) describes how in future more services will be provided outside hospitals, closer to or at home, and how people will only go into hospital for treatment that cannot be provided safely elsewhere.

To help achieve its long term vision for health services, the Welsh Government has recently published statutory guidance on implementing the [duty of quality](#) to ensure that Welsh Ministers and NHS bodies secure continuous improvements in the quality of the services they provide, and guidance to support transformation of urgent and emergency and planned care through its [Six Goals for Urgent and Emergency Care programme](#) and [programme for transforming and modernising planned care and reducing waiting lists in Wales](#). Alongside these transformative plans there are opportunities presented by the imminent deployment of electronic prescribing in every hospital in Wales, and the reforms to the initial training of pharmacists, which mean all registering from 2026 will be prescribers.



The need for a review: The future clinical role of pharmacy professionals in hospitals

[Pharmacy: Delivering a Healthier Wales](#) (PDaHW) describes the long-term professional goals and principles for the pharmacy profession in Wales and includes a key goal that by 2030 the focus of hospital pharmacy teams will have shifted to respond to changes in the delivery of care and to transform access to medicines.

In the future, only those patients who require urgent, intensive or highly specialist care will require access to advanced practice pharmacists and their teams within the hospital setting and more pharmacists and pharmacy technicians need to be enabled to input into patients' care in the community. Not every patient admitted to hospital will need pharmacy input, and in some cases, a short hospital stay may not be an appropriate time to make an intervention to someone's prescribed medicines. Equally, in the future, unless the current hospital pharmacist workforce substantially increases or there is divestment in some traditional activities, it will not be possible, or necessary, for a pharmacist to see every patient. In this context the way in which clinical pharmacy services in hospitals have traditionally been organised needs to change to meet the changing expectations of the NHS.

2. The Review

In 2022, the Welsh Government commissioned the pharmacy professional leadership body the Royal Pharmaceutical Society (RPS), to undertake an independent review of the provision of hospital clinical pharmacy services in Wales. The purpose of the review was to consider the current provision of clinical pharmacy services in hospitals and how they aligned to the priorities and changing needs of NHS Wales.

The fieldwork for the review was completed in the early part of 2023 and is described in detail with its findings in a [report](#) published by the RPS in September 2023.



3. The Review's findings

There are just under 2,000 people working as part of hospital pharmacy teams across Wales of which 44% (866) are pharmacists (748) or foundation pharmacists (118),³ 38% (748) are pharmacy technicians (669) or pre-registration pharmacy technicians (79),⁴ and 18% (350) are non-registrant pharmacy assistants. In contrast to other parts of the workforce, the number of full time equivalent (FTE) pharmacists has fallen in the last five years.

The review concluded that pharmacy teams are increasingly experiencing significant pressures, meaning despite evidence demonstrating their value, they are unable to expand their contribution in newer areas and are at risk of withdrawing from others, in favour of traditional task-based pharmacy roles which add less value. Review participants highlighted the need to address growing pressure on pharmacy professionals in non-clinical roles outside the scope of the review, in order to achieve its objectives.

These included medicines supply and logistics, technical services, and medicines information services.

Despite challenges, the review found clear opportunities for service redesign to benefit patients, the pharmacy workforce, and the wider NHS, and that across Wales there are many good examples of pharmacy professionals making the types of contribution the NHS needs. These included examples of pharmacy professionals supporting urgent and emergency care, planned care, and quality improvement however these are inconsistently delivered not just between health boards but often between hospitals within the same health board.

To address these concerns the review makes 36 recommendations in a range of areas covering patient centred care, integration, pharmacist prescribing, digital and technology, workforce development, leadership, and quality and governance (Annex A).



- 3 Foundation pharmacists are trainees undertaking the required 52 week period of foundation training required alongside passing the registration examination, to register as a pharmacist with the General Pharmaceutical Council (GPhC)
- 4 Pre-registration pharmacy technicians are trainees undertaking a two-year vocational training programme to gain the required experience and qualification(s) needed to register as a pharmacy technician with the GPhC

4. Responding to the review's findings

Many thousands of medicines are prescribed, dispensed, and administered every day in hospitals across Wales. Not only are people taking more medicines than they have before, but often medicines are increasingly complex in the way they are prepared and in their pharmacological action. Technological advances such as expanding access to pharmacogenomic testing also have the potential to fundamentally transform how we make decisions about individuals' treatment. The provision of high quality, readily accessible clinical pharmacy services is therefore critical to realising the potential of advances in medicine.

