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of Great Britain Prydain Fawr

A Briefing on the Political, Health and Pharmacy Environment in Wales 2007

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1. GENERAL INTRODUCTION

This paper briefly outlines the extent and nature of the health and political policy in Wales and describes the environment and organisational structures that the Welsh Pharmacy Board will engage with in Wales.

The establishment of devolved government administration in Wales and Scotland in 1999 heralded a process that affected health policy in England just as much as in the other two countries. The Royal Pharmaceutical Society of Great Britain recognised this and consequently the need to examine its own organisational development to ensure that they were fit for purpose. The resultant review by Lord Fraser of Carmyllie¹ has now come to fruition with the establishment in January 2007 of three separate National Pharmacy boards for England, Scotland and Wales. The National Boards have a remit to:

- Provide strategic leadership and support for pharmacy practice development in [country].
- Assist development of Council policy and its implementation in [country], and develop and implement policy specific to [country]
- Promote the science and practice of pharmacy and its contribution to health
- Provide professional advice to government and its agencies, NHS bodies, and other health and social care organisations in [country]
- Support the Society's branches in [country]
- Support pharmacists in their professional roles

This evolution within RPSGB should ensure that structures, mechanisms and ways of working are now in place to maximise the opportunities that devolution brings to the pharmacy profession and to improving the health of the people in the devolved nations.

1.1 Wales is different

Certain fundamental differences underlie the political differences between Wales and the rest of GB. Key among these are:

- National identity – the development of Wales over several centuries has been sufficiently different from England to have created a distinct national identity characterised by communitarianism, with socialism in the south and a mix of conservative- liberal agrarianism in rural Wales. Whilst this is much debated at the margins, there is little doubt that 'Wales' exists as an entity.

- Geography – the particular rural and urban mix of Wales, with their varied characteristics, helps to define much of the political context; it also gives rise to basic logistical issues such as extended travelling times between different parts of the country and access to health services, including pharmacy.
- Language – about 20% of the population of Wales speak Welsh, and the position of the language is well-established, legally and culturally.

These and other factors have contributed to and shaped the particular form of governance Wales has experienced, in particular the nature of the political settlement granted with the passing of the *Government of Wales Act of 1998*², which was introduced to parliament following the most marginal of ‘yes’ votes in the September 1997 referendum. The political settlement has evolved significantly since then.

From its inception in 1999, the Welsh Assembly Government has set out to deliver an ambitious and distinctive social policy programme for the people of Wales, based on specific ideological principles. The Welsh Assembly Government have advocated the “citizen model”³ as the driver for healthcare service delivery and reform. The citizen model recognises that the public have both rights and responsibilities: rights to receive services but also responsibilities to be concerned about the services available to everyone else. In direct contrast the Government in England is seeking to respond to health challenges through a customer model which emphasises choice as the means to meet consumer needs.

1.2 The path of devolved government in Wales

Before the establishment of the National Assembly, policy making in Wales was largely the preserve of the Secretary of State for Wales, junior ministers, and the civil service in the Welsh Office. This arrangement provided very little connection between the government and the governed – there were never more than three Ministers in the Welsh Office at any one time (some of whom did not even represent a Welsh constituency), and for much of this time the Ministers were from a party which only attracted a small number of votes in Wales.

1.2.1 The establishment and functions of the National Assembly for Wales

The UK Parliament passed the *Government of Wales Act 1998*, establishing the National Assembly for Wales, and the *National Assembly for Wales (Transfer of Functions) Order 1999*⁴, which enabled the transfer of the devolved powers and responsibilities from the Secretary of State for Wales to the Assembly to take place on July 1st 1999.

The 1998 Government of Wales Act provided the National Assembly for Wales with functions that aren't exercisable by reference to subject areas. Consequently it is dangerous to assume that all powers in an Act of Parliament about Education, Health or the Environment, for example, are exercisable by the Assembly in relation to Wales. Rather, the powers are exercisable by reference to specific Acts of Parliament, European Union competencies and subordinate legislation. The extent of the Assembly's functions therefore, varies from Act to Act.

Many of these powers enable the Assembly to make subordinate legislation and issue guidance which can be different from that made and issued by central government departments for England. The functions are exercisable either wholly by the Assembly, or partly by the Assembly and partly by central government or by the Assembly together with UK Government Ministers.

The sixty Assembly Members delegate their executive powers, including the implementation of policies and legislation, to the First Minister, who is elected by the whole Assembly. The First Minister in turn delegates responsibility for delivering the executive functions to Welsh Assembly Government Ministers, who together form the Cabinet. The Cabinet makes many of the Assembly's day to day decisions.

The Welsh Assembly Government is subject to democratic scrutiny by the National Assembly for Wales through the committee system, the committees comprise of groups of cross party Assembly Members who meet regularly to scrutinise policy and legislation. The Assembly has a range of subject committees including the Health and Social Care Committee.

1.2.2 The Richard Commission

When establishing the concept of devolved administrations, the UK government envisaged an evolving process, with gradual controlled transfer of powers allowing the embryonic Governments to grow and develop at varying rates, to facilitate this process in March 2004 a Commission (*The Richard Commission*),⁵ was established to examine the powers and electoral arrangements of the Welsh Assembly and to produce an independent report on these matters. The Commission deemed there should be a legislative Assembly for Wales made up of 80 members voted by Single Transferable Vote (STV) with tax-varying powers noted as desirable, not essential, by 2011. It also recommended the Assembly be reconstituted, similar to Westminster government, as a separate legislature and executive.

Widely welcomed in Wales by political parties, constitutional experts, the voluntary sector, trade, farming and teaching unions and faith communities the UK Government responded by producing the *Better Governance for Wales*⁶ white paper in the Summer of 2005. Following public consultation, *the Government of Wales Bill*⁷ was introduced into Parliament on the 8th of December 2006 by the Secretary of State for Wales Peter Hain and First Minister Rhodri Morgan which would, in their own words, be “giving the Assembly more powers to deliver tailor-made policies for Wales.” The Bill set out to implement the proposals outlined in *Better Governance for Wales* replacing the *1998 Government of Wales Act*.

