

**PWYLLGOR STRATEGAETH A CHYNLLUNIO  
STRATEGY AND PLANNING COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 October 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Welsh Government's Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson - Director of Primary Care, Community and Long-Term Care.
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Owain Williams - Clinical Director for Pharmacy and Medicines Management

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

Welsh Government (WG) commissioned the Royal Pharmaceutical Society (RPS) to undertake an independent review of the provision of clinical pharmacy services provided in NHS hospitals across Wales. This review made recommendations on how pharmacy services should develop to meet the changing needs of the population and the NHS.

Eighteen months after first presenting the review to the Strategic Development & Operational Delivery Committee (SDODC), this report provides an update on the progress and actions taken by Pharmacy and Medicines Management Services to meet the **60 actions** identified under the four main themes set out by the independent review:

- Enabling pharmacy professionals to practise in areas where they add most value
- Developing hospital pharmacy teams to deliver outstanding clinical care
- Strengthening quality, pharmacy leadership and governance at all levels
- Realising the potential of digital, automation and other technological advances to transform how pharmaceutical care is provided

Cefndir / Background

Clinical Pharmacy is one element of Pharmacy and Medicines Management Services delivered by integrated pharmacy teams within the hospital setting, ensuring safe, effective, and economic use of medicines for individual patients starting from the point of prescribing through to medicines optimisation.

Across NHS Wales and Hywel Dda University Health Board (HDdUHB), steps have been taken to align variation in clinical pharmacy practice, addressing:

- Pharmacists' clinical activities and the services offered to different specialties
- How the pharmacy workforce is structured
- Management arrangements and the leadership culture across the service

- The need to relieve core clinical staff of administrative burdens, enabling them to focus more on direct patient care

## Asesiad / Assessment

Since the review was published, the initial focus of the Pharmacy teams has been to benchmark and map out current processes and service delivery, and to achieve the actions identified as immediate and short-term priorities by WG.

Benchmarking and progress to date shows compliance with 21 of the 60 (35%) Welsh Government actions completed and incorporated into clinical practice:

Priority	Number of actions	Completed and incorporated into practice	Working towards	External influence needed (HEIW, WG, Directors of Pharmacy Peer Group)
Immediate	14	8	3	3
Short	24	12	1	11
Medium	20	1	4	15
Long	2			2
<b>Total</b>	<b>60</b>	<b>21</b>	<b>8</b>	<b>31</b>

In terms of the remaining 39 actions, 31 rely on external bodies (WG, Health Education and Improvement Wales (HEIW) or Directors of Pharmacy Peer Group) and are mostly aligned to workforce development, leadership, governance and digital and technology actions.

The Directors of Pharmacy Peer Group has recently established five new Delivery Assurance Groups to ensure alignment with the shared strategic direction for pharmacy in Wales, both from a policy and operational perspective. These groups are aligned to the themes set out in [Pharmacy: Delivering a Healthier Wales](#), and will provide the leadership, support and platform for national developments required to transform the NHS pharmacy services as described within this review. HDdUHB pharmacy staff are incorporated into all Delivery Assurance Groups and other sub-groups to support and steer discussions and developments and will ensure that these are implemented successfully within HDdUHB.

Key actions achieved within HDdUHB across the four main themes are outlined below, with identified next steps to meet further recommendations and further develop the service across Hywel Dda:

### **1. Enabling pharmacy professionals to practice in areas where they add most value.**

#### ***Clinical prioritisation***

- 13 Pharmacy technicians across HDdUHB have been supported to undertake the pharmacy technician clinical prioritisation course. This course provides pharmacy technicians with the accreditation and governance to allow them to work at the top of their registration. Pharmacy technicians will identify the patients with the greatest clinical need for further pharmacist intervention, thus allowing pharmacists to focus their review and input to the patients with the greatest need and releasing time for other clinical activities within multi-disciplinary teams (MDTs) and prescribing practice.

- An Enabling Quality Improvement in Practice (EQIIP) project has recently been undertaken to support timely clinical intervention at the front door. The project demonstrated the number of clinical and prescribing interventions within Emergency Department and Admission areas that could potentially lead to medication administration errors. The study focused on improving prescribing on admission to reduce errors and make efficient use of pharmacy time within these areas.