The Welsh Government is already progressing its plans to transform how some medicines are prepared and used, and to fully digitise how medicines are prescribed and administered in hospitals through the [Transforming Access to Medicines](#) (TrAMs) programme, reconfiguration of local medicines information (MI) services into a single [Welsh Medicines Advice Service](#) (WMAS) and the [Digital Medicines Transformation Portfolio](#) (DMTP) led by the NHS Wales Shared Service Partnership, MI teams in every health board, and Digital Health and Care Wales (DHCW) respectively. The findings of the RPS independent review build on this work and help describe how hospital pharmacists and pharmacy technicians can be supported to better use the unique skills and expertise to contribute

to addressing the challenges faced by the NHS, throughout their careers, and in new settings reflecting changes to the way care has traditionally been provided.

The review's findings reinforce that clinical pharmacy services are an essential component of high-quality hospital care, helping to improve health outcomes and prevent avoidable harm but as the nature of hospital care changes, so too must the provision of clinical pharmacy services. There must be clearer career pathways for pharmacists and pharmacy technicians, greater integration of pharmacists within multidisciplinary teams, defined roles for pharmacist prescribers at all stages in their clinical career, consistent access to the knowledge and expertise of pharmacy professionals whenever they are needed including in those clinical areas where evidence demonstrates significant benefits aligned to NHS priorities, and stronger leadership and lines of accountability.

Implementing the review's recommendations will lead to benefits for pharmacy teams, other healthcare professionals, the NHS, and most importantly patients receiving hospital care whether in hospital or in the community. To support implementation an initial list of 60 strategic actions (Annex B) has been developed under four themes and 16 sub-themes (Figure one).

Figure one:

Themes describing the priority actions for implementing the recommendations of the review



Enabling pharmacy professionals to practise in areas where they add most value

(Review recommendations 1-12, 16 and 23)

There are good examples across Wales where pharmacy teams are integrated within wider multidisciplinary teams, but practice is inconsistent between health boards, hospitals and clinical specialities. There must be greater integration to improve access to pharmacy expertise for the other healthcare professionals in those teams wherever and whenever it is needed. Integration will also ensure patients' medication needs are addressed prior to planned admissions, at an early stage for unplanned care, and before discharge, removing obstacles to hospital flow. In urgent and emergency care, use of pharmacist prescribers will release clinician time to provide care and improve a range of quality indicators.

Enabling pharmacists and pharmacy technicians to prioritise their time on clinical activities is critical to integration and to the delivery of outstanding pharmaceutical care consistently across organisations. To do this will require health boards to review how they work currently, to consider where deploying pharmacists and pharmacy technician skills offer the greatest benefit, and the potential efficiencies which could be achieved through digitalisation and automation. This will require organisations to ensure they optimise the skill mix between traditional members of the pharmacy team (pharmacists, pharmacy technicians and pharmacy support staff) particularly to realise the opportunities presented by pharmacist prescribing, and to diversify

pharmacy teams both to develop new skills amongst the current workforce and to include other non-pharmacy professionals in their teams.

Developing hospital pharmacy teams to deliver outstanding clinical care

(Review recommendations 15 and 17-22)

Pharmacists working in NHS hospitals have unique experience and expertise gained through practising alongside and supporting other healthcare professionals with therapeutic decision making, prescribing and administration of medicines, taking account of the needs of individual patients. They are the experts in all aspects of medicines use in hospitals. Many hospital pharmacists in Wales have already undertaken additional training to be able to prescribe medicines within their clinical specialities and from 2026 all new registrants will be prescribers. Ensuring plans are in place to utilise the skills of prescribing pharmacists at all stages of their career is important if the NHS is to realise the benefits of pharmacist prescribers and for recruitment and retention of the pharmacist workforce. There is now an urgent need to prepare for the changes resulting from the General Pharmaceutical Council's updated [Initial Education and Training standards for Pharmacists](#) (IETP).