1.2.3 The Government of Wales Act 2006

*The Government of Wales Act (GOWA) 2006*² which will come fully into force after Assembly elections in May 2007 and will create a formal legal separation between the National Assembly for Wales and the Welsh Assembly Government, clarifying the respective roles of the legislature and the executive. It will make new provisions for the appointment of Welsh Ministers, with the First Minister nominated by the Assembly but appointed by Her Majesty the Queen (who also gives her approval to the First Minister’s choice of other Ministers). Powers over specified matters within devolved fields can be transferred to the Assembly via the Order in Council Mechanism with the approval of the Secretary of State for Wales, the Welsh Affairs Select Committee and a Committee in the House of Lords, and a 90 minute debate in each Chambers of Parliament. The Act also ends the anomaly which allowed failed constituency candidates to still become Assembly Members via their parties’ regional lists. From May 2007, each candidate standing for an Assembly election must choose to stand either as a constituency representative or on a regional list.

GOWA 2006 presents brand new opportunities for Welsh civil society to lobby Government, Assembly Members and the new structures of Assembly Committees to introduce Welsh Measures – legislative mechanisms comparable with Westminster Acts. Once devolved, the matter/s is/are forever devolved. A key challenge facing civil society in Wales is the move from developing policy expertise to developing knowledge of drafting law.

1.2.4 National Assembly for Wales – balance of power

Two elections have so far been held for the Assembly, resulting in a Labour party Governments:, except for a period between 2002 and 2003 when they formed a centre-left coalition government with the Liberal Democrat party led by the Labour Party, the next election is due on the 3rd of May 2007.

Relations between the National Assembly and the UK government have been guided by a *Concordat agreed in December 1999*¹. To date they have not been problematic, largely because of the fact that both Whitehall and Cardiff have had Labour (or Labour-led) administrations since Devolution, which has probably encouraged both parties to avoid difficult issues, such as the level of overall resources, or comparative public sector performance. It is difficult to predict how this will change if the political balance shifts in the future.

2. Public service policy in Wales

The extent to which devolution has engendered differences in Welsh public life is becoming clearer. There is a distinct connection between policy making and local interests this has been made apparent by the establishment of Local Health Boards, the new concept of Local Service Boards and the wishes of Labour Assembly ministers to spend more time in their constituencies. There is now an obvious connection between local concerns and interests and the national political discourse.

2.1 The Beecham Review

The *Beecham Review* was arguably the most fundamental review of local public service delivery in Wales that has been undertaken for a decade. The review was commissioned by the Welsh Assembly Government as part of the action plan for implementing its *Making the Connections*⁸ strategy for improving public service delivery in Wales, The concluding report *Beyond Boundaries*⁹: *Review of Local Service Delivery-(Beecham Report)* was launched in July 2006 and advocated that

“Wales had a marvellous opportunity, emanating in part from its traditions and in part from its scale, to lead the way in what we call “small country governance”, achieving for, but also with, its people excellent, responsive, accountable citizen-centred services in a way that its larger neighbours may find more difficult.”

The Welsh Assembly Government's response - *Making the Connections: Delivering Beyond Boundaries*¹⁰ was published in November 2006 and sets out a specific action plan for gaining improvement in the public services.

Key themes of the response are that public service organisations must be more ambitious about involving citizens and engaging them in the design, delivery and improvement of public services, and to facilitate this local service organisations will begin setting up Local Service Boards (LSBs).

2.2 Health and social care policy in context

An important thread running throughout policy in Wales is the desire to align policy and service delivery between health and social care, this manifests itself at all levels of policy and strategy development. The Government policy of health is about much more than treating disease, it is about addressing the social, economic and environmental influences that affect health and well being. Noteworthy in Wales is that a single Assembly Minister is responsible for both Health and Social Services, and to correspond to this a joint NHS service directorate of Health and Social Care was established.

2.2.1 The Review of Health and Social Care in Wales

Health policy in Wales over the last 3 years has been largely shaped by the report of Derek Wanless: *The Review of Health and Social Care in Wales –June 2003*)¹¹. The report stated that a radical redesign of services would be critical to future success and identified the need for the range of services provided in acute hospitals to change. Noting the need to rebalance hospital and community care with more services delivered closer to patients' homes, the report emphasised the necessity of reducing the nation's dependence on over-stretched hospital facilities. To date implementation of the recommendations of the Wanless report have been patchy across Wales. Additionally there has been some resistance to change by communities who have the perception of losing local services.

2.2.2. Designed for Life

Responding to the far-reaching report of Derek Wanless in May 2005, the Welsh Assembly Government released its strategy for the future of health and social care in Wales: *Designed for Life*¹² - *Creating a World Class Health and Social Care for Wales in 21st Century*. The strategy encapsulates the government's vision of transforming the NHS "from the national illness service it currently is into a truly national health service". To achieve this, the strategy outlines the kind of health and social care services that can be expected by 2015 and provides three by three year strategies to achieve this. The strategy is based on three aims:

- Lifelong health
- Fast, safe and effective services
- World class care

Designed for life accepts the view of the *Wanless* report that the current way in which health and social care services are provided is not sustainable and considerable change "probably in every hospital, GP practice and every Social Services Department" will be required. It sets out the view that in the future services will be provided to people within their own homes or as close to their own homes as possible with local hospital services focusing on local injury, medical and surgical services. More specialised and critical care services will be focused in fewer major centres with individuals and communities becoming more engaged in promoting and protecting their own health. *Designed for Life* is Welsh Assembly Government keynote health and social care strategy with subsequent policies and initiatives underpinning delivery of its actions and objectives.

2.2.2.1 Delivering a 26 week patient pathway

Designed for Life makes the commitment that year-on-year reductions in patient waiting times from referral to treatment, including diagnostic tests and therapy services will lead to their stated commitment to achieve a 26 week waiting time. The delivery of this commitment is planned through a 2009 national access project.

Achieving this target of 26 weeks is a very ambitious undertaking and commitment, and highlights how important this policy is to Welsh Assembly ministers and the constituents.

2.2.4 Local Health, Social Care and Well-being Strategies

Each Local Authority (LA) and Local Health Board (LHB) is jointly responsible in law for the planning of National Health Service services and health-related local authority services. Consequently, they must work together to formulate and implement a *Health, Social Care and Well-being Strategy* for their local population. The Welsh Assembly's doctrine is that local partnerships are a vital element in the approach to tackle health improvement and they have underpinned this by having LHB's and LA in coterminous geographical areas and therefore able to work closely with all the other interests in their locality. Welsh Assembly guidance¹³ describes the key features of the local strategies, and how they are to be set within the context of national health gain targets¹⁴. These set a total of 13 high level targets to be achieved by the year 2012, in five areas – coronary heart disease, cancer, mental health, the health of older people, and the health of children. For each, there are 'health outcome' targets and 'health inequalities' targets.

