



Ymgynghoriad ar Nodau 2025 Fferylliaeth: Cyflawni Cymru Iachach (Drafft)

Rydym yn ymgynghori ar nodau newydd ar gyfer 2025 a fydd yn darparu camu pellach i gyflawni gweledigaeth 2030 ar gyfer fferylliaeth yng Nghymru; [Fferylliaeth: Cyflawni Cymru Iachach](#). Bydd yr ymgynghoriad ar agor tan ddydd Sul, Medi 11, 2022.

Gellir cwblhau ymatebion i'r ymgynghoriad yn electronig [yma](#).

Cynnwys

- Cyflwyniad
- Gosod Nodau tymor byr newydd
- Nodau drafft 2025

Cyflwyniad

Beth yw Fferylliaeth: Cyflawni Cymru Iachach?

Fferylliaeth: Cyflawni Cymru Iachach (Ff:CCI) yw gweledigaeth y proffesiwn, gan y proffesiwn.

Wedi'i alinio i [Cymru Iachach](#), gweledigaeth hirdymor Llywodraeth Cymru ar gyfer iechyd a gofal cymdeithasol, *mae Ff:CCI yn gosod nodau ac egwyddorion hirdymor*, a chamau gweithredu tymor byr sydd eu hangen i drawsnewid rôl a chyfraniad fferyllwyr, technegwyr fferyllol, timau fferyllol a safleoedd fferyllol ledled Cymru.

Datblygiad y weledigaeth

Yn dilyn ymchwiliad Pwyllgor y Senedd i reoli meddyginiaethau yn 2018, gofynnodd y Gweinidog Iechyd i [Bwyllgor Fferyllol Cymru](#) (BFfC) i ddatblygu cynllun sy'n disgrifio rolau gweithwyr fferyllol proffesiynol yng Nghymru yn y dyfodol. Roedd hwn i fod yn gynllun gan fferylliaeth ar gyfer fferylliaeth, i amlinellu'r camau i'w cymryd gan yr holl randdeiliaid i wneud y gorau o sgiliau a gwybodaeth unigryw'r proffesiwn.

Roedd dwy ran i'r prosiect hwn:

1. Mynd i'r afael â chynllun tair blynedd ar gyfer rolau fferylliaeth yn y dyfodol hyd at 2022
2. Parhau â'r llwybr hwn ar gyfer gweledigaeth ar gyfer fferylliaeth hyd at 2030.

Comisiynodd y WPhC RPS Cymru i gefnogi a goruchwylio datblygiad y cynllun.

Drwy gyfrwng grwpiau arbenigol, arolygon ar-lein a grwpiau ffocws, cyfrannodd dros 400 o weithwyr fferyllol proffesiynol at y weledigaeth derfynol a gyhoeddwyd ym mis Ebrill 2019.

Gweithredu'r weledigaeth

Sefydlwyd [Bwrdd Cyflawni Fferylliaeth: Cyflawni Cymru Iachach](#) i helpu i gyflawni'r weledigaeth ac i ddarparu trosolwg strategol o'r rhaglen.

Mae'r weledigaeth eisoes wedi ysgogi datblygiad cadarnhaol ar draws nifer o feysydd gan gynnwys y contract fferylliaeth gymunedol newydd gyda'i ffocws ar wasanaethau clinigol a rhagnodi annibynnol, trawsnewidiad o ran trawsnewid mynediad at feddyginiaethau mewn gofal eilaidd a gwaith cychwynnol ar system ragnodi electronig.

Gellir dod o hyd i ragor o wybodaeth am gyflawni hyd yma ar [wefan Ff:CCI](#) sy'n cynnwys manylion cofnodion cyfarfodydd bwrdd, prosiectau a ariannwyd a blogiau gan fferyllwyr a thechnegwyr fferyllol yn trafod sut y maent wedi rhoi'r weledigaeth ar waith.

Gosod Nodau tymor byr newydd

Roedd y ddogfen Ff:CCI wreiddiol a gyhoeddwyd yn 2019 yn cynnwys nifer o nodau interim i'w cwblhau erbyn 2022 i weithredu fel camu i gyflawni gweledigaeth gyffredinol 2030.

Nawr ein bod wedi cyrraedd 2022 ac wedi myfyrio ar y cynnydd sylweddol a wnaed hyd yma, rydym nawr yn edrych i adeiladu ar y cynnydd hwn a sefydlu set newydd o nodau tair blynedd. Bydd y nodau newydd hyn yn gosod disgwyliadau o'r hyn y byddwn yn ei gyflawni ar y cyd erbyn 2025.

Mae'r RPS yn arwain datblygiad y gweithgaredd hwn ar ran Pwyllgor Fferyllol Cymru. Ers mis Ebrill 2022 rydym wedi ymgysylltu'n helaeth â fferyllwyr, technegwyr fferyllol, a rhanddeiliaid allweddol eraill gan gynnwys cyrff proffesiynol eraill a cyrff cynrychioli cleifion.

Rydym yn ddiolchgar iawn i bawb sydd eisoes wedi rhoi eu hamser i gyfrannu at y gwaith hwn. Mae'r mewnbwn a gawsom drwy'r broses hon wedi bod yn hynod o addysgiadol ac wedi ein galluogi i nodi'n glir y meysydd sydd angen sylw a datblygiad dros y tair blynedd nesaf. Mae'r nodau isod yn gynnyrch yr ymgysylltu hwn a gobeithiwn y byddwch yn gweld llawer o'ch cyfraniadau'n cael eu hadlewyrchu yn y rhain.

Camau Nesaf

Yn dilyn y cyfnod ymgynghori cyhoeddus hwn, bydd yr ymatebion yn cael eu dadansoddi gan RPS. Yna bydd Pwyllgor Fferyllol Cymru yn cytuno ar fersiwn derfynol o'r nodau a'u chyhoeddi yn hydref 2022. Bydd ymgysylltu â rhanddeiliaid

allweddol i sicrhau y caiff y gweithgareddau i gyflawni'r nodau cyffredinol eu cyflawni a'u rhoi ar waith yn parhau'n gyflym.

Nodau 2025 (drafft)*

* Nodwch, bydd y geiriad terfynol, cytunedig y nodau hyn yn cael eu cyfieithu a'i cyhoeddi'n ddwyieithog yn y ddogfen derfynol.

ENHANCING PATIENT EXPERIENCE

By 2025 we will:

[GOAL 1] Support pharmacy teams to make every contact with a patient count

ACTIVITY We will achieve this by:	MEASURE Examples will include:
1.1 Collaborating on a public facing campaign to help the citizens of Wales understand the evolving roles of pharmacy teams and the services provided in each care setting.	Public facing campaign delivered and evaluated
1.2 Building on the common ailment scheme through community pharmacy ensuring patients are aware of the services they can access	<p>Measure and evaluate use of CAS activity by Cluster area</p> <p>Continue to embed the national services consistently through Wales</p> <p>Inclusion of CAS through the NHS patient app to signpost for the relevant conditions.</p> <p>Cluster lead collating the services available for their cluster. Sharing of best practice across clusters throughout Wales.</p>
1.3 Empowering Pharmacy Technicians to make every patient contact count	Pharm technician access to choose pharmacy for appropriate elements – pilot in the DMR module.
1.4 Growing and championing pharmacy's role in urgent and emergency care, highlighting the opportunities for the public to gain advice through NHS111 for example.	<p>Inclusion of pharmacy in the development of urgent and emergency care workforce models</p> <p>Number of patient engagements with pharmacists employed by NHS111</p>

[GOAL 2] Continue to deliver services that focus on the needs of the individual, tackle inequalities and ensure a sustainable health care service for today's citizens as well as for future generations

ACTIVITY We will achieve this by:	MEASURE Examples will include:
<p>2.1 Engaging pharmacy teams in national and local initiatives to ensure the delivery of more environmentally sustainable services across Wales</p>	<p>Secondary care teams working to reduce the impact of anaesthetic gases in their hospitals or teams engaging with <i>Green Health</i></p> <p>Pharmacy teams have made active changes to their practice to be more environmentally responsible e.g registering with the <i>All Wales Greener Primary Care Framework and Award Scheme</i></p>
<p>2.2 Supporting health literacy and digital health literacy by developing a suite of resources to equip the pharmacy team with the skills and confidence to support individuals to understand more about their medicines, health and wellbeing</p>	<p>Pharmacy teams are included in the roll out of the digital capability framework for the healthcare workforce</p> <p>All pharmacy teams have access to and undertake health literacy training to support patients.</p> <p>All pharmacy teams regularly signposting patients and ensuring they can access relevant tools including easy read and digital versions where available, reducing the use of paper copies to help reduce our environmental impact.</p>
<p>2.3 Making pharmacy teams inclusive, increasing understanding of diversity and equipping every pharmacy team to overcome language and cultural barriers</p>	<p>Commitment by pharmacy teams to Equality, Diversity and Inclusion (EDI) campaigns including the HEIW Pharmacy Cultural Awareness Campaign</p> <p>A basic courtesy level Welsh language learning module will be available and adopted by the pharmacy profession</p>

	<p>Increase in the awareness and use of NHS commissioned translation services i.e. Language Line /Wales Interpretation and Translation Service by pharmacy teams</p> <p>Use of RPS EDI resources and membership of the RPS Action in Belonging, Culture and Diversity (ABCD) Group</p>
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[GOAL 3] Enhance patient experience in national clinical priority areas, ensuring pharmacy services are focused on improving outcomes.

ACTIVITY We will achieve this by:	MEASURE Examples will include:
<p>3.1 Establishing and implementing pharmacy professional standards in palliative and end of life care to deliver a consistent, evidence-based and quality-driven approach to end of life and bereavement care for patients and carers</p>	<p>All community pharmacies have applied national professional standards in palliative and end of life care to their practice</p> <p>A palliative care pharmacy lead will be in post in every Health Board area supported by collaborative working arrangements that enable the delivery of consistently high quality care, utilising expertise and support across LHB and regional boundaries</p> <p>Implementation of palliative care standards by pharmacy teams as part of an integrated multi-professional care pathway</p>
<p>3.2 Creating a network of mental health First Aiders across Wales and equipping the pharmacy team with the tools, understanding and confidence to deal with mental ill-health and wellbeing issues</p>	<p>50% of pharmacy team members have general awareness of mental health first aid through completion of level 1 HEIW training</p> <p>Every pharmacy team has at least one member of the team that have undertaken advanced mental health first aid training by completion of level 2 HEIW training</p> <p>Wellbeing support is freely available for all members of the pharmacy team</p>
<p>3.3 Integrating the pharmacy team into clinical pathways for HIV to support individuals in all settings, including a focus on prevention.</p>	<p>HIV/Blood Borne Virus (BBV) lead in each HB area, working across primary and secondary care</p>

	<p>Delivery of PREP to be commissioned via community pharmacies</p> <p>Supporting delivery of the All Wales HIV Action Plan</p>
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[GOAL 4] Strengthen the research and quality improvement practice of all pharmacy professionals, ensuring a focus on patient outcomes

ACTIVITY We will achieve this by:	MEASURE Examples will include:
4.1 Encouraging pharmacy professionals to step into research focused on improving patient outcomes as part of routine practice	<p>100% of Pharmacy professionals have completed the HEIW Quality Improvement Foundation e-learning module</p> <p>20% of the Pharmacy professionals in Wales have undertaken more advanced research and quality improvement training.</p>
4.2 Increasing research collaboration between academia and frontline pharmacy professionals	20% of clinical pharmacy undergraduate projects have practitioner involvement.
4.3 Embedding a quality improvement framework into pharmacy practice and increasing the understanding of quality improvement across the pharmacy team	Quality improvement framework is available for pharmacy teams.
4.4 Enhancing the contribution of pharmacy research to quality improvement across the NHS in Wales	50 pharmacy practitioners will have contributed practice based research to a repository of best practice

DEVELOPING THE PHARMACY WORKFORCE

By 2025 we will:

[GOAL 5] Create an engaging work culture where leadership is empowered at all levels, wellbeing is prioritised, and supporting each other in learning and development becomes the norm.

ACTIVITY We will achieve this by:	MEASURE Examples will include:
5.1 Encouraging all pharmacy employers to support access to non-clinical training, including leadership courses and active wellbeing sessions.	Increased uptake of pharmacy professionals accessing courses through HEIW and other accredited partners
5.2 Adopting a formalised career pathway for the profession as set out by the RPS which actively encourages leadership as well as clinical and research development.	30% of pharmacists on their credentialing journey, post-registration foundation, advanced or consultant
5.3 Creating an aligned approach for pharmacy technicians.	Formalised career pathway established for pharmacy technicians including exposure to all relevant pharmacy settings
5.4 Ensure flexibility to train and time to train others are embedded in workplans and are protected activities.	Adoption of principles of protected learning time by pharmacy employers

[GOAL 6] Increase the understanding of pharmacy practice in all settings for early year career pharmacy professionals through a multi-sector approach

ACTIVITY We will achieve this by:	MEASURE Examples will include:
6.1 Providing all post-registration foundation pharmacists and pharmacy technicians with opportunities to develop their understanding of all pharmacy settings, shaping their early career and providing support for developing their advanced practice	Collaborative working models led by employers for foundation pharmacists and pharmacy technicians Trainee pharmacist places to meet workforce challenges and patient demand
6.2 Define, pilot and implement entrustable professional activities to facilitate the consistent transfer of standards of practice between pharmacy settings	Entrustable professional activities developed, piloted and implemented.
6.3 Increasing the exposure of undergraduate pharmacy students and pharmacy technicians in training to practice across all pharmacy settings	Implementation of a clinical placement plan for undergraduate pharmacy students across all pharmacy settings

[GOAL 7] Enhance services available to patients by increasing capability and consistency of skills within pharmacy teams

ACTIVITY We will achieve this by:	MEASURE Examples will include:
7.1 Expanding the services provided by pharmacy technicians as part of multi-disciplinary teams in all settings	Inclusion of pharmacy technicians in current and new services Evaluation of pilots i.e. the technician led DMR service pilot
7.2 Encourage skill mix to meet patient need through a clear recruitment strategy designed to increase the number of pharmacy professionals as well as the non-registered team members as required by workforce planning forecasts	Workforce data will be available across all pharmacy settings and in every locality across Wales. Every pharmacy team in Wales will have a plan to ensure a pharmacy technician is in post by 2025 with opportunities for advanced practice clinical pharmacy technicians available Training opportunities are made available to all pharmacy team members including non-registered pharmacy staff for delivery and expansion of their roles.
7.3 Ensuring all pharmacy professionals (employed and self-employed) committed to working in Wales are supported to access education and training and are capable of providing continuity of services for patients in Wales	Adoption of a Charter for Pharmacy Professionals in Wales to ensure a consistent commitment to pharmacy practice by all pharmacy professionals working in Wales

[GOAL 8] Establish a network of consultant pharmacists to provide leadership on clinical priority areas in Wales

ACTIVITY We will achieve this by:	MEASURE Examples will include:
8.1 Introducing new consultant pharmacist positions to drive innovation and quality improvements across all pharmacy settings in response to local need and national priorities.	25 consultant pharmacists in post by 2025 working across all pharmacy settings. Areas of clinical practice will include general medicine, sexual health, substance misuse, pharmacogenomics, mental health, palliative care and pain.
8.2 Establishing support for pharmacists aspiring to become consultant-ready pharmacists through RPS credentialing	60 pharmacists will have achieved consultant ready status.

8.3 Utilising the expertise of consultants for patient outcomes across all sectors and developing the evidence base around the impact of consultant pharmacists on patient care and the MDT	Areas of best practice will be identified and shared

SEAMLESS PHARMACEUTICAL CARE

By 2025 we will:

[GOAL 9] Increase patient access to pharmacist independent prescribers, ensuring the expertise of PIPs are fully utilised across all care settings

ACTIVITY We will achieve this by:	MEASURE Examples will include:
9.1 Increasing the number and capacity of pharmacist Designated Prescribing Practitioners by ensuring all PIPs can contribute to another's prescribing journey	50 PIPs each year from all pharmacy settings will undertake training through an RPS and HEIW partnership to increase confidence and capability in becoming a DPP
9.2 Establishing a clear structure for how IPs will be working post-graduation in all pharmacy settings, increasing access and adding value to patient care	A clear model is in place that includes support with time to train and mentorship.
9.3 Establishing clear models for how patient care will benefit from PIPs and ensuring all pharmacists in patient facing roles are Ips.	Models of best practice collated and shared.
9.4 Supporting more consistent access to community IP services for patients	50% of community pharmacies offer the IP service for at least 50% of the time

[GOAL 10] Optimise the use of medicines and minimise the risk of medication related harm for scheduled care as patients transfer between care settings

ACTIVITY We will achieve this by:	MEASURE Examples will include:
10. 1 Utilising the evidence of technician-led initiatives to reform medicines admission services for planned hospital care	Establishing examples of good practice

10.2 Establishing better connectivity and processes between hospital and community on discharge to reduce the need for dispensing the patient's established, routine medicines	Positive trend in uptake and delivery of the DMR service
10.3 Ensuring all hospitals can initiate a discharge medication review service digitally for individuals who are eligible .	E-discharge advice letters available from all hospitals in Wales, for all hospital admissions where medication changes have been made and accessible via the Choose Pharmacy platform

[GOAL 11] Establish direct referral systems to and from pharmacy services, improving efficiencies in service delivery

ACTIVITY We will achieve this by:	MEASURE Examples will include:
11.1 Mapping existing referral pathways to determine where patient benefit can be achieved from the integration of pharmacy service.	A clear map for referral pathways to and from pharmacy services is established
11.2 Strengthening care navigation pathways at primary care cluster levels to increase collaboration and coordinated care between pharmacy professionals, other professions, and between primary and secondary care	Pharmacists and pharmacy technicians are part of formal referral pathways and referral processes at primary care cluster levels
11.3 Enhancing social prescribing and signposting approaches led and coordinated by pharmacy technicians and supported by all members of the pharmacy team	Pharmacy teams included in social prescribing pathways
11.4 Establishing a pharmacy diagnostic referral service , with pharmacist independent prescribers leading on requests for diagnostic testing and investigation	At least 1 pilot pharmacy diagnostic testing referral service is completed and fully evaluated

[GOAL 12] Continue Transforming Access to Medicines (TRAMS) to the most innovative and life-saving medicines including cancer therapies, intravenous antibiotics and parenteral nutrition for patients in Wales.

ACTIVITY We will achieve this by:	MEASURE Examples will include:
12. 1 Robust workforce planning that invests in people to ensures a pipeline of pharmacy team members that have the opportunity to experience and develop expertise in technical services.	Number of pharmacy professionals who have undertaken training in technical services
12.2 Creating opportunities for collaborations between the NHS and universities supporting clinical trials and research into the development of innovative products that allow medicines to be given at or closer to people's homes, rather than in hospital.	Number of collaborative projects to be recorded and outcomes to be shared and actioned.
12.3 Closer collaboration between pharmacy services in hospital, community and primary care to ensure patients benefit from locally provided services for the most specialist treatments.	Examples of collaboration identified and shared

HARNESSING INNOVATION AND TECHNOLOGY

By 2025 we will:

[GOAL 13] Embed elements of a medicines genomic plan into pharmacy practice

ACTIVITY We will achieve this by:	MEASURE Examples will include:
13. 1 Establishing an agreed pharmacogenomic panel service across Wales	Service agreed and established across pharmacy settings Pilot established across pharmacy settings
13.2 Introducing medicines related genomic awareness training for the pharmacy team relevant to their practice.	20% of the pharmacy workforce have undertaken basic training about the fundamentals of pharmacogenomics e.g attending RPS / HEIW webinars.
13.3 Embedding a competency framework for genomics in pharmacy practice	Framework available and being utilised by a pharmacy genomic champions network.
13.4 Driving service change by establishing a workforce structure that can champion pharmacy's role in genomics.	A Consultant pharmacist in genomics will be in post to advise on practice and lead quality improvement at local and national levels Creation of pharmacy genomics champion roles across Wales.

[GOAL 14] Implement electronic prescribing solutions across all pharmacy settings, including supporting patients to access pharmacy services through the NHS Wales app.

ACTIVITY We will achieve this by:	MEASURE Examples will include:
<p>14.1 Contributing to the development of the following Welsh Government programmes to ensure the systems built are fit-for purpose:</p> <ul style="list-style-type: none"> • Secondary Care ePMA Programme • Primary Care EPS Programme • Shared Medicines Record Project • Digital Services for Patients and Public Programme 	<p>Community pharmacies are able to receive electronic prescriptions from GP practices</p> <p>Electronic prescribing and medicines administration systems are in use in hospitals across Wales</p> <p>Pharmacists and Pharmacy Technicians are able to access patients' medication records in both primary and secondary care systems</p> <p>Patients are able to access their medicines records via the NHS Wales app, which also provides functionality to support medication adherence</p>
<p>14.2 Engaging with DHCW to provide pharmacy teams with training to help them support patients in using the NHS digital app.</p>	<p>Create and share a webinar that demonstrates how the app works</p>

[GOAL 15 All medicines incidents are reported and actioned to improve patient safety]

ACTIVITY We will achieve this by:	MEASURE Examples will include:
<p>15.1 Improving the quality of pharmaceutical care by improving the culture of openness, transparency and candour within the pharmacy profession in Wales through improved reporting and learning from medication errors in all sectors</p>	<p>All medication related incidents across all care settings are reported into the central repository</p>
<p>15.2 Continuing to identify the most commonly reported medicines related incidents</p>	<p>Action taken to improve outcomes on the most commonly reported incidents, sharing learning across Wales to prevent such incidents.</p>
<p>15.3 Reduce medicines related harm in hospitals by reducing the preparation of high risk medicines on wards</p>	<p>Use of ready to administer preparations produced by the CIVAS unit across Wales</p>

15.4 Developing a proactive medicines and patient safety plan through the Medicines safety pharmacist network.	Plan developed and in place across Wales
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[GOAL 16] Increase capacity for pharmacy professionals to spend on patient facing activity by increasing automation in the process of dispensing medicines

ACTIVITY We will achieve this by:	MEASURE Examples will include:
16.1 Implementing new models that reduce the time spent on dispensing activities in a community pharmacy setting	<p>Increase in the number of CPs receiving 56day or batch prescriptions.</p> <p>Increased number of CPs utilising innovative technologies including robotics to streamline the dispensing process</p> <p>A completely Automated dispensing system within hospital will be Piloted in one health board area</p>
16.2 Implementing digital systems to help prioritise patients that will benefit most from input from the pharmacy team.	Implementing systems that help to prioritise patients that need the most medicines expertise e.g highlight complex medicines requiring calculated dose / narrow therapeutic index / additional monitoring
16.3 Supporting patients to order their medication through digital apps and innovative technologies to increase flexibility and empower patients to take greater control of their routine medicines supply	The number of patients ordering medicines via the NHS patient app