



Coleg Nyrso Brenhinol
Cymru
Royal College of Nursing
Wales

Promoting efficiency and saving money in health and social care in Wales

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ENDORSED BY



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About the Royal College of Nursing

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing, representing over half a million nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

Introduction

Introduction

“I’m really clear that, particularly at a time when budgets are going to be squeezed, we need to make sure that the money that we do use is spent as efficiently as possible. And I think there is a bit of space for us to go further.”

Eluned Morgan MS, Minister for Health and Social Services. Health and Social Care Committee (2023)

Healthcare is expensive. The Welsh Government spends nearly half of its total budget (43%)¹ on health and social services – £10.7 billion. But where is that money *best* invested to deliver the *best* value possible?

This paper presents a range of areas which could deliver greater efficiency and value for health and social care. The suggestions are grouped in two themes. The first is focused on interventions directly related to patients or patient care. The second concerns systems and approaches to delivering healthcare.

This is not an exhaustive discussion. Rather, it aims to be a useful starting point for realistic conversations about financial efficiency in the health and social care sector.

Pressure on the health and social care workforce, already significant before the COVID-19 pandemic, is at historic levels. COVID-19 increased this pressure directly (as the number of patients grew), but also indirectly (because staff with COVID-19 could not risk working and passing the virus to their patients). Backlogs of care grew dramatically.

Long-term investment in the workforce is the most significant sustainable solution.

When people have to wait longer for treatment, there is both a human and a financial cost. Long waits risk patients deteriorating. This means more complex care, a longer recovery, and a greater risk of complications. They may also spend longer at higher risk of injuries such as falls or pressure ulcers, which might have been avoided. All these factors increase financial cost.

This is why **workforce investment should be the Welsh Government’s first priority** to address efficiency. Investment in recruitment and in retention, in pay and in improved terms and conditions, in hospitals but also in the community.

This investment would facilitate staff to perform at their best – delivering timely, high quality care, reducing the chance that more complex care will be needed down the line. The suggestions in this paper may assist in finding efficiencies to support this aim.

This paper


Following a roundtable with the Royal College of Nursing (RCN) Wales, the Minister for Health and Social Services asked RCN Wales to explore ways of saving money in the NHS.

This paper is the result of that request. In writing it, fifteen workforce and patient advocacy organisations pooled their wealth of knowledge and expertise to explore a broad range of ideas and evidence that could improve efficiency and save money in NHS Wales.


The working group included Asthma and Lung UK, British Medical Association (BMA Cymru), British Red Cross, Carers Trust, Diabetes UK Cymru, General Medical Council (GMC), Hospice UK, Macmillan, Royal College of General Practitioners (RCGP), Royal College of Occupational Therapists (RCOT), Royal College of Physicians (RCP Cymru Wales), Royal College of Psychiatrists (RCPsych), Welsh NHS Confederation, and The Association of the British Pharmaceutical Industry Cymru Wales (ABPI Cymru Wales).

Section 1:

Section 1: Patients



In 2021-22, the number of items prescribed and dispensed in Wales rose 1.7 million (2.1%) on the year before, to 82.8 million.



But the unit cost fell by £0.14 on average (1.8%). It was almost 20% lower than in 2007-08.

Source: Welsh Government (2022). *Prescriptions in Wales: April 2021 to March 2022*.³



1: PRESCRIBING

Medication reviews

In North Wales alone, 29 tonnes of medication are collected and destroyed every year, wasting around £3.5 million.²

Medicines can deliver great value for money. The right medicine at the right time can allow some patients to be treated or manage their conditions without ever setting foot in a hospital. If the Welsh Government makes full use of the coming expansion of independent prescribing among nurses and pharmacists, many people could benefit from streamlined access to the medicines they need.

But Wales is prescribing more medication than in the past, driven mainly by low-cost generic drugs (those on which the original patents have expired).

In one sense, this is good news. Where identical generic options exist, making good use of them is good financial sense, especially since NHS Wales offers free prescriptions to patients.