2.2.5 Policy for Chronic Conditions Management

The effective management of and support for people with chronic conditions is pivotal to the future sustainability of health and social care services in Wales. To take this agenda forward, the Welsh Assembly Government (WAG) has initiated the development of 'A Welsh Chronic Conditions Model and Framework for Delivery' to underpin an integrated approach to the prevention and management of chronic conditions in Wales.

This initiative will be informed through a series of eight working groups covering the key themes central to the work. Each group's work will scope the current position, take account of evidence, look at innovative practice and identify what action is needed to support CCM at both local and national levels. Included in the initiative is a work stream 'Pharmacy Development', which will be coordinated through the Welsh Pharmaceutical Committee. It is anticipated that the framework will be available in Spring 2007

2.2.6 Policy for Older People

*The Strategy for Older people in Wales*¹⁵ recognised the joint responsibility of the various parts of the Welsh Assembly Government, and the different local agencies. This strategy has been supported by the publication in 2006 of *The National Service Framework (NSF) for Older People in Wales*¹⁶ and by the creation of a commissioner for older people in Wales. As in the English NSF, Medicines Management was recognised as an underlying theme, with the Welsh NSF consists of ten standards including 'Medicines and Older People' and the key actions required to achieve them.

The precedent of developing separate NSF's for Wales with their own standards was to reflect the needs and priorities of the citizens of Wales and in the case of the NSF for older people in Wales, the Welsh Assembly Government stated commitment of supporting older people in Wales to live long, healthy and independent lives.

2.2.7 Policy for Children and Young People

The Welsh Assembly's desire for partnership working between the NHS, local government and others has been proactively supported in the areas of children and young people, through the *Children and Young Peoples Framework Partnerships*¹⁷. Each local authority/LHB area, is charged with developing a plan against seven 'core aims': 'a flying start in life' for 0-3 years; a comprehensive range of education, training and learning opportunities; the best possible health; play, leisure, sporting and cultural activities; respect for race and cultural identity; a safe home and community; children and young people not disadvantaged by poverty. To synergise this work The *National Service Framework for Children, Young People and Maternity Services*¹⁸ was launched in 2005 and sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. It has been developed as a partnership between health and social care with links to education, housing, leisure, the voluntary sector and other stakeholders including parents/ carers, children and young people. The scope of the Children's NSF includes all children and young people from pre-conception to 18th birthday, and contains 21 standards and 203 key actions, which are based on the 42 Articles of the UN Convention on the Rights of the Child and the Assembly's seven core aims for children and young people.

Welsh Assembly Government have underpinned these policies and their commitment to children by being the first UK Government, in 2001, to appointing a Children's Commissioner, in a publicly funded post with responsibility for protecting children's rights as set out in the Convention on the Rights of the Child.

2.3 Patient and public involvement

*Improving Health in Wales*¹⁹ in 2001 made specific mention of the importance of patient and public involvement. This principle has remained a priority. The retention of Community Health Councils was one measure of the policy difference in this area between Wales and England; others have been the eschewing of a series of measures (promulgated in England) to give patients automatic access to services elsewhere if particular waiting time periods are breached, and a greater emphasis on the involvement of local government as an important voice of its local community. *Designed for Life* promotes the active participation of citizens and communities in service development and to achieve this Welsh Assembly Government have produced a number of documents to provide information and advice to all NHS bodies in Wales about how to develop patient and public involvement strategy²⁰

2.4 Public health

Wales's public health services operate within the UK wide context, with strong links to and communication with, services in other UK countries.

Post devolution Wales has seen a persistent determination to focus on health promotion and prevention as a key strategy to improve health. This determination has been a difficult line to maintain, especially when service issues such as growing waiting times continue to dominate the headlines. To monitor and progress the public health agenda, LHB's in conjunction with local authorities are responsible for the development of local Health and Wellbeing Strategies within the context of national health gain targets and helping to tackle the Welsh public health agenda. Support for the public health agenda is provided through National Public Health Service and Wales Centre for Health. (see section 3.2.1)

Following an Internal *Review of the Public Health Functions of National Health Organisation and Units in Wales* in October 2006 some key principles for delivery of public health services emerged, mainly:

- The service should be evidence based
- The service should provide value for money
- There should be clear lines of accountability

One of the chief recommendations of the review was that a unifying public health strategy for Wales should be developed, additionally a new commissioning Board should be established, and this would be led by WAG to oversee the commissioning of the public health functions.

2.5 Information and Management Technology

In order for Welsh Assembly Government to achieve their aims for providing a 'world class healthcare' for the people of Wales there was a realisation of the need to develop a unique Information and Communication Strategy for Healthcare in Wales²¹. This decision to develop

an IM&T strategy for Wales and not “buy into” the English system was taken at a fundamental level for delivering a Welsh solution specific to the Welsh issues and the citizen model of health delivery advocated by Welsh Assembly Government.

Further details on the IM&T programmes are included in section 4.1.2.

2.6 Regulation

Pre devolution Wales worked closely with the Commission for Health Improvements and was subject to the same work to increase standards that were employed in England. Post devolution The Health and Social Care Act 2003 allows the Assembly to set its own healthcare standards for Wales, and to undertake reviews and investigation of healthcare provided by, or for, NHS bodies in Wales. The Government agenda is to promote continuous improvement in the quality and safety of patient care within NHS Wales by ensuring inspection of quality will consequently increase standards. In order to carry out these functions two bodies have been established: Healthcare Inspectorate Wales and The Advisory Board for Healthcare Standards in Wales.

Further details are provided in section 3.3.