Alongside the changes to the IETP, it will also be necessary to support the continuing professional development of both pharmacists and pharmacy technicians at every stage of their career in order to maximise their contribution to care. Building on the work Health Education and Improvement Wales (HEIW) has undertaken to develop novel foundation and post-registration foundation training programmes,

a formalised career framework will be required to develop to advanced and consultant level pharmacy practice. This will include supporting pharmacists to participate in and supervise education and training, and research, at a level commensurate to their career stage.

As the clinical roles of pharmacy technicians expand to take on new roles previously undertaken by pharmacists, a similar career framework underpinned by curricula for each stage of pharmacy technicians' careers will also be required. The Welsh Government is already working with other UK governments to secure legislative changes which will support enhanced roles for pharmacy technicians, which when enacted will further contribute to the opportunities identified in the review.

Strengthening quality, pharmacy leadership, and governance at all levels

(Review recommendations 13, 14 and 24-31)

To support current and future clinical pharmacy practice, in particular the role of pharmacists as prescribers, governance arrangements will need to be strengthened. However, changes must enable pharmacy professionals to develop as leaders at all stages in their career and encourage them to work autonomously, prioritising more of their time on those tasks which add most value. This must be supported by clearer and more appropriate lines of managerial, professional and clinical accountability both within pharmacy teams and of pharmacy within organisations.

Supported by the introduction of career frameworks, succession planning needs to be improved to develop future generations of clinical leaders

in advanced and consultant level practice and system leaders up to and including Directors of Pharmacy.

Realising the potential of digital, automation and other technological advances to transform how pharmaceutical care is provided

(Review recommendations 32-36)

Technological advances are transforming the way in which healthcare is provided. Hospital pharmacies in Wales have been benefiting from the transformative effect of automation on traditional pharmacy roles like dispensing for over 20 years and within the next three years the deployment of electronic prescribing and medicines administration systems and the shared medicines record in every hospital, will transform how clinical pharmacy is provided in a similar way. Therapeutic developments including the wider use of pharmacogenomic testing to guide treatment choice, and the growing number of approved advanced therapy medicinal products available in the NHS, are also changing the way in which some, and in the future many more, pharmacy professionals work. Realising the potential of digital, automated and other technological advances will require the NHS not only to implement new technologies but also to ensure the way in which organisations and individuals work changes and adapts to maximise these opportunities. This will include ensuring more pharmacy professionals have the right skills to lead deployment of digital and therapeutic innovations.

What happens next?

The comprehensive nature of the review provides a blueprint for the development of clinical pharmacy within hospitals over the long term. Whilst some recommendations can be implemented in the short term, others will require more time. Ultimately, the majority of the recommendations identified in the review will be for health boards and Velindre University NHS Trust to act on, however support will be needed from partners including HEIW and DHCW. The Welsh Government will work with the NHS Executive, health boards and other NHS organisations to ensure

the 60 system wide strategic actions are progressed alongside those recommendations made in the review which are specifically for health boards and Velindre University NHS Trust to consider. The Welsh Government will consider what arrangements are needed to oversee and drive change and will continue to work closely with the General Pharmaceutical Council as regulator, and the RPS and the Association of Pharmacy Technicians UK as the professional leadership bodies for pharmacy professionals, to maximise the contribution pharmacists and pharmacy technicians make to improving the quality of care for people in Wales.



Annex A: Recommendations made in the Royal Pharmaceutical Society's independent review

	Recommendation
1	Pharmacy teams must be routinely integrated within every multidisciplinary team.
2	For patients receiving planned hospital care, pharmacy teams must optimise their medication in pre-admission or pre-habilitation services.
3	Pharmacy teams, including advanced emergency department practitioners, must be available in every emergency department and integrated into the patient assessment process, to ensure good medicines decisions and management at the first opportunity.
4	On admission, patients must be triaged to identify and prioritise their pharmaceutical needs. This must be documented as part of their overall treatment plan.
5	Patients must be empowered to take responsibility for their medicines and, wherever possible, must be actively involved in decisions about their medicines and care during an inpatient stay. Pharmacy teams must play an active role in preventing the functional deconditioning of patients.
6	Pharmacy teams must be involved in planning for discharge, starting on admission, with the default position being to refer patients for post-discharge medicines support/care unless it is clearly not needed.
7	The specialist knowledge and skills of advanced practice and consultant pharmacists must be made available to benefit patients and practitioners in community settings.
8	An urgent review of the workforce and systems involved in the supply and logistics of medicines in hospitals is needed in order to release the capacity of pharmacy professionals to deliver patient centred services.
9	Dedicated pharmacy resource should be integrated into MDTs in clinical priority areas with an ambition to embed pharmacy professionals in every MDT over time.

