

## Community Pharmacy Statistics in Wales Quality Report

### What are these statistics?

Community pharmacy statistics are published annually and present information about community pharmacies in Wales in contract with Health Boards (LHBs). The main services which community pharmacies are accredited to provide are described and summarised for 2011-12 and for previous years since the introduction of the new community pharmacy contract in April 2005.

For further details of the Community pharmacy contractual arrangements in Wales please see:  
<http://www.wales.nhs.uk/sites3/home.cfm?orgid=428> and  
<http://www.wales.nhs.uk/sites3/home.cfm?orgid=498>

The statistics also include some summary prescribing statistics although the main prescribing statistics outputs are described below.

### Source of the data

The data is obtained from the NHS Wales Shared Services Partnership (Contractor services and Prescribing Services), Health Boards and the Welsh Government. From 2011-12 information about the services which community pharmacies are accredited to provide has been obtained from the All Wales Pharmacy Database maintained by NHS Wales Shared services Partnership.

### Coverage

Community pharmacy statistics relate to services provided by community pharmacies in contract to Health Boards (LHBs) to dispense NHS prescriptions. Statistics are presented for financial years 1 April to 31 March.

The focus of this output is services provided by community pharmacies but a small amount of summary prescribing information is also included. In addition to Community Pharmacy Services in Wales Statistics, information on items dispensed in Wales is also published in two other statistical releases:

- **Prescriptions by General Medical Practitioners in Wales;** contains information on prescriptions written by General Medical Practitioners in Wales. It also covers prescriptions submitted by prescribing doctors for items personally administered.  
<http://wales.gov.uk/topics/statistics/headlines/health2011/110831/?lang=en>
- **Prescriptions Dispensed in the Community in Wales;** contains information on prescriptions dispensed in Wales irrespective of who dispensed them, and includes the Prescription Cost Analysis (PCA) data. The PCA data includes prescriptions written in England, Scotland, Northern Ireland and the Isle of Man and dispensed in Wales, but excludes prescriptions written in Wales and then dispensed outside of Wales.  
<http://wales.gov.uk/topics/statistics/headlines/health2011/1103301/?lang=en>

The information on dispensing presented in the Community Pharmacy statistical release differs slightly from these other sources because the coverage and relevant time periods are different. Specifically this release relates to items dispensed from community pharmacies in Wales. This release includes items dispensed from community pharmacies which were prescribed by GPs outside Wales

but the "Prescriptions by General Medical Practitioners in Wales" release does not include these. This release does not include items dispensed by GPs themselves or dispensed outside Wales. The PCA data includes all items dispensed in the community, for example, including those dispensed by GPs, nurses or dentists.

The prescription statistics published are based on information obtained from prescriptions sent to Prescribing Services, NHS Wales Shared Services Partnership for payment. Data captured by Prescribing Services in the prescription pricing and remuneration process are also available on their website at: <http://www.wales.nhs.uk/sites3/home.cfm?orgid=428>

A large amount of complex data on prescriptions is available from these sources and should be interpreted with the explanatory notes provided; these include contact details in case users require further data or advice on interpretation.

Information on all our prescribing related outputs is available from:

<http://wales.gov.uk/topics/statistics/theme/health/primary-care/prescribing/?lang=en>

### **Users and uses**

The aim of these statistics is to present data which is available from a routine administrative source in an accessible format providing a summary of pharmacy statistics trends over time and patterns across Wales. Statistics in this developing area of policy will be useful both within and outside the Welsh Government. Some of the key potential users are:

- Ministers and the Members Research Service in the National Assembly for Wales;
- Other areas of the Welsh Government;
- Other government departments;
- National Health Service and Public Health Wales;
- Students, academics and universities;
- Royal College of Nursing and other professional organisations;
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- Advice to Ministers;
- To inform debate in the National Assembly for Wales and beyond;
- To monitor and evaluate performance and activity in the NHS.