But in the absence of regular medication reviews, a patient's repeat prescription tends to grow. Once prescribed on repeat, items often stay on the list, continuing to be re-ordered many years after they were needed.

Appropriate public messaging could save the NHS millions in prescribing and disposing of unnecessary, unused medicine by encouraging patients to seek a medication review with their GP. The Welsh Government should invest in, and expand, 'Your Medicines, Your Health' as an effective public messaging campaign.

Case study 1: **Cwm Taf Morgannwg University Health Board's *Your Medicines, Your Health* campaign**

In 2014 Cwm Taf Morgannwg University Health Board launched *Your Medicines, Your Health* (YMYH), a public health campaign about the benefits of safe and effective use, storage and disposal of medicine. The YMYH campaign includes advertising and promotional material, personal talks and presentations for people of all ages. Using simple messages (such as “take them if you can, tell us if you can’t”), YMYH gives people easy ways to improve their medicine management.

Success stories:

- Patient 1:** After attending a YMYH event, patient 1 self-referred to their Community Pharmacy for a medicine use review and reduced their inhaler use from 4 to 1.
- Patient 2:** After attending a YMYH event, patient 2 asked their GP to review their prescription and no longer has antihistamines after 14 years of taking them.
- Patients 4 & 5:** One local couple brought back the contents of their medicines cupboard and reduced their levels of prescription medicines use by over half.

Your Medicines, Your Health: <https://ymyh.org/>

Electronic prescribing

Wales could save even more money by introducing electronic prescribing, or e-prescribing. In 2017, NHS Digital announced that e-prescribing had saved the NHS in England £130 million over the preceding three years.⁴

E-prescribing is not yet available in Wales. It was introduced in 2009 in England and has been available in Scotland since 2014.

There is an initial cost to implementing e-prescribing. In 2020, the UK government invested £16 million into 16 hospitals in England for this purpose. But in the long run, the benefits outweigh the costs, in terms of patient safety and in terms of money and time saved.

The Welsh Government ought to commit to delivering e-prescriptions in Wales.

Section 1:

Case study 2: E-prescribing in North-West England

The Health Service Journal reported in 2014⁵ that in a single NHS Hospital Trust in the north-west of England, the savings and benefits from electronic prescribing were as follows:

- Annual recurring saving of over £2 million – £5,698 a day.
- A reduction in prescribing error by 66%.
- A drop in clinical incidents by 63%.
- A rise in accuracy of discharge medicine prescription from 46% to 93%.

Case study 3: Non-monetary savings of e-prescribing

In 2017, NHS Digital⁶ analysed the non-monetary savings from electronic prescribing in England. They found:

- practices save an average of **43 minutes per day** by not having to locate paper prescriptions within the practice.
- practices save an average of **31 minutes every day** by not having to re-print lost paper prescriptions.
- practice staff save an average of **39 minutes every day** by not having to wait for GPs to sign urgent paper prescriptions.
- practices save an average of **27 minutes every day** by cancelling prescriptions electronically versus paper.
- Pharmacists reported on average they were saving around **54 minutes a day** as result of faster dispensing under EPS and **43 minutes a day** from fewer trips to GP practices to collect paper prescription forms.

2: DELAYED DISCHARGE FROM HOSPITAL

Once people are fit to be discharged from hospital, not only is being at home usually more comfortable: people are often safer from infection, more active, and better off. Yet delayed discharges are common, despite being very costly for the NHS.

One of the most important causes is the shortage of staff in community nursing teams and social

care. Patients leaving hospital often still need some level of nursing, social or other care. If that care is unavailable in the community, the patient's only option is to wait in hospital until it is, or until they are well enough to go home without it.

The All Wales Consolidated Welsh Costing Returns (WRCN1) 2011/2012⁷ set out the nightly cost of a stay in different wards.

Cost per bed, per night, in three different kinds of ward

£413 per night (approx £550 in 2023)
Cost of one general ward bed

£857 per night (approx £1,141 in 2023)
Cost of one Level 2 High Dependency bed

£1,932 per night (approx £2,572 in 2023)
Cost of one Level 3 Intensive Care bed

Source: All Wales Consolidated Welsh Costing Returns (WRCN1) 2011/2012.
Inflation-adjusted costs are calculated using the Bank of England inflation calculator.⁸

There were 448 delayed transfers of care in February 2020. If every one of these delayed transfers of care consisted of patients staying just one extra night on a general ward, this would cost the NHS around £246,400. Week-long delays could amount to over £1.7 million. If all lasted a month, the cost would rise to £7.5 million.

This shows how quickly the cost of delayed transfers of care can spiral. Improving hospital discharge is crucial to improving financial

efficiency in the NHS. In addition, up-to-date nightly bed costs would help the public understand the financial impact of delayed discharge on the NHS. This information should be published.

To improve hospital discharge, capacity needs to be increased in the community through investment in district nursing and community nursing teams, occupational therapists, other clinical professional teams, and the third sector.

Section 1:

Case study 4: **British Red Cross: home from hospital (HFH) service**

Ms A was a 54-year-old who was in hospital recovering from an operation on their bowel leading to them needing an ileostomy bag. For many years, they had also suffered from anxiety and depression. They still felt unable to manage daily living tasks, and they were anxious about going out to buy necessities once home.

Because the British Red Cross HFH service existed, the hospital was able to discharge Ms A to them for additional support.

Once home, Ms A found that they were having to set alarms at 2:00 and 4:00 every night to wake up and change the ileostomy bag at home. The disruption to their sleep was also worsening their anxiety and depression.

In response, their British Red Cross support worker was able to set up a range of support. The support worker requested overnight ileostomy bags for Ms A, enabling them to start sleeping longer through the night. The support worker also referred the service user to befriending services from Mind and to CUSP for more support.

As a result of the service, Ms A has a better sleep pattern and has a befriender who will take them out shopping and for coffee. They also feel less anxious about re-ordering the stoma bags they need, because the bags are on repeat prescription.

This demonstrates the impact that the right support can have in helping people be discharged from hospital earlier, settle back in their own homes faster, maintain their independence, and avoid readmission.

For further information, contact the British Red Cross (Wales).

3: SOCIAL CARE

Saving money for other services

The baseline cost of care for over-65s in Wales was £586m in 2019-20. Demand is high, yet staff – struggling to meet the demand – are leaving. The shortage is leading to higher spending in other sectors.

This is because social care supports people who may not need medical care but nonetheless absolutely require day-to-day support. They include some of the most vulnerable individuals: children, those with learning disabilities, and a growing older population.

By investing in the social care workforce, the Welsh Government could create capacity in the sector which would help to reduce delayed hospital discharge and hospital admissions resulting from avoidable injuries, such as falls in the home.

Saving money within social care

There are also opportunities to save money within social care. One would be by ensuring patients are cared for by the minimum safe number of carers, making it easier for agencies to provide continuity. Not only is this safer, but it also gives patients greater privacy and helps develop the relationship between patient and carer.

Investing in unpaid carers

*‘Unpaid carers are the cornerstone of community care. They are responsible for delivering the vast majority of care in Wales. At the height of the pandemic, it was estimated there were **as many as 683k unpaid carers in Wales, saving the Welsh NHS and other statutory services an estimated £33 million every day.***

Health and Social Care Committee inquiry into Hospital discharge and its impact on patient flow through hospitals

Unpaid carers save the Welsh Government millions every day. With the right support in place, they could save even more.

Carers Trust Wales has emphasised the importance of being “carer aware” – involving a patient’s unpaid carers in decisions about their hospital discharge. Yet two thirds of respondents to the British Red Cross “Listening to What Matters” survey *disagreed* that their own caring responsibilities were considered in decision-making. Not only could such discharges go against carers’ rights under the Social Services and Wellbeing (Wales) Act 2014, but they could also be unsafe. The Carers Trust led Carer Aware programme, funded by Welsh Government, has recently published guidance⁹ on supporting unpaid carers through hospital discharge alongside guidance¹⁰ for frontline staff.

Alarming many organisations, patients and unpaid carers, an early 2023 letter¹¹ from the Chief Nursing Officer and Deputy Chief Medical Officer advised health boards could potentially send patients home *without* care packages if they were well enough.

Depending too much on unpaid carers, without providing the preventative and acute support they are entitled to, alongside it is a false economy. It risks increasing both the human and financial cost in the long run. Instead, hospital discharge service requirements should be updated, and time allowed for health professionals to have detailed conversations with patients, family members and unpaid carers about the support and services they need.

Investing in unpaid carers and ensuring patients have all the support they need in place when they return home could reduce hospital readmissions, reduce costs, and improve lives.

Section 1:

Occupational therapists

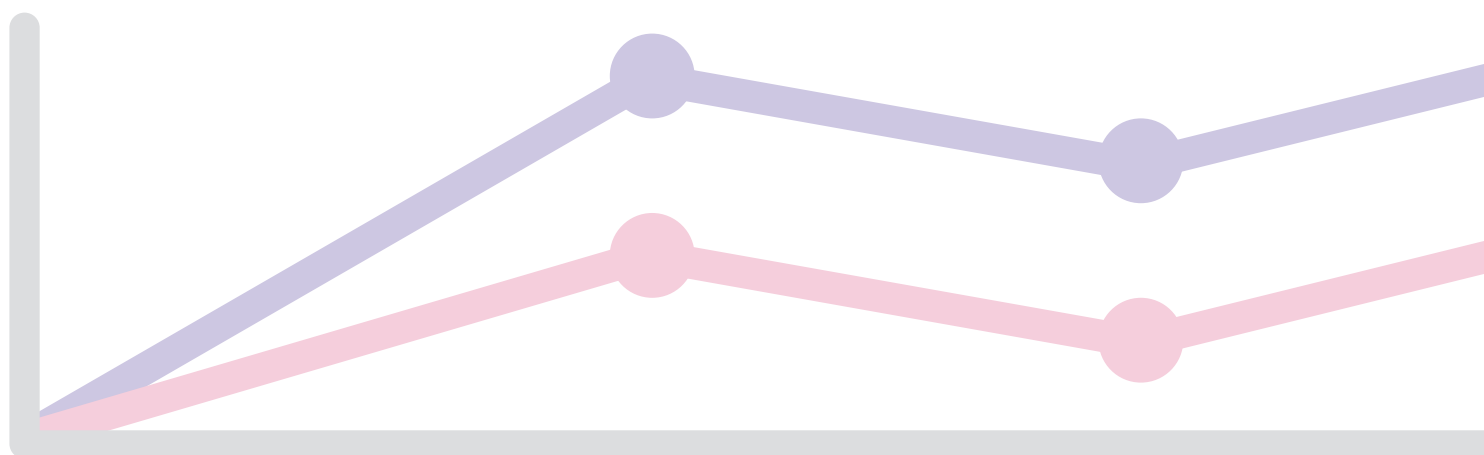
At the same time, occupational therapists in social care have described how rushed assessments of patients leaving hospital can lead to over-prescription of services and equipment to mitigate perceived risks. Ensuring all patients leaving hospital are assessed by a multidisciplinary team,

including occupational therapists, could help to identify patients' potential needs ahead of time, making sure patients get all the support they do need while releasing capacity and equipment for others.

Case study 5: **Financial Impact of Occupational Therapists in Social Care**

In Somerset County Council, a scheme¹² was piloted by occupational therapists to evaluate the impact of providing additional moving and handling equipment on the need for two carers (Mickel 2010). On evaluation the scheme had reduced the need for two carers to one carer to assist with personal care needs in 37% of the cases, totalling savings of £270,000. The average initial investment in equipment was £763 per service user.

Occupational therapists reviewed care packages in one project which resulted in substantial care reductions and cost savings for social services. 25% of those who were discharged received rehabilitation that resulted in cost savings to social services and health gain for the individual. In another authority, occupational therapists reviewed 85 service users' care packages and savings equalled £170,000. Through this process occupational therapists have also met service user goals and encouraged greater engagement with the local community.