	Recommendation
10	The working patterns of pharmacy teams must be more aligned to the needs of patients and the MDT that they support.
11	New service developments or service redesign within hospitals must consider the clinical and technical pharmacy service requirements from the outset, and regularly evaluate and review those requirements.
12	Pharmacists working within MDTs should be prescribers and be actively prescribing to meet the needs of their MDT and the patients they care for.
13	Pharmacists must embrace and promote their role as prescribers, and accept the associated autonomy, responsibility and accountability.
14	Appropriate governance frameworks and organisational structures are in place for pharmacist (and other non-medical) prescribers to maintain and expand their scope of practice.
15	Clinical placements must be available for undergraduate pharmacy students both in sufficient numbers and at the appropriate level to prepare students for practice as prescribing pharmacists. MDT experiences should be core to this approach.
16	The skill mix of pharmacy teams must reflect The Prudent Healthcare Principle of “only do what only you can do” to maximise the opportunities that all roles can deliver.
17	Pharmacists must demonstrate their competency, through credentialing, in order to progress their careers including through to advanced and consultant roles, across all settings.
18	Pharmacy technician roles must have a post-registration development structure that supports their progression and defines and assures their advancing levels of practice.
19	A culture of continual professional development, quality improvement, service evaluation and research must be further embedded within the pharmacy team. Education providers must design flexible training around the workforce needs.
20	The education and training of pharmacy teams, including undergraduate placements, must be further integrated in wider healthcare training, to allow multi-professional training and embedding pharmacy as an essential component of the MDT.

	Recommendation
21	All registered pharmacy professionals must have a job plan which integrates the four-pillars of professional practice: clinical practice, leadership and management, education, and research in a way which is appropriate to each stage of their career.
22	Pharmacy workforce plans should be developed at both local and national levels, developed collaboratively with the MDT and aligned to Welsh Government and NHS priorities.
23	The pharmacy and medicine management service must diversify their structures to include more non-pharmacy expertise for example clinical informaticists, project managers, and data analysts.
24	Pharmacy must consistently embrace the four pillars of advanced practice i.e. clinical practice, leadership and management, education and research to drive models of excellence.
25	Leadership and management knowledge and skills must be developed and supported for all pharmacy professionals throughout their career.
26	A strategy must be developed in Wales for Advanced and Consultant pharmacist roles at a local, regional and national level. Talent management and succession planning must be in place for advanced practice and consultant roles.
27	Pharmacy must be better represented within the health board and trust senior leadership teams and improving the quality of medicines use should figure more prominently in discussions at Board and Board Committee levels.
28	Strategic leadership for pharmacy in Wales must be collaborative across pharmacy and the wider healthcare system. It must also be more cohesive, outward facing and ambitious.
29	A pharmacy professional assurance and governance framework must be in place in all NHS Wales organisations that employ pharmacy professionals.
30	Boards must have systems to provide assurance that their hospital pharmacy services are operating to a high quality and at standards consistent with best practice and hold pharmacy services to account.
31	The quality systems and governance of medicines management and optimising medicines use must be better established and incorporated within health board/trust governance structures and processes.
32	Hospital pharmacy services must support innovation and lead the implementation of new therapeutic technologies relating to their specialism, for example in pharmacogenomics.

	Recommendation
33	There must be adequate investment in hardware, software and the pharmacy informatics workforce to fully realise the benefits of digital advancements. Systems must be accessible, user friendly, inter-operable and their benefits evaluated.
34	Pharmacy professionals must develop and maintain competence in the technological advancements that will transform their roles over the next ten years.
35	Health boards and Velindre University NHS Trust must have clinical informatics pharmacy professional(s) to lead and support safe digital developments to improve patient care, workforce efficiencies and prudent healthcare. These will work closely with Digital Health and Care Wales to implement national strategy.
36	Electronic medicines management systems must ensure an All Wales consistent approach across all settings with interoperability fundamental to any plans for safe and effective patient care.