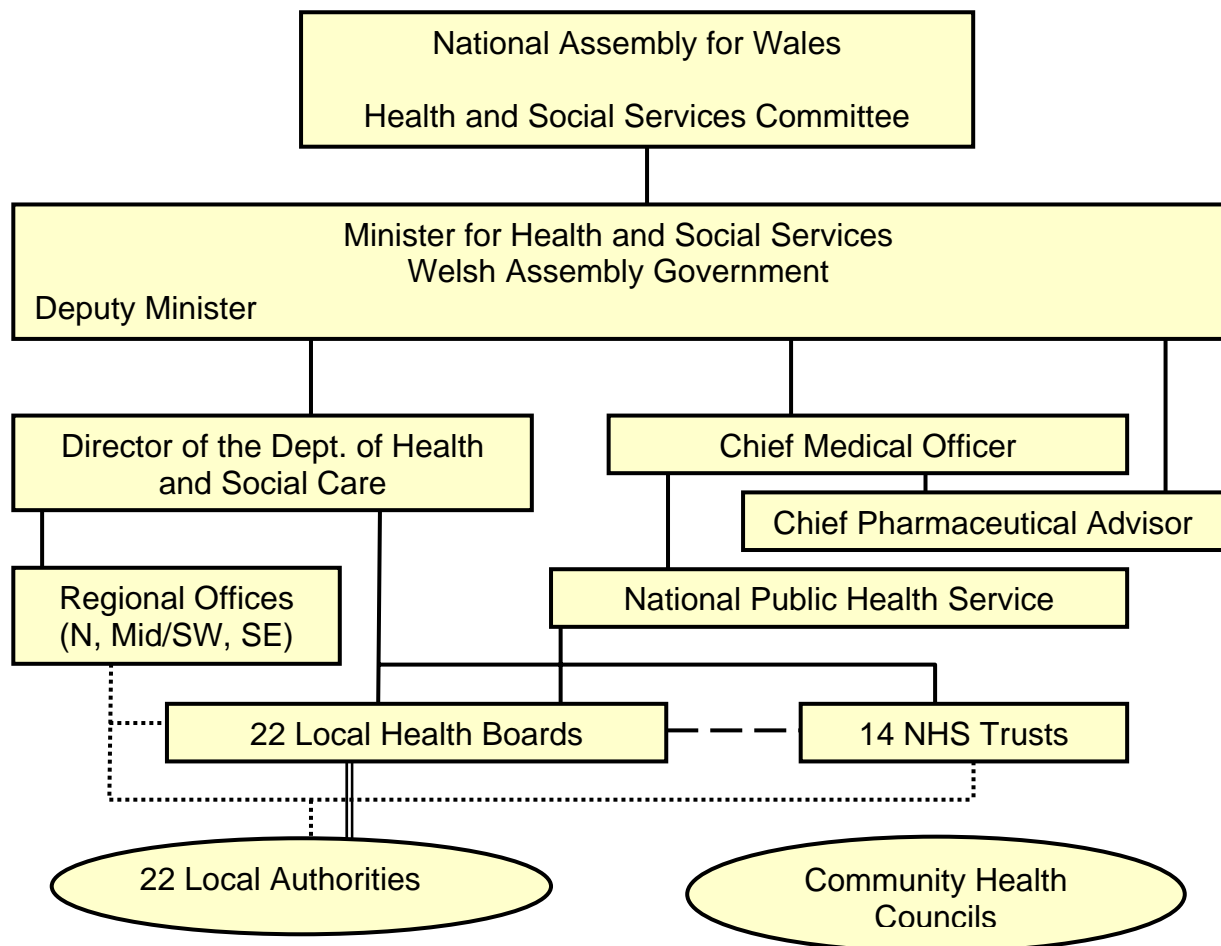
3. Organisational structures in Wales

The Welsh Assembly Government has a commitment to local services and working in partnership to deliver service improvements. They have restructured NHS services in primary care to be coterminous with Local Authorities, resulting in 22 LHB , 22 LA and 22 community health councils. To aid localised working they have subsequently established 3 regional offices of WAG.

3.1 NHS Wales organisation structure

A simplified organisational structure - which has been in existence since April 2003 - is shown in Figure 1. (For a more detailed structure diagram of the Welsh Assembly Government see appendix 1) There are several organisational points of note.

Figure 1 – Organisational Structure of the NHS in Wales



The Chief executive of the Welsh NHS also has the added role of Director of Health and Social Care in Wales. In this role the chief executive is the chief advisor to the Welsh Assembly Government on health care matters and directly accountable for the running of the NHS in Wales.

3.1.1 Regional offices

There are three Regional Offices of the Welsh Assembly Government with geographical responsibility for the different health economies of Wales – North, Mid and South West, and South East – all of which are self-sufficient in terms of the great majority of health care provision. Their role is to ensure that Assembly policy is implemented, to support improved joint working at local levels between LHBs, Local Authorities and Trusts, and to monitor the development of local Health, Social Care and Well-being Strategies. They act as the agent of the Chief Executive NHS Wales on a day to day basis by holding to account the Chief Executives of the 36 statutory NHS bodies and managing their performance in line with the *Performance Improvement Framework*²²

The Regional Offices had no direct equivalent before April 2003, and are still embryonic in defining their detailed role, but could in future play an increasingly important part in monitoring and commissioning of services.

3.1.2 Local Health Boards (LHB's)

In a bid to remove a tier within the NHS structures, the Welsh Assembly Government disbanded the 5 Health Authorities which covered Wales and set up 22 Local Health Groups which in April 2003 evolved into LHBs. These boards are now in many respects the lynchpin of the whole NHS structure. The 22 LHBs are coterminous with the 22 local authorities – and their responsibilities include needs assessment, commissioning of specialist care from NHS Trusts, and the management of primary care. Their Board membership consists of local GPs, dentists, pharmacists and optometrists; a nurse and representative of other health care professions; members of the local authority; representatives of the voluntary sector; representatives of patients and carers; as well as Executive Directors. The inclusion of a pharmacist on the board in a position of right differs from England. LHBs are charged with forging a close relationship with their local authority, and also draw on the expertise of the separate National Public Health Service.

There are certain features of the composition of LHBs that make their role difficult. The first concerns being the varying sizes of the population that they are responsible for. In the requirement for coterminosity with LAs, the LHBs have differing sizes from very large to very small i.e. the largest being 4 times the size of the smallest. Some of the smaller LHBs serve a population of as little as 60,000. Second, the LHBs are not all coterminous with their providers of specialist care, the Trusts. For example, the five LHBs covering the old county of Gwent in South East Wales which is covered by a single NHS Trust. This in turn reduces LHBs individual 'leverage' on secondary care.