#### *Next steps*

- Continue to develop the workforce, including increasing the number of pharmacy technicians training in clinical prioritisation to expand their clinical roles. This is supported through job description amendments and developing job plans for future roles.
- Following the EQIIP project the issues raised are being scrutinised independently to ensure patient safety and identify follow up projects
- Development of a clinical prioritisation tool within the Electronic Prescribing and Medicines Administration (EPMA) system will revolutionise pharmacy teams' ability to target prescriptions for high-risk patients and high-risk medicines to support the expansion of roles within MDTs.

#### ***Transformation of unplanned and emergency care***

- A clinical pharmacy service is currently provided to all Urgent and Emergency Care (UEC) settings within the hospital sites during core pharmacy hours. A review of the service has been undertaken, however sustainability of services with expanded hours is not currently feasible within current establishment.
- A Health Board wide pharmacy front of house group has been developed to share good practice, promote standardisation of clinical pharmacy services and horizon scan for future opportunities to improve patient care.
- Pharmacy services were previously provided to Same Day Emergency Care (SDEC) units, however due to career progressions and subsequent difficulties with retention of staff within the roles, no dedicated support is currently provided to the units. Proposals for clinical pharmacy roles into the Clinical Streaming Hubs to support the wider 6 Goals programme for HDdUHB have been developed, however short-term WG funding to-date, aligned to these roles, makes recruitment difficult into temporary or fixed-term posts. Pharmacy posts are included within future development of the Clinical Streaming Hubs business case model to provide a sustainable service going forward.

#### *Next steps*

- Continue to support the development of pharmacy roles and input into unplanned and emergency care areas in-line with the recommendations.
- Development and support for permanent clinical pharmacy roles within the Clinical Streaming Hubs to support the future model of UEC within the Health Board.

#### ***Preadmissions and prehabilitation***

- A prehabilitation pharmacist is in post two days a week until 2026 to provide a clinical pharmacy review to optimise patient's medication treatment, using their prescribing skills to directly impact patient care within primary care settings to optimise treatment pre-surgery.
- Preadmission services in HDdUHB are historically nurse led, and don't have a dedicated pharmacy service. More work is needed to capture data on the number of

patients whose operations are cancelled, or inpatient stay prolonged due to lack of medicines optimisation prior to supporting this service.

#### *Next steps*

- Capture data of prehabilitation pharmacist's input and clinical impact to further develop the role and embed within the wider MDT.
- Review of pre-admission services and potential role of pharmacy.

## **2. Developing hospital pharmacy teams to deliver outstanding clinical care**

### ***MDT working***

- Resource mapping has identified areas where pharmacy services are not provided and where provision could be improved. We have ensured pharmacists are linked to all directorates, with cross sector working across clinical areas to promote more efficient working and sharing of knowledge to benefit our patients.
- There are numerous examples of pharmacists already contributing effectively within MDTs across areas such as mental health, palliative care, gastroenterology, dermatology, rheumatology, cancer services, stroke and antimicrobials. These roles are continuing to evolve and expand, with pharmacists utilising their prescribing skills to directly manage cohorts of patients. This collaborative approach continues to be further developed and expanded into other specialties.
- It is essential that pharmacists working as integral members of the MDT become standard practice, embedded alongside core pharmacy responsibilities. Given the increasing constraints on workforce funding, the service continues to identify innovative ways to deliver high-quality clinical care, wherever possible.

#### *Next Steps*

- Continue to support working within MDTs and identify possible future workforce opportunities with a strong core foundation pharmacy service.

## **3. Strengthening quality, pharmacy leadership and governance at all levels**

### ***Education and Workforce***

- Currently 74% of secondary care pharmacists are actively prescribing in HDdUHB with plans in place for remaining staff within a patient-facing clinical role to complete their prescribing qualification over the next two years. Having pharmacists with the advanced clinical skills and ability as prescribers provides benefits to patient care, in terms of clinical outcomes and health efficiencies. This includes optimised medication management in complex cases through polypharmacy reviews, streamlining care processes to reduce burden on other clinicians, enhancing patient safety by reducing medication errors, improved medicines reconciliation and prescribing on the interface; and optimised chronic disease management in-line with National and Local guidelines.
- Due to a change in the pharmacy curriculum within universities from a historical scientific focus to be more clinically focused, pharmacy students graduating from 2026 will be "prescriber-ready", having completed non-medical prescribing within their undergraduate training. The service will adjust to provide opportunities to utilise the clinical prescribing skills of the current and future workforce, within a robust and safe governance framework.
- To support the future workforce, pharmacy services hosted 126 undergraduate placements from Swansea and Cardiff Universities across all hospital sites and

within primary care, being in the top three Health Boards for the number of students hosted in 2025/26.