Annex B: Strategic Action Plan

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
1. Enabling pharmacy professionals to practise in areas where they add most value		
1.1 Reducing time spent by pharmacy professionals on non-clinical activities		
The Welsh Government will commission a review of opportunities to improve the efficiency of hospital medicines supply and logistics arrangements and release pharmacist and pharmacy technician time for clinical care	Immediate	<ul style="list-style-type: none"> • Welsh Government • Health boards • Velindre University NHS Trust • NWSSP
Health boards and Velindre University NHS Trust should continue to prioritise and contribute to the work already underway to reconfigure pharmacy technical services and medicines information services on a national basis through the TrAMs programme and WMAS project	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NWSSP • Cardiff and Vale University Health Board

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
1.2 Prioritising clinical pharmacy service provision to better meet the needs of the NHS		
Health boards and Velindre University NHS Trust should undertake a stocktake to map how pharmacy resource is currently deployed on clinical activities across the organisation and to identify the nature and extent of the clinical pharmacy activity provided in hospitals by speciality and division/directorate(s) for inpatient, outpatient and any other services within their organisation	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive • HEIW
Health boards and Velindre University NHS Trust should identify specialities or clinical areas that currently do not receive or only have a limited clinical pharmacy service; determine which if any should be prioritised for pharmacy input; and develop plans to enable more appropriate deployment of pharmacy professionals in those specialities/areas. This could include reprioritisation or disinvestment and redeployment, from lower priority and lower value activities	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
Health boards and Velindre University NHS Trust should ensure all advanced practice and consultant pharmacists are designated to support clinical divisions/directorates based on the results of the resource mapping exercise	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
Health boards should ensure that systems are in place for triage and prioritisation of patients for the provision of pharmaceutical care on admission. Prioritisation should be based on the use of clinical prioritisation tools validated and used in NHS hospitals in the UK	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
1.3 Scope of clinical pharmacy services and the relationship with multidisciplinary teams		
<p>Where a clinical pharmacy service is provided to a clinical division(s)/ directorate(s) or clinical area, health boards and Velindre University NHS Trust should establish:</p> <ul style="list-style-type: none"> i) a formal agreement defining the nature and extent of the service and the specific role(s) of any advanced practice and consultant pharmacists involved in the provision of the service, as set out in their job plan(s) ii) the agreement should set out clearly the arrangements for managerial, clinical, and professional accountability 	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust
Health boards and Velindre University NHS Trust should determine the demand profile for pharmacy services in all clinical areas and ensure working patterns of pharmacy teams are aligned to patient and service needs. This should include times when pharmacy services may not currently be being provided and should ensure provision wherever it is needed, seven days a week	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
Health boards and Velindre University NHS Trust should ensure the requirements for clinical and non-clinical pharmacy services are considered in all new service developments and in any clinical service redesign	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
1.4 Realising the potential of pharmacist prescribing		
Health boards and Velindre University NHS Trust should ensure all advanced practice and consultant pharmacists in clinical roles are or are training to be, prescribers	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW
The Chief Pharmacists' Peer Group should establish a multidisciplinary short life working group to agree how recommendations 12 and 13 of the RPS's review relating to pharmacist prescribing should be implemented	Short	<ul style="list-style-type: none"> • Chief pharmacists • Health boards • Velindre University NHS Trust • Higher Education Institutes (HEIs) • NHS Executive
1.5 Improving pharmacy support to meet the NHS stated priorities		
Health boards should ensure all Urgent and Emergency Care settings receive a clinical pharmacy service and that appropriately trained pharmacist prescribers are incorporated into multidisciplinary teams within all Emergency Departments and Same Day Emergency Care units as a priority	Immediate (before winter 2023)	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
HEIW will prioritise funding opportunities to develop pharmacists' skills to work in Urgent and Emergency Care settings. Funding will include the development of skills in independent prescribing, clinical examination and clinical health assessment, diagnostics and triage	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
Health boards should review and where necessary amend, the working patterns and contractual hours of pharmacy teams to ensure they are aligned with service demand in Emergency Departments and Same Day Emergency Care units	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
Health boards should ensure planned care services receive a clinical pharmacy service and that appropriately trained pharmacist prescribers are incorporated into multidisciplinary teams, prioritising pharmacist prescriber roles in pre-admission and pre-habilitation services	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
1.6 Pharmacy's role in optimising patient flow		
Health boards and Velindre University NHS Trust should implement all actions included in the guidance Optimising pharmacy services at hospital discharge to improve patient flow published by the Welsh Government in December 2022	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