Many LHB's now employ pharmacist and technicians in a variety of roles including Heads of Pharmacy and Medicine Management(HOPMMS) , Prescribing Advisors, Prescribing Support Pharmacists and Pharmacy Technicians and Community Pharmacy Clinical Governance Facilitators. HOPMMS have varying job descriptions but are commonly responsible for pharmacy strategy implementation and medicines management at a local level.

3.1.3 Local Service Boards

Local service organisations will begin setting up Local Service Boards (LSBs) in 2007-08. The LSB's will grow out of the existing community strategy partnerships, but will focus on action and joint delivery as well as joint planning. They are challenged with creating a much closer relationship between the Assembly Government and local organisational bodies themselves. Ministers will sign off local service agreements and Assembly Government officials will serve on the Boards. Ministers will also take on a geographical area responsibility for overseeing the Assembly Government's engagement with Local Service Boards alongside their established service portfolios.

To support ministers in this role a new, a small unit called Performance Wales will be created to assist, and to take a lead over rolling out the programme of engagement with Local Service Boards. Implementing this agenda will mean significant change for the Welsh Assembly Government, and its Ministers role in public life in Wales.

3.1.4 NHS Trusts

Trusts in Wales are constituted in much the same way as their English equivalents. The exception is the "Foundation Hospital" status that does not apply to Wales.

There are 14 Trusts in Wales, including 2 specialist Trusts for Cancer services and ambulance services. Individual Trusts can also manage services on behalf of all the other Trusts in Wales such for example Velindre NHS Trust manages the Welsh Blood Service. Perhaps the greatest difference from England in the 12 main Trusts – with minor exceptions – is that Trusts provide both acute hospital and community services (including mental health) to the local population.

3.1.5 National Leadership and Innovation Agency for Healthcare

The National Leadership and Innovation Agency for Healthcare²³ (NLIAH) was launched formally in March 2005. The purpose of the Agency is to provide a national strategic resource to support NHS Wales in delivering the 'Designed for Life' agenda by building leadership capacity and capability to secure continuous service improvement underpinned by technology, innovation, leading edge thinking and best practice. In 2006 NLIAH opened a new Workforce Development, Education and Contracting (WDEC) unit incorporating

many of the functions of former Health Professions Wales (HPW) and the Welsh Assembly Government's NHS Human Resource Division with the aim of affecting a cohesive approach to workforce development for NHS Wales.

3.1.6 NHS Direct Wales

NHS Direct Wales is run as a separate body to NHS Direct in England but they do share common areas of working i.e. they use the same access number, share protocols and ways of working. Welsh Medicines Information Centre (WMIC) is a partner organisation of NHS Direct Wales and provides support to NHS Direct Wales staff for answering complex medicines related enquiries. There are currently no pharmacists directly employed by NHS Direct Wales.

3.1.7 Community Health Councils

Welsh Assembly Government has underpinned its commitment to patient and public involvement by strengthened and refining the role of Community Health Councils (CHC). Their role is to provide a lay input into the planning and provision of local health services (including primary care), and they retain certain statutory rights to be consulted in relation to major changes, additionally they act as an independent complaints advocacy service across Wales, have the right to visit GP, dental surgeries, opticians and pharmacies, and private nursing homes where NHS patients are being treated. The size and resources of each CHC vary considerably, and in some parts of Wales they operate on a consortium basis, sharing resources. The CHC are charged with acting on behalf of patients who receive treatment from the NHS and are the only statutory lay organisation with rights to information about, access to, and consultation with all NHS organisations. The 20 local CHC's are supported by an overarching statutory all-Wales Board which acts to support and advise CHC's in their roles and collates all the information that is of concern to patients across Wales, reporting it to the Health and Social Services Committee in the National Assembly of Wales. In addition it will liaise with the Department of Health in Westminster for cross border concerns, or a funding problem that is beyond the scope of the Assembly.

3.2 Public Health Organisations

Responsibility for the public health agenda in Wales is split across a number of bodies, with the two principal bodies being, the National Public Health Service and the Wales Centre for Health.

3.2.1 National Public Health Service (NPHS)

The *National Public Health Service* for Wales²⁴ (NPHS) brought together the public health resources of the five former health authorities in Wales and the Public Health Laboratory Service in Wales, which includes the Communicable Disease Surveillance Centre.

As a national service for Wales, it is designed to be locally delivered and to be able to engage at the most appropriate and effective points in the system. Every LHB has a Director for Public Health whom also has responsibilities with the wider National Public Health resource team. NPHS works in both NHS and Non- NHS settings and is intended to provide a fully integrated approach to public health issues and the mechanisms for public health action.

3.2.2 The Wales Centre for Health

The *Wales Centre for Health*²⁵ (WCfH) is a statutory body that was established on 1st April 2005 under the *Health (Wales) Act 2003*²⁶ with a broad remit for working with other organisations to help improve health in Wales. The aim of the WCfH is to achieve beneficial outcomes in terms of helping to improve the health of the public in Wales.

To help achieve this, the WCfH promotes cross-boundary working and has developed and supported a number of national networks in Wales. Training and education, combined with developing effective two way communication with the public, are seen as priority issues. Networks supported by WCfH include:-

3.3.2.1 Health Challenge Network which was formed as a vehicle to support Health Challenge Wales and provide a communication channel between public health professionals and the wider community.

3.3.2.2 Nutrition Network for Wales: In 2005, the Food Standards Agency Wales commissioned the Wales Centre for Health to take forward the development of a Nutrition Network for Wales (NNW). to facilitate partnership, collaboration and interaction to bring together all those individuals and organisations concerned with improving diet and nutrition in Wales.

3.3.2.3 Physical Activity Network for Wales links with individuals and organisations across the whole spectrum of physical activity in Wales providing support and facilitating partnership working. The network also facilitates the sharing of information and best practice principles, with the aim of increasing the physical activity levels of the people of Wales.

3.3.2.4 All Wales Sexual Health Network was established to help support the implementation of WAG's Sexual Health Strategy In October 2005 the Wales Centre for Health joined forces with the Family Planning Association to manage this Network.

3.3 Health and social care inspectorate

3.3.1. Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) ²⁷ was established on 1st April 2004 to promote continuous improvement in the quality of healthcare within the NHS in Wales. From the 1st of April 2006 HIW also became the regulator of independent healthcare.