If you are a user and do not feel the above list adequately covers you, or if you would like to be added to our circulation list, please let us know by e-mailing [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

### **Strengths and Limitations of the data**

#### **Strengths**

- The outputs provide a statistical overview of patterns and trends in the provision of pharmacy services in Wales.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. They aim to contribute to the statistical context for current policy in the area of pharmaceutical services in Wales.
- The information is processed and published regularly and in an ordered manner to enable users to see the statistics when they are current and of greatest interest.
- Efficient use has been made of administrative data sources to produce outputs including utilising new sources of data such as the All Wales Pharmacy Database. (AWPD).
- In the most recent editions location of selected community pharmacy services are shown in maps.
- Detailed statistics are provided via our StatsWales website

## Limitations

- The statistics are limited in coverage to the data available from the administrative source.
- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately.
- Because of the devolved administrations and differing policy, there is less scope for direct UK comparisons (see 'Comparability' later in the document).

Information on prescribing and pharmacy policy in Wales is accessible from the [Welsh Government website](#).

## Definitions

### Items dispensed

An item dispensed refers to a single item prescribed by a doctor (or dentist) on a prescription form. If a prescription form includes three items it is counted as three dispensed items. A prescription item may be for a variable quantity eg 14, 28 or 56 tablets.

### Services

Under the pharmaceutical services contractual framework services are divided into three categories:

- Essential services which must be provided by all community pharmacies;
- Advanced services which all community pharmacies can choose to provide dependent on them meeting certain criteria;
- Enhanced services which are commissioned locally by Health Boards to reflect the needs of the local population.

For further details please see: <http://www.wales.nhs.uk/sites3/home.cfm?orgid=428>.

### Essential services

Essential services are those that must normally be provided by all community pharmacy contractors. They are nationally agreed services and are not generally open to local arrangement. These services include dispensing, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles and support for self-care.

### Advanced services:

Medicine Use Reviews: Pharmacy premises must be accredited and pharmacists trained and registered to be able to provide Medicine Use Reviews (MURs). The MUR involves the pharmacist reviewing the patients' use of their medicines to improve their understanding of how they should be taken and any potential side effects. MURs improve the patient's knowledge and use of drugs. MUR services are a national specification service which can be provided by all pharmacists provided they and their premises are accredited to do so. These differ from Medicines assessment and compliance support services which are an Enhanced Service which a Health Board may develop and commission in response to local needs.

Discharge Medicines Reviews: The Discharge Medicines Review Service (DMR) was introduced in Wales on 1 November 2011. The DMR service aims to provide support to patients recently discharged from hospital by ensuring that changes made to their medicines are enacted as intended in the community.

Appliance User Reviews and the stoma customisation service are also advanced services.

### Enhanced services

Note that the description of some of these services changed slightly from 2011-12 when the All Wales Pharmacy Database began to be used as the source of services data.

### **Additional hours services (includes extended hours and Bank Holiday rota)**

*The provision of pharmaceutical services during an extended period of opening to ensure that people have prompt access to medicines during the out of hours period (whether for the whole or part of that period).*

### **Pharmaceutical advice to care homes**

*The provision of advice and support to the residents and staff within a care home to ensure the proper and effective ordering of medicines and appliances, their safe storage, supply and administration and proper record keeping.*

### **Medicines assessment and compliance support**

*The provision of a range of services which support patients and carers to ensure medicines are taken safely effectively and may include the provision of medicines administration record (MAR) charts and/or compliance devices.*

### **Minor ailment schemes**

*The provision of advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription.*

### **Palliative care 'Just in Case' scheme**

*The provision of palliative care medicines for patients for whom it is anticipated that their medical condition may deteriorate into the terminal phase of illness.*

### **Palliative care out-of -hours services**

*Retaining stocks of a agreed specialist medicines which can then be dispensed for patients receiving palliative care without undue delay; the demand for such medicines may be urgent and/or unpredictable.*

### **Provision of emergency hormonal contraception (EHC)**

*The provision of emergency hormonal contraception and sexual health advice through community pharmacy.*

### **Smoking cessation level 2**

*The provision of nicotine replacement therapy (NRT) to patients wishing to stop smoking and who are participating in behavioural support services.*

### **Smoking cessation level 3**

*The provision of one to one behavioural support and advice to people who want to give up smoking*

### **Supervised administration of prescribed medicine**

*The supervision of patients when taking specified prescribed medicines to ensure adherence to an agreed treatment plan, typically for medicines where the problems associated with poor adherence have been shown to be significant (e.g. in substance misuse).*

### **Syringe & needle exchange**

*The provision of sterile needles and syringes, injecting paraphernalia and sharps containers for return of used equipment.*

### **Essential Small Pharmacies**

The Essential Small Pharmacies Scheme (ESPS) provides financial assistance to pharmacies that are not economically viable because of their location but are considered vital to the provision of pharmaceutical services to the local community. The scheme, therefore, aims to ensure the proper provision of pharmaceutical services in areas that would otherwise have difficulty in accessing them.