Health boards and Velindre University NHS Trust should establish and fully implement their patient medicines self-administration policies to enable patients to manage their own medicines whilst they are in hospital	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
The Welsh Government will commission updated messaging encouraging patients to bring their regular medicines to hospital, supported by national communications activities	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
<p>Health boards and Velindre University NHS Trust should ensure that pharmacy teams, as routine practice, record every patient's nominated community pharmacy in their online record (e.g. in the Welsh Clinical Portal) to facilitate a Discharge Medication Review (DMR) after discharge from hospital. The Welsh Government will commission updated patient and carer communication materials to support this action</p>	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • Community pharmacies • NHS Executive
<p>Pharmacy teams should ensure that all patients requiring post-discharge support with their medicines are referred to the most appropriate community services (e.g. a medicines review by GP or GP practice pharmacist, or a community-based/domiciliary medicines service)</p>	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • Community pharmacies • GP practices • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
2. Developing hospital pharmacy teams to deliver outstanding clinical care		
2.1 Improving pharmacy workforce planning		
Health boards and Velindre University NHS Trust should ensure their organisational workforce plans take account of the benefits of integration of pharmacy professionals in multi-disciplinary teams	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust
Health boards and Velindre University NHS Trust chief pharmacists should ensure the organisation has a pharmacy workforce plan to support and expand advanced and consultant pharmacist practice and to identify more clinical roles for pharmacy technicians	Short	<ul style="list-style-type: none"> • Chief pharmacists • Health boards • Velindre University NHS Trust
HEIW and health boards should continue to prioritise funding for opportunities for hospital pharmacists to access advanced practice training and for pharmacy technicians to access additional clinical training and put in place arrangements to ensure such training is aligned to NHS priorities	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
2.2 Introducing pharmacy career frameworks and job planning to support workforce retention and delivery of pharmaceutical care		
HEIW will work with health boards and Velindre University NHS Trust to develop standardised post registration career frameworks aligned to post-registration curricula, for all pharmacists and pharmacy technicians employed by the NHS in Wales	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • NHS Executive
As part of the career frameworks, NHS organisations will develop standardised national nomenclature for job titles for NHS employed clinical pharmacists aligned to the RPS curricula for post registration practice	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Employers • HEIW • RPS • NHS Executive
Once agreed, health boards and Velindre University NHS Trust should adopt the standardised national nomenclature for pharmacist job titles	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust
Health boards and Velindre University NHS Trust should ensure the career progression of all NHS employed pharmacists and pharmacy technicians requires individuals to demonstrate they meet the required minimum standard for practising at the level of practise required by the job description (and the standardised nomenclature for job titles) including through credentialling by a professional body where available	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • RPS • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
National template job descriptions, updated Agenda for Change job profiles, and national template job plans (encompassing the four pillars of advanced practice) should be developed for all pharmacists	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Employers • NHS Executive • Welsh Government
Health boards and Velindre University NHS Trust should ensure all NHS employed pharmacists have a job plan appropriate for each stage of an individual pharmacist's career	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust
Job plans for advanced practice and consultant pharmacists should include time for providing outreach services and integrated working across sectors to support community-based practitioners and patients in the community	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
<p>HEIW, working with the Association of Pharmacy Technicians UK (APTUK), will develop comprehensive post-registration curricula for pharmacy technicians employed by the NHS in Wales</p> <p>Once such curricula have been developed, further work should be undertaken to develop a standardised national nomenclature for job titles for NHS employed pharmacy technicians. The nomenclature for job titles should be aligned to those curricula; and national template job descriptions, updated Agenda for Change job profiles, and national template job plans for pharmacy technicians. Health boards and Velindre University NHS Trust should then adopt the standardised national nomenclature for pharmacy technician job titles; and ensure all NHS employed pharmacy technicians have a job plan which is appropriate for each stage of an individual pharmacy technician's career</p>	<p>Medium</p> <p>Long</p>	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Employers • HEIW • APTUK • NHS Executive
2.3 Supporting professional development at all stages in careers		
<p>HEIW should work with the Schools of Pharmacy at Cardiff and Swansea Universities to describe examples of pharmacy undergraduate placements within hospital multidisciplinary teams which meet their educational requirements. This should include maintaining and publishing a list of entrustable professional activities for pharmacy undergraduates including appropriate clinical pharmacy activities in hospitals</p>	<p>Immediate</p>	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • Cardiff University • Swansea University

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
Health boards and Velindre University NHS Trust should develop plans to ensure adequate numbers of pharmacy undergraduate, foundation and post-registration foundation placements are available aligned to the planned number of trainees in Wales including placements with pharmacist prescribers and within multidisciplinary teams	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • Cardiff University • Swansea University
Standardised job plans for pharmacists and pharmacy technicians should include protected time for participating and supervising education commensurate with the stage of individuals' careers	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW
HEIW should undertake a review of the continuing professional development offer for hospital pharmacy teams to ensure it is meeting their development needs and provides a sufficiently flexible approach for participants	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW
Health boards and Velindre University NHS Trust should ensure there is appropriate pharmacy input into multidisciplinary education and training structures	Long	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
2.4 Understanding and continually improving the quality of pharmaceutical care		
The Chief Pharmacists' Peer Group should commission a refresh and refocus of the Pharmacy Research Strategy in Wales aligned to the recommendations of the independent review	Short	<ul style="list-style-type: none"> • Chief pharmacists • Health boards • Velindre University NHS Trust • Health and Care Research Wales • HEIs
The Welsh Government working with health boards, HEIs, and Health and Care Research Wales (HCRW) should develop a network of research mentors for pharmacy professionals	Medium	<ul style="list-style-type: none"> • Welsh Government • Health boards • Velindre University NHS Trust • HEIs • Health and Care Research Wales
Standardised job plans for pharmacists and pharmacy technicians should include protected time for participating and supervising research and development commensurate with the stage of individuals' careers	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW
The Chief Pharmacists' Peer Group should establish a programme of work with HEIW to establish a continuous rolling programme for formally appraising pharmacy and medicines management workforce needs aligned to new technologies and NHS priorities	Short	<ul style="list-style-type: none"> • Chief pharmacists • Health boards • Velindre University NHS Trust • HEIW • NHS Executive • Welsh Government

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
3. Strengthening quality, pharmacy leadership, and governance at all levels		
3.1 Improving organisational scrutiny of the quality and effectiveness of pharmacy services		
Health boards should ensure they employ a Director of Pharmacy accountable for the quality of clinical and technical pharmacy services provided within the organisation	Immediate	<ul style="list-style-type: none"> • Welsh Government • Health boards • NHS Executive • Welsh Government
The Director of Pharmacy should be a member of the health board's senior management team, must report to a health board executive director, and be able to raise matters relating to the quality or provision of pharmacy services and medicines within the organisation, directly to the board	Short	<ul style="list-style-type: none"> • Health boards • NHS Executive • Welsh Government
Health boards and Velindre University NHS Trust should agree arrangements for routinely reporting on assurance of medicines and pharmacy quality and safety issues to the organisation's board or relevant sub-committee of the board	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive • Welsh Government
Health boards and Velindre University NHS Trust should ensure pharmacy services are included within their strategic planning cycle	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
The Welsh Government will work with the NHS Executive, health boards and Velindre University NHS Trust to develop and implement key performance indicators including those derived from digital systems, which demonstrate the effectiveness of pharmacy services, on improving the quality of care	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive • DHCW
3.2 Pharmacy system leadership		
Each health board's Director of Pharmacy should be responsible for producing a plan for pharmacy and medicines management within the health board setting out how pharmacy teams are responding to relevant Welsh Government and NHS Executive priorities	Short	<ul style="list-style-type: none"> • Health boards • NHS Executive • Welsh Government
Health boards and Velindre University NHS Trust should review pharmacy senior leadership and management arrangements including job titles to ensure they meet the new GPhC regulatory requirements and the needs of increasing clinical roles	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive
3.3 Talent management and developing future leaders within pharmacy		
Working with HEIW and Academi Wales, the Welsh Government will ensure aspiring leaders in pharmacy have access to a range of multidisciplinary and public sector wide opportunities for leadership development such as HEIW's Executive Talent Pool and Academi Wales' Leadership Development Programmes	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • Welsh Government • HEIW • Academi Wales