HIW inspects NHS bodies and services including 14 NHS trusts, 22 LHB's, NHS Direct in Wales, NPHS, the Cancer and Coronary Heart Disease networks and the Welsh Blood Service (in conjunction with the Healthcare Commission) Their inspection framework includes the inspection against national standards, agreements and clinical governance guidance, the assessment of management arrangements in place to deliver clinical and NHS services and the assessment of the quality of NHS services across agencies/sectors.

3.3.2 Care Standards Inspectorate for Wales (CSIW)

CSIW was established on 1st April 2002 to regulate social care, early years and private and voluntary health care services in Wales. CSIW is an operationally independent part of the National Assembly for Wales with eight regional and three local offices across Wales. CSIW regulates against regulations and national minimum standards set by the National Assembly for Wales and the Welsh Assembly Government. There are four specific aspects to CSIW work: Registration, Inspection, Complaints and Enforcement. The work of CSIW is supported by three pharmacists, based in three of the eight CSIW regional offices .

3.3.3 Social Services Inspectorate for Wales (SSIW)

SSIW inspects social services provided by local authorities and others; it evaluates performance, promotes good practice and service development, and provides professional advice to the Assembly on social matters. The Chief Inspector heads the SSIW and he has a special role to co-ordinate and comment on social services policy, within the Department of Health and Social Services.

4.0 Pharmacy in Wales:

In 2005 there were 2,246 pharmacists with a registered address in Wales, of whom there were 1839 actively working in pharmacy. Out of this total 423 work in the hospital sector, 1330 in community pharmacy and 118 in primary care. Others are employed within different areas of the profession including the National Public Health Service and the pharmaceutical industry.

Wales has 716 community pharmacies that engage with the population of Wales in approximately 35,000 visits a day.

The Welsh Assembly Government's vision for the future of pharmacy in Wales was outlined in *Remedies for Success*²⁸ a consultation document issued in September 2002. This vision is now augmented by the wider health and social care policy agenda for Wales and ties into *Designed for Life*

4.0.1 Legislation relating to the pharmacy profession in Wales

Pharmacy operates in a wide legislative environment. It is regulated by UK and European law as well as Welsh Assembly Government subordinate legislation, and potentially, in the future, primary legislation.

The Community Pharmacy contract, for example, was negotiated on a joint England and Wales basis with specific amendments for Wales, and the European work directive will have implication for Welsh pharmacy employers.

Another example is the *Health Act 2006*²⁹ which saw a number of clauses pertinent to the pharmacy profession UK wide. Not only did it pave the way for smoke-free public places across the UK, it also legislated on the issue of supervision and use of controlled drugs.

In addition, the Act provided provision for the amendment of both the *Medicines Act 1968* and the *Health Act 1999*³⁰ for the modernisation of pharmacy services. *The Health Act 2006* will also provide one of the first opportunities for Wales to lay down its own regulations to reflect distinct Welsh policy via the framework powers mechanism enabled by the Government of Wales Act.

4.1 Welsh Assembly Government pharmacy policy

4.1.1 'Remedies for Success'- The Pharmacy Strategy for Wales

The consultation document *Remedies for Success* was published in 2002 and set out a 10-year vision for all pharmacy services in Wales.

The Welsh Pharmacy strategy echoed many of the themes seen in both *Pharmacy in the Future*³¹ and *The Right Medicine*³² the pharmacy strategies for England and Scotland. However the strategy included some issues that were unique to Wales. The consultation process for *Remedies for Success* resulted in the Welsh Assembly Government producing

an Action Plan that prioritised 50 actions, many of which have now been achieved such as the introduction of supplementary prescribers and the introduction of independent prescribing in 2007. In the future, further development of pharmacy strategy and services will link into *Designed for Life*, the overall ten year strategy for health and social services in Wales, and the new public health strategy for Wales

4.1.2 The Community Pharmacy Contract

The community pharmacy contract in Wales was developed on behalf of England and Wales by the Department of Health (Westminster), NHS Confederation and PSNC for England and Wales. To date the only difference in the contract across the 2 countries has been in implementation of the electronic transfer of prescription component, this difference is necessary to accommodate the separate national IM&T strategies for England and Wales. (See IM&T policy)

Additionally England has seen the introduction of contractors having to register with individual primary care organisations, so far Wales has not undertaken to introduce contractor lists or lists for individual pharmacists.

4.1.3 Control of Entry Regulations

The Welsh Assembly Government has shown its willingness to take a separate path to the Westminster government in its response to the Office of Fair trading (OFT) report into the control of entry regulations and retail pharmacy services in the UK³³. The Health Minister confirmed that the Assembly would not be deregulating the retail pharmacy market in Wales and emphasised the important role community pharmacies play and their determination to protect them.

The likely developments in Wales, in light of the recently announced review in England, are as yet unclear.

4.1.4 Prescription charges in Wales

In May 2003 the First Minister, Rhodri Morgan, pledged to abolish the charge for all prescriptions for the population of Wales before the next election 1st May 2007. This was to be achieved via a phased programme of reduction in charge. The profession in Wales has worked hard to highlight the issues relating to the implementation of this policy. The full implication of this policy will not be seen until post May 2007 when all prescriptions issued on a Welsh prescription form and dispensed in a Welsh pharmacy will be free.

The National Public Health Service via its pharmacy team have been commissioned to assess the impact of these changes.

4.1.5 Information Communication and Technology

There are currently two main work streams for Information Management and Technology (IM&T) development in Wales:

- Primary care IM&T programme
- Informing Healthcare

4.1.5.1 Primary care IM&T programme

To take forward the Electronic Transmission of Prescriptions (ETP) element of the pharmacy contract a Pharmacy IM&T Programme Board was established by WAG. The differing architecture between *Connecting for Health* in England and *Informing Healthcare* in Wales was taken into account and this led to the decision to take a pragmatic approach in Wales and to deliver a phased programme for IT development.

Phase one will focus on the infrastructure, incorporating:

Connectivity and access of community pharmacies to associated services such as e-mail, *Health of Wales Information Service (HOWIS)* and knowledge bases, hardware and software upgrades

Phase one is designed to provide a corporate approach, firmly placing pharmacy within the NHS and therefore having access to many additional services.