### **Openings and Closures**

The Welsh Government Statistical Directorate collects data from each LHB on openings and closures of community pharmacies. Data are also provided by the NHS Wales Shared Services Partnership based on payments to community pharmacies. Payments may continue beyond the end of the financial year. This can lead to discrepancies between LHB and NHS Wales Shared Services Partnership data about the number of community pharmacies active at 31 March each year.

## **Control of Entry Regulations**

Control of entry regulations require that any pharmacy in Wales wishing to obtain an NHS contract to dispense NHS prescriptions must satisfy the Health Board that it is either 'necessary' or 'desirable' to grant the application to secure the adequate provision of pharmaceutical services in a particular neighbourhood. Permission is also required for minor relocations and changes of ownership. Minor relocations cover pharmacies wishing to relocate over a short distance within the same neighbourhood. Changes of ownership are granted only if the same services will be provided as before, there is no interruption in service provision and no relocation involved.

A General Practitioner may apply to provide dispensing services, such service provision can only be approved for the applicant's patients who reside within a controlled area and are more than a 1 mile radius from a pharmacy which provides NHS pharmaceutical services (Reg 21).

A Pharmacist may apply to provide NHS pharmaceutical services from within controlled and non-controlled localities.

A controlled locality is an area that has been determined as being rural in character for the purposes of the Regulations; a non-controlled locality is an area that has been determined as being urban in character.

A Pharmacist may apply to provide NHS pharmaceutical services from a specific site (Reg 4(4)). They may also apply for 'Preliminary Consent' which allows for an application to be granted without having to name a specific site or address from which it is intended to provide pharmaceutical services (Reg 14). Such grants are time limited and a further application is required by the Regulations once the exact location of the premises has been identified

## **Controlled locality**

An area determined by the relevant Health Board to be rural in character for the purpose of determining applications to provide NHS pharmaceutical services in accordance with regulation 9 of the NHS Pharmaceutical Services (Wales) Regulations 1992/662 as amended.

## **Appliance contractor**

Each community pharmacy and appliance contractor has an arrangement with a LHB (HA prior to April 2003) to dispense NHS prescriptions. The arrangement specifies both the premises and the named contractor. Community pharmacies can dispense the full range of drugs and appliances, but appliance contractors are limited to the supply of appliances as listed in Part IXA/B/C of the monthly Drug Tariff published by the Prescription Pricing Division of the NHS Business Services Authority.

## **Data processing cycle**

**Data collection** - The Health Statistics and Analysis Unit of the Welsh Government receives data for these statistics as follows:

Community pharmacy services information is supplied via the [PHS1W form](#) collected from Contractor Services, NHS Wales Shared Services Partnership.

Details of advanced and enhanced services are provided by the NHS Wales Shared Services Partnership from the All Wales Pharmacy Database (AWPD) (from 2011-12; previously this data was obtained directly from LHBs).

Prescribing data and counts of pharmacies are obtained from Prescribing Services, NHS Shared Services Partnership.

Appeals data is obtained from the Welsh Government.

**Validation and verification** – Data is submitted on EXCEL spreadsheets via Afon, the Welsh Government secure web data transfer system. Following routine consistency checks any queries are discussed with data providers.

Prescribing Services, NHS Wales Shared Services Partnership have stated that due to the complex and manual processes involved there may be inaccuracies in capturing prescription information which are then reflected in the data. Internal quality assurance processes exist and currently the prescription processing activity is internally audited for 2010-11 at 99.2 per cent accuracy (i.e. at least 99.2 per cent of prescriptions are processed accurately).

**Publication** - The statistics published by the Health Statistics and Analysis Unit are produced from the data sources described above. The release is produced by updating the information from the previous edition. The information on the releases is checked against the data supplied independently. Summary data associated with the Community Pharmacy Services release is also updated on StatsWales, our interactive web based tool.