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
Health boards and Velindre University NHS Trust must implement the actions identified in the HEIW “Senior Leadership Development in Pharmacy” report	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • NHS Executive • Welsh Government
HEIW should work with Health boards and Velindre University NHS Trust to promote awareness of the tools in the “Gwella” leadership platform to promote leadership development at all stages of pharmacy professionals’ careers and personal development	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW
HEIW will review the outcomes of participation in the Centre for Pharmacy Postgraduate Education’s (CPPE’s) programme, “The Chief Pharmaceutical Officer’s Pharmacy leaders’ development”, with a view to establishing a rolling programme to develop future NHS Wales Directors of Pharmacy	Short	<ul style="list-style-type: none"> • HEIW

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
3.4 Clinical leadership		
HEIW will lead the development of a consultant pharmacist strategy and implementation plan, and health boards and Velindre University NHS Trust should establish a succession plan for advanced practice and consultant pharmacist roles within their respective workforce plans	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW
The Welsh Government will work with health boards, Velindre University NHS Trust and HEIW to establish clinical governance arrangements for all pharmacist and other non-medical prescribers, which will include the implementation of the agreed NHS Wales Non-Medical Prescribing (NMP) standards, signposting to guidance and facilitating prescribers to expand their scope of practice	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • Welsh Government
The Chief Pharmacists' Peer Group should review the arrangements for sharing and adopting examples of best practice between health boards. There should a specific focus on standardising clinical pharmacy services in urgent and emergency care and pre-admission/ pre-habilitation care, within the first 12 months of this plan being published	Short	<ul style="list-style-type: none"> • Chief Pharmacists

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
4. Realising the potential of digital, automation and other technological advances to transform how pharmaceutical care is provided		
4.1 Better use of data and technology to prioritise pharmaceutical care		
Health boards and Velindre University NHS Trust should continue to work with the DMTP to progress implementation of electronic prescribing and medicines administration (ePMA) systems for every hospital in Wales in line with the agreed timescales including ensuring pharmacy professionals have access to IT hardware needed to realise the benefits of digital systems	Immediate	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • NHS Executive • DHCW • Welsh Government
Health boards and Velindre University NHS Trust should prioritise the development of digital and technological skills within pharmacy workforce training and establish clinical informatics pharmacy professional roles within their organisations	Short	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • DHCW • HEIW
Working with the DMTP, the Chief Pharmacists' Peer Group should establish a short life working group to agree how ePMA systems and the development of the Shared Medicines Record can be used to provide optimal support for prioritisation and pharmaceutical care planning including outreach services in enhanced community care (virtual wards)	Immediate	<ul style="list-style-type: none"> • Chief pharmacists • DHCW

Proposed Action	Priority (Immediate, Short, Medium, Long term)	Stakeholders
4.2 Realising the benefits of wider use of innovation to guide therapeutic decision making		
Health boards and Velindre University NHS Trust should have plans in place to support the wider use of pharmacogenomic testing including the role of pharmacy professionals in advance of the development of a Wales-wide pharmacogenomic panel	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • Genomics Partnership Wales • All Wales Medical Genetics Service • HEIW • NHS Executive
Health boards and Velindre University NHS Trust should work with HEIW to provide opportunities to develop awareness of innovative technologies (e.g. Artificial Intelligence and pharmacogenomics) which impact on therapeutic decision making amongst pharmacy teams. This should include but not be limited to, encouraging more pharmacy professionals to access the Swansea and Bangor University postgraduate programmes in genomic medicine	Medium	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • Swansea University • Bangor University • Genomics Partnership Wales
Health boards and Velindre University NHS Trust should develop advanced practice and consultant pharmacist roles for pharmacogenomics to lead the development and implementation of pharmacogenomics plans across the NHS	Long	<ul style="list-style-type: none"> • Health boards • Velindre University NHS Trust • HEIW • Genomics Partnership Wales • All Wales Medical Genetics Service