- The first consultant pharmacist for HDdUHB, and the first primary care consultant pharmacist in Wales, have been appointed within a managed practice in primary care. This innovative post provides the ambitious opportunity to deliver prudent and value based Healthcare and raises the profile for what a consultant pharmacist can and should do, aligned with the four pillars of consultancy (clinical practice, leadership, education and training and research). The consultant pharmacist provides high-level clinical care through holistic cardiometabolic chronic disease management clinics and identifying opportunities to promote clinical research within practice.
- HDdUHB is the first Health Board to appoint an accuracy checking accredited technical officer. This is a role previously completed by registered pharmacy technicians, however with competency training of non-registered professionals within pharmacy, this is another example of workforce development across the whole staff group to work to the top of their licence to achieve and sustain actions within the review whilst maintaining the core pharmacy service.
- HDdUHB Pharmacy staff are engaged with the RPS, HEIW and the National Pharmacy Workforce Delivery Assurance Group to develop post-foundation career pathways. This includes standardising the pathway for advanced practice and credentialing aligned with RPS framework for advanced and consultant pharmacist roles.
- Pharmacists continue to participate in research with Cardiff and Swansea university, supporting undergraduate research projects in service evaluation, audit and rapid reviews, aligning with RPS pillars for advanced practice as recommended within the review.

#### *Next steps*

- Continue to support the education and development of current and future workforce through collaboration with Higher Education Institutes.
- Collaboration with HEIW and other Health Boards, through the Directors of Pharmacy Peer Group's delivery assurance groups to develop a standardised career pathway for pharmacists and pharmacy technicians aligned to RPS advanced practice framework with job planning of roles becoming normal practice.
- Identify future workforce development opportunities to increase future advanced practice pharmacist and consultant pharmacist posts within HDdUHB.

#### **4. Realising the benefits of wider use of innovation to guide therapeutic decision making**

##### ***Digital***

- Electronic Prescribing and Medicines Administration (EPMA) roll out is gathering momentum, with plans to implement in Quarter (Q) 1 2026. Dedicated EPMA posts, through short-term funding by WG within the programme, provide pharmacy input into the successful implementation of the project, and realisation of the clinical benefits that EPMA will provide, particularly within quality and safety areas.
- Following a baseline assessment of the digital confidence of hospital pharmacy workforce, digital literacy work has begun with staff in combination with the Health Board Digital Inclusion team.

#### *Next steps*

- To continue to support the Digital Pharmacy Team in preparing for implementation of EPMA and support clinical staff with this digital transformation.
- To effectively manage change in clinical workflows following the digitisation of medicines processes.
- To support clinical staff in working with the Digital Inclusion Team and Digital Pharmacy Team to increase their digital literacy and prepare for implementation of EPMA.

## Conclusion

Following publication of the recommendations from the RPS Review of Clinical Pharmacy Services, pharmacy teams continue to provide excellent clinical care across HDdUHB. Addressing the inefficiencies with traditional models of clinical pharmacy, and to support the future pharmacy workforce, modern and innovative solutions will need to continue to be implemented. Current workforce pressures, including recruitment challenges and limited capacity for role expansion, pose a risk to the timely and sustainable delivery of all recommendations outlined in the review. Effective workforce planning and service redesign will be essential to maintain the vision for delivery, while ensuring the core foundation pharmacy service remains protected and resilient. Clinical prioritisation, and the deployment of electronic prescribing and digital solutions will be at the core of any service redesign which will be supported by a workforce upskilled to provide direct patient care, with a strong core foundation pharmacy service for the safe and efficient provision of medicines. This will be essential to clinical pharmacy's ability to meet NHS demands for now and for the future.

## Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the content of the Welsh Government's Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales Report and the achievements to date across the actions recommended within the WG Review.
- **NOTE** the ongoing work and development within HDdUHB and in collaboration with external organisations to support and achieve recommendation within the Review.
- **SUPPORT** the recommendation to update actions, completion dates and deadlines within the recommendations on AMAT, where actions have now been updated or identified for external national development. Details of the changes to be agreed through the Clinical Care Group governance structure.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.13. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1983: Risk of being unable to provide a clinical pharmacy service to inpatients at WGH due to staffing constraints.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd:	6. All Apply

Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable
<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable

<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable