

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**Listening to You – Questions received in advance and responses provided**

REF	QUESTION	RESPONSE
1021(01)	Cllr. Alun Lloyd Jones, Ceredigion County Council Is Generic price-fixing still causing concern to Hywel Dda Health Board?	Jill Paterson, Director of Primary Care, Community and Long-Term Care, Hywel Dda University Health Board and Jenny Pugh-Jones, Head of Medicines Management, Hywel Dda University Health Board Thank you for your questions in relation to medicines availability within Hywel Dda University Health Board.
1021(02)	Cllr. Alun Lloyd Jones, Ceredigion County Council Does “Parallel importation” exist now that Brexit has happened, and if so, is it of concern to Hywel Dda?	<p>Medicines shortages occur from time to time and there is no evidence that medicines shortages have become more of a concern following EU exit, this includes parallel imports. Well established contingency measures are in place at a UK level to mitigate the risk of shortages and these are kept under constant review.</p> <p>Locally, where shortages are identified Community Pharmacy, supported by the Health Board Medicines Management team, are in communication with prescribers to consider alternative options as appropriate on an individual patient basis.</p> <p>We currently have no concerns with generic price fixing. Where this has been identified it is taken forward at a UK level.</p>

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1021(03)	<p>Cllr. Alun Lloyd Jones, Ceredigion County Council Supplementary question to 1021(01) and 1021(02)</p> <p>Many of my residents tell me that if they are lucky enough to receive a prescription from their GP's, (unable to access GP's), more often than not the chemist is unable to supply. I receive many, many, such complaints and comments on a weekly basis. Can you advise what Hywel Dda UHB are doing to address these issues?</p>	<p><u>PRESCRIPTION ELEMENT OF QUESTION</u> Jill Paterson, Director of Primary Care, Community and Long-Term Care, Hywel Dda University Health Board and Jenny Pugh-Jones, Head of Medicines Management, Hywel Dda University Health Board</p> <p>Reference made to a response provided to a similar question in advance in May 2021 as follows:</p> <p>Over the past 3 to 4 years there have been growing challenges for community pharmacies in securing medicines to fulfil prescription for our patients. There is no single reason for this but a number of things that impact on the supply chain. Pharmacies make every effort to source medicines from a range of suppliers, often spending many hours ringing and chasing companies to secure supplies. The supply market for medicines is extremely complex and as a global market is influenced by events that may occur across the world. I have tried to summarise some of the factors:</p> <ul style="list-style-type: none"> a) Companies often choose to limit the amount of supply to a pharmacy based on its average monthly usage. This causes problems where a pharmacy may have additional use one month, causing the need to provide an 'owing ticket' requiring the patient to call back again for the remainder of their prescription. While this is constantly flagged as an issue at UK national level, companies are at liberty to determine how much of their stock is directed to which country. b) Generic products and many of the branded products, are made in a number of countries but often by a small number of manufacturers. Where a manufacturer receives an inspection and is required to make immediate improvements, this may result in a number of products no longer being available for several months. This happens on a relatively frequent basis and causes significant supply problems across the world. One unit may make the same products for a range of companies. c) It is difficult to ascertain if any of the current shortages and delays are associated with Brexit as these are not new issues. I am not aware that this has worsened over the past few months, although undoubtedly there will some drugs that are

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		<p>impacted by changes to import regulations but generally I understand these paths are clear due to the critical nature of medicines.</p> <p>I cannot give any indication when this will improve but can give assurance that pharmacies are doing everything, they can to maintain supply for patients. Often, they will contact GPs to suggest/agree a similar alternative to the medicine on the prescription. They frequently 'borrow' from each other to meet demands, including for unusual or urgent requests from the hospital pharmacies as well.</p> <p>Also, in addition to the response provided previously if the questioner is willing to share further details such as which medicine and when did this/is this occurring then the Head of Medicines Management would be happy to ask one of their team to look into it further with the local pharmacies and GP practices as appropriate.</p> <p><u>GP ACCESS ELEMENT OF QUESTION</u> Dr Sion James, Deputy Medical Director, Primary and Community Care Services Reference made to a response provided to a similar question in advance in May 2021 as the situation is still the same:</p> <p>Most GP practices are still operating a triage model for Primary Care appointments where patients access services via telephone or email in the first instance. Practices have to balance the difficulties of social distancing in order to keep patients safe with the need to ensure face to face appointments where needed. A clinician will therefore agree with the patient on the most appropriate outcome for them following telephone triage. This may be a remote consultation, signposting to another service or a face to face appointment with a clinician. If a patient feels they have difficulty in accessing services at their practice, then we would encourage them to contact the Hywel Dda University Health Board Concerns team on 0300 0200 159.</p> <p>Patients should expect that access models will change to make more use of digital and remote consultations as part of the future model but that those patients that need to be seen face to face will be.</p>

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1021(04)	<p>Cllr. Bryan Davies, Ceredigion County Council</p> <p>There has been a lot of attention recently about the ambulance service in Ceredigion being reduced from 6 to 4 ambulances as well as a reduction in RRV (Rapid Response Vehicles) vehicles. This will put additional pressure on the other vehicles within the county and also affect neighbouring counties such as Carmarthenshire, Pembrokeshire and Powys. But the biggest concern is that the life and well-being of the people of Ceredigion is at risk if this vital service is not up to standard that it was in the past. Of course, there is room for improvement with all services, but it is rural places like Ceredigion that are most affected when potential service cuts occur. So, I'd like a reply to this comment, i.e. is there an ambulance service cut in Ceredigion and if so, for what reasons? Thank you for this opportunity and hope that a favourable response will be in the interest of the residents of Ceredigion.</p> <p>Note: Question received and responded to in Welsh</p>	<p>Estelle Hitchon, Director of Partnerships and Engagement, Welsh Ambulance Services NHS Trust</p> <p>Note: This internal briefing is to be accompanied by a presentation to be provided by Jason Killens to the Mid Wales Joint Committee meeting on 18th October 2021.</p> <p><i>Internal Briefing provided to Welsh Ambulance Services NHS Trust staff</i></p> <p>Emergency Medical Services (EMS) Roster Review – Hywel Dda</p> <p>As many of you will know, we have recently “paused” the next stage of the roster review to take the opportunity to review more recent data on the unscheduled care system to inform next steps. We have also taken the opportunity to consider feedback from operational colleagues and Trade Union partners. The roster review project is focused on improving patient safety, with a particular focus on Amber, where the bulk of our serious adverse incidents occur. The review is part of a package of investment and efficiencies that will see an initial increase of +32.5 full time equivalents (FTEs) in the Hywel Dda area over the period April 2020 to March 2022. The increase in FTEs in Hywel Dda forms part of a national project to close the relief gap, the difference between our budgeted establishment and the FTEs required for our rosters across Wales, with a total investment of +263 FTEs. The re-rostering and closing of the relief gap is about re-basing, but we know further investment and efficiencies will be required in order to effectively meet future patient demand. Following a review of the data, and subsequent discussions with the Chief Ambulance Services Commissioner, we have agreed that we will not reduce the ambulance cover currently offered by today’s rosters, although the configuration may change. We are still considering further data on the unscheduled care system, but we expect workshops to recommence shortly. We will let you know the outcome of this fresh work as and when it is available. National Trade Union leads are on both the EMS Roster Review Project Board and the 2021 EMS Demand & Capacity Review Steering Group. If you have any questions, you can email them to: AMB_RosterReview@wales.nhs.uk or, alternatively, you can speak to your manager or Trade Union representative.</p>