Phase two will focus on an interim solution to ETP, through a bar code type solution of data capture and retrieval. A parallel work stream will also look at options for the electronic transmission of claims (ETC) to the Prescription Pricing Unit.

Phase three will address a full Welsh electronic prescription service (EPS), in line and in collaboration with the national IM&T architecture of informing healthcare.

It is envisaged that this phased programme of work will provide infrastructure to support future access to *Informing Healthcare's* individual health record (IHR) initiative, as it develops over the coming years.

4.1.5.2. Informing Healthcare - pharmacy and medicines management

It has been agreed that a pharmacy and medicines management work stream will be initiated by IHC. This work will address the use of medicines-related information flows between primary and secondary care both on admission to hospital and on discharge and produce a business case for the technological requirements.

Access to the online Drug and Therapeutics Bulletin is now available to pharmacists in Wales. An agreement to provide access has been reached with the Access to Knowledge project of the Informing Healthcare programme.

4.1.6 Pharmacist prescribing

Legislation allowing both the nursing and pharmacy profession to prescribe independently is anticipated to be finalised in the early part of 2007 by WAG and, as with supplementary prescribing, WAG has undertaken a multidisciplinary approach to implementation of this policy. Training is being developed with the nurse education providers and the Welsh School of Pharmacy collaborating to develop an "All Wales" curriculum. Nurses and pharmacists from both primary and secondary care study alongside each other on the courses, which have been validated by both Health Professions Wales, (on behalf of the NMC) and the Royal Pharmaceutical Society of Great Britain. Training will commence in April 2007 with the provision of a conversion course which will enable supplementary prescribers to become independent prescribers and the first full Independent Prescribing courses will commence in September 2007.

4.1.7 Modernisation hospital pharmacy in Wales

4.1.7.1 Agenda for Change

This initiative attempts to rationalise and simplify pay structures for employees in the NHS. Theoretically its implementation is UK wide and should not lead to visible differences across the home countries. There is however risks associated with implementation that could be higher in Wales due to several factors. Wales has a finite "pool" of suitably qualified staff, which together with geographical constraints of movement could lead to a deepening of the manpower shortages, in particular when modernisation of services advocates extending hours of service provision. Additionally, unlike counterparts in England, the pay scales for many HOPPM's and LHB employed pharmacists and technicians will come under Agenda for Change. The lack of common job descriptions and responsibilities for pharmacists working in primary care organisations may cause some difficulties in fitting these pharmacists into the new NHS pay structure, which emphasises patient contact.

4.1.7.2 Automated pharmacy systems

WAG showed its commitment to modernising hospital pharmacy in *Remedies for Success*. In January 2002 the then Health Minister Jane Hutt announced that the Assembly Government was providing funding for automated pharmacy systems (known as Dispensing Robots). The automation programme has been phased and there are currently a total of nine automated dispensing systems operating in Wales with four more being installed in hospitals across Wales by the end 2007. Robots have now been successfully installed at the Princess of Wales Hospital, Bridgend, Royal Glamorgan Hospital, Llantrisant and the Royal Gwent Hospital, Newport, Prince Phillip Hospital, Llanelli, University Hospital of Wales, Cardiff and Morriston Hospital,

Swansea. In 2007 installations are planned for Prince Charles Hospital, Merthyr Tydfil, Neville Hall Hospital, Abergavenny, Wrexham Maelor Hospital, and Ysbyty Gwynedd, Bangor.

4.2 Pharmacy organisations in Wales

All of the major pharmacy bodies are represented within Wales in a variety of ways. In addition there are some structures and committees that are specific to Wales.

The Political and geographical landscape of Wales has led to the following structures and committees developing.

4.2.1 Royal Pharmaceutical Society of Great Britain -Branch structure

There are ten branches of RPSGB within Wales, these 10 branches do not form part of the branch regional structure but are co-ordinated by the Welsh Office of RPSGB in Cardiff. The Branch Secretaries engage with London through the regular membership channels and attend the regular branch representatives meetings in London.

The work of the branches in providing continuing education and CPD support in Wales is augmented (and has been partially superseded) by the input from WCPPE tutors who, unlike in England, have a full time role and a specific remit for these functions. (Refer to WCPDP section.)

4.2.2 Community Pharmacy Wales (CPW) / Pharmaceutical Services Negotiating Committee (PSNC)

CPW is the body recognised in statute to represent NHS Community Pharmacy Contractors on NHS pharmacy issues with the Welsh Assembly Government and Local Health Boards on Welsh issues. Where issues are jointly for England and Wales, CPW works with PSNC. In these cases PSNC jointly represents the contractors in England and Wales. In order to react to local issues CPW has three regional committee structures, supported by executive members. The regional committees report to the main committee.

4.2.3 NHS Trust-Chief Pharmacists Committee

This committee brings together the Chief Pharmacist from each of the NHS Trusts in Wales to ensure good links between the Trusts and reflect on Welsh health policy in the context of secondary care. It has a range of subgroups that look at various areas of practice within secondary care.

4.2.4 The National Public Health Service for Wales

NHS reorganisations in England have seen pharmacists with expertise in public health moving from their positions within the Health Authorities to PCTs and Strategic Health Authorities. However, in Wales the situation has been quite different with the directors of pharmaceutical public health and other members of the Health Authority public health team being incorporated into an All Wales National Public Health Service (NPHS). The NPHS role is to ensure that all new health services are evidence based, offer value for money and improve patient care or access. The result is that pharmaceutical expertise has been incorporated into the very heart of the multi-disciplinary team, working on an all-Wales basis. Amassing the public health workload in this way has led to a focussed and co-ordinated approach across Wales and has created a multi-disciplinary team that recognises individual expertise.

The remit of the team is quite wide. Its focus is on strategy and policy advice, health needs assessment, advice on evidence based practice, service reviews and relevant research. Importantly, the team engages with LHB's, Trusts, the Welsh Assembly Government and others stakeholders at a strategic level to improve the health and wellbeing of the people of Wales.

4.2.5 Professional Advisory Structure in Wales

The Welsh Assembly Government (WAG) professional advisory mechanism, in the form of Assembly sponsored public bodies that are recognised in pursuance of Section 19 of the National Health Service Act 1977.

At an all Wales level, the following statutory professional committees exist:

- Welsh Medical Committee
- Welsh Dental Committee
- Welsh Nursing and Midwifery Committee
- Welsh Optical Committee
- Welsh Pharmaceutical Committee
- Welsh Scientific Advisory Committee
- Welsh Therapies Advisory Committee,
- Welsh Committee for the Professional Development of Pharmacy
- All-Wales Medicines Strategy Group

The Joint Professional Forum for Health and Wellbeing (JPF) brings together the Chairs of each of the professional statutory committees to co-ordinate working within and between groups and address multidisciplinary issues approach.

In July 2004, Rhodri Morgan introduced the long awaited, “bonfire of the Quangos”. In July 2006 the Professional Advisory Structure in Wales was put to consultation by the Welsh Assembly Government. Proposing to place the nine statutory health professional advisory committees under the wing of the Wales Centre for Health (an assembly sponsored public body), the consultation closed in August 2006 and due to the general objection expressed by key stakeholders to this proposal, it was announced by WAG that it will continue managing the advisory committees itself, thus “maintaining continuity with the existing arrangements valued by many health professionals” (WAG Oct 2006). The Assembly Government stated however that it will now proceed with the review of the advisory committees that was due to take place in late 2006. It is anticipated that this will focus on the effectiveness of the advisory committees, drawing on suggestions made during the consultation.

The three advisory groups most relevant to Pharmacy are as follows:

4.2.5.1 The Welsh Pharmaceutical Committee:

The constitution of the Welsh Pharmaceutical Committee was amended at the beginning of 2007 with the structure of the committee changing to comprise of nominated representatives from the three regions of Wales. The representatives for each region being two community pharmacists that are nominated by CPW, one primary care pharmacist nominated by the HOPPM's and a hospital pharmacist nominated by the NHS Trust Chief Pharmacists Committee. The Committee also includes, ex- officio, one member each from the Welsh Board of the Royal Pharmaceutical Society of Great Britain, the Welsh Committee for Professional Development of Pharmacy, the National Public Health Service and the Head of the Welsh School of Pharmacy. The Director for Wales RPSGB is also invited in ex-officio capacity.

4.2.5.2 All Wales Medicine Strategy Group:

The All Wales Medicines Strategy Group (AWMSG) is a Welsh Assembly sponsored public body recognised in pursuance of the National Health Service Act 1977. The Committee members are appointed by the Minister for Health and Social Services to advice on strategic developments in prescribing and appraise new therapeutic technologies for use within NHS Wales.

Meetings of AWMSG are held quarterly and in the public arena. Of the fifteen voting members on AWMSG three are pharmacists.

AWMSG in the past has provided advice to the Minister on a range of issues including the appraisal of new therapeutic developments, central procurement of medicines, the structure of Medicines and Therapeutic Committees (subsequently issued as Welsh

Health Circular 2003/73), national prescribing indicators, development of supplementary prescribing, and on partnership working with the pharmaceutical industry.

4.2.5.3 Welsh Committee for the Professional Development of Pharmacy (WCPDP)

This Assembly Sponsored Public Body advises the Assembly on the postgraduate training needs of pharmacists and their support staff in Wales, and on the development of policies relating to these groups. They develop strategies for continued professional development for pharmacists and their staff and commission a programme of education and development activities from the Welsh Centre for Postgraduate Pharmacy Education (WCPPE) and other providers. RPSGB nominates two members, one each from hospital and community practice.

4.2.6 Welsh Centre for Postgraduate Pharmacy Education (WCPPE)

This unit within the Welsh School of Pharmacy, Cardiff University provides an all inclusive continuing professional development service, which is available to all pharmacists and their support staff in Wales.

4.2.7 The Welsh School of Pharmacy School of Pharmacy

The Welsh School of Pharmacy, University of Cardiff in Wales, is one of the top schools of pharmacy in the UK and the only one located in Wales. The four-year undergraduate Masters degree has an annual intake of approximately 120 students. RPSGB Welsh Executive (and subsequently the Board) nominates a representative to the University of Cardiff's University Court.

The Welsh Pharmacy Student Association that is part of the British Pharmacy Student Association is effectively the eleventh branch of RPSGB in Wales. The student committee is invited to attend the annual branch meeting held by the Welsh Pharmacy Board and observe at a Board meeting.

4.2.8 Other Pharmacy Bodies in Wales

4.2.8.1 The Guild of Healthcare Pharmacists

The Guild has two regional groups in Wales, one in south and one north.

4.2.8.2. The National Pharmaceutical Association (NPA)

The NPA has a GB membership that is represented by two pharmacist members of its Board from Wales. It has no formal structure for dealing with devolved issues but is informed through its members and the engagement of a public affairs consultant based in Cardiff.

4.2.8.3 The Company Chemist Association (CCA)

The CCA has established CCA - Welsh Management Group, which includes representative from all the major supermarkets and multiples to look specifically at issues pertaining to practice in Wales.

5. Conclusions

In many aspects of service delivery and the local organisation of services, health care in Wales is still similar to that elsewhere in the UK. Many policy challenges are also shared – the state of premises and ICT, workforce issues, the tension between public expectations and performance, the difficulties of resource allocation, and so on.

Some significant differences are now starting to become apparent in the policy arena, however. First, there the considerable emphasis in Wales on the role of the health service in promoting health and reducing health inequality, and perhaps somewhat less on its efficiency and performance as an ill-health service. Second and closely linked with this, is the continuing thrust towards encouraging NHS and local government departments in Wales to work more closely together. So far, though, there is comparatively little evidence of change in practice. Neither of these is different in kind from England, but the qualitative differences of emphasis are substantial.

Third, the performance management regime in Wales has not so far been able to deal effectively with two major challenges – the eradication of recurring financial deficits, and the stubborn refusal of waiting times to fall at the same rate as elsewhere. To date, performance management in Wales has been characterised more by consensus and tolerance of problems, than it has by rigour and achievement.

Finally – and perhaps underpinning each of the above – is a commitment to consensual and co-operative politics and policy, and rejection of individualism and quasi-market approaches. In part this is a function of the proportional representational system in Assembly elections; in part it reflects the prevailing political philosophy in a country which still appears to share a strong sense of communitarian identity. If England was to return a centre-right government, the contrasts between the two countries might become even more pronounced.

In conclusion it remains to be seen how the GOWA will effect the future of Wales policy with the gradually confer on powers on Wales to create primary legislation.

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