**Disclosure and confidentiality** - These data are aggregated at the level of each LHB and therefore there is little risk of disclosing information about any individual. We adhere to our [statement on confidentiality and data access](#), issued in conformance with the requirements set out in Principle 5: Confidentiality of the Code of Practice for Official Statistics. Our statistics take into account our disclosure control guidance and follow ONS confidentiality guidelines for Health statistics available from: [ONS best-practice guidelines](#).

## Key Quality Information

National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

### Quality

Health Statistics and Analysis Unit adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Official Statistics](#). Specifically, the list below provides information according to the European Statistical System's six dimensions of quality.

### Relevance

*The degree to which the statistical product meets user needs for both coverage and content.*

On our [Health and Social Care theme page](#) we provide background to our statistics and information for users. We encourage users of the statistics to contact us to let us know how they use the data.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

We actively review all our outputs and welcome feedback; if you would like to make any comments, please e-mail [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

### Accuracy

*The closeness between an estimated result and an (unknown) true value.*

Most of the data included comes from administrative sources which are used in the management of the service and are part of a contractual framework.

Prescribing Services, NHS Wales Shared Services Partnership have stated that due to the complex and manual processes involved there may be inaccuracies in capturing prescription information

which are then reflected in the data. Internal quality assurance processes exist and currently the prescription processing activity is internally audited for 2010-11 at 99.2 per cent accuracy (i.e. at least 99.2 per cent of prescriptions are processed accurately).

All our outputs include key quality information on coverage, timing and geography.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

### **Timeliness and punctuality**

*Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.*

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Due Out Soon](#) web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period. Prescriptions by General Medical Practitioners is published annually in August and the Prescriptions Cost Analysis release in March.

### **Accessibility and clarity**

*Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.*

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

### **Comparability**

*The degree to which data can be agreed over both time and domain.*

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Similar information is available from other parts of the UK but publication arrangements differ.

Community pharmacy statistics for England are available from the [NHS Information Centre for health and social care](#), Scotland data is available from [Information Services Division Scotland](#) and Northern Ireland data is available from the [Business Services Organisation](#).

Welsh statistics differ from the [Information Centre's](#) report on English pharmacies as follows:

Community pharmacy and appliance contractors counts – this data is comparable.  
Community pharmacy dispensing activity – this data is comparable.  
Community pharmacy ownership – this data is comparable including the definitions of an independent and a multiple contractor.  
Community pharmacy applications – these are different and not comparable as the Wales data is based on the NHS (Pharmaceutical Services) Regulations 1992 and the England data is based NHS (Pharmaceutical Services) Regulations 2005 legislation  
Appeals – these are also not comparable as appeals as based on the pharmacy applications regulations applicable.  
Control of Entry: Exempt Category Pharmacies –this is not comparable as new regulations were introduced in England in 2005 and Wales did not introduce regulations which introduced exempt category pharmacies.  
Community openings and closures – as based on different application legislation not comparable.  
Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme - this data is not comparable as Wales maintains the Essential Small Pharmacies Schemes (ESPS). These became ESPLPS in England in 2006.  
Medicine Use Reviews –this data is comparable.  
Discharge Medicines Reviews - this data is not comparable as Wales introduced the Discharge Medicines Review (DMR) service in 2011 and England did not introduce the service.  
New Medicines Service - this data is not comparable as England introduced the New Medicines Service (NMS) in 2011 and Wales did not introduce the service.  
Appliance Use Reviews and Stoma Appliance Customisation – this data is comparable  
Local Enhanced Services – this data is comparable.

Scotland - The [Information Services Division \(ISD\)](#) is a division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice.

Northern Ireland - The [Business Services Organisation](#) support functions and specialist professional services to the health and social care sector in Northern Ireland and produce information on the number of pharmacies, pharmacists and appliance suppliers.

## **Coherence**

*The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.*

Every year the data are all collected from the same sources and adhere to the national standard; they will also be coherent within and across health organisations.

## **Dissemination**

All the data is of sufficient quality following the processes outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level charts are included in the release. All the actual data provided is published on our interactive website [StatsWales](#).

## **Evaluation and contact details**

We always welcome feedback on any of our statistics. If you would like to make any comments on any of our outputs or require any information please e-mail us at [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

Produced by the Knowledge and Analytical Services, Welsh Government  
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