4: TACKLING HEALTH INEQUALITIES BY SUPPORTING PEOPLE

Health inequalities lead to large individual and societal costs. In 2021, Public Health Wales put the cost of health inequalities in Wales at £322 million a year, enough to pay the salaries of over 11,000 newly qualified nurses.¹³

Unemployment and economic inactivity are both symptoms and a cause of health inequalities.¹⁴ They cause stress and have long-term physiological and mental health effects. Unsurprisingly, then, most people who use mental health services want to work. When they do, their well-being, social contact and independence all increase – while their use of community mental health services reduces.¹⁵

“Work” here need not mean paid employment, which is not always realistic or desirable. Any meaningful activity, for example volunteering or caring, can improve health and well-being.¹⁶

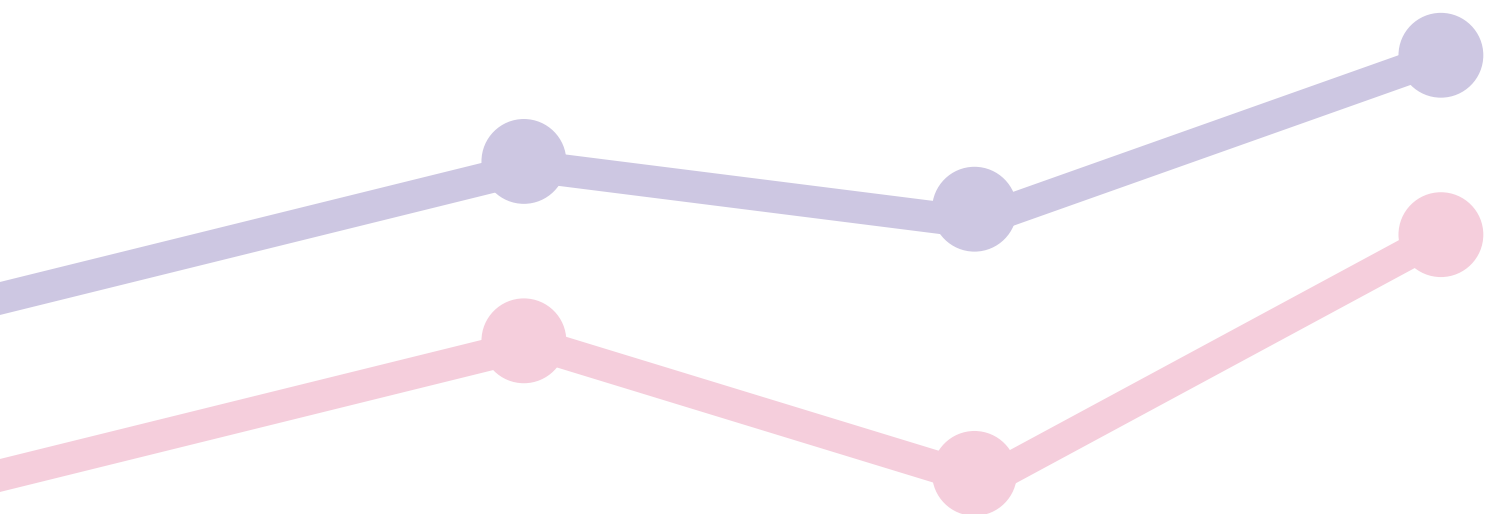
The good news is there are evidence-based interventions which can make a difference. Some interventions are geared towards helping people stay in work, while others are designed to help people enter (or re-enter) the workforce.

Individual Placement and Support

In Individual Placement and Support (IPS), the focus is on *first* placing clients quickly in a job that interests them a competitive job market, and *then* supporting and training clients on the job. This reverses traditional approaches in which people spend a lengthy period in pre-employment training or sheltered employment.

A number of IPS trials found up to 50% reductions in health and social care costs.¹⁷ IPS also reduces the need for and length of hospital stays (2, 4). A multi-site European randomised trial found that IPS delivered saving of around £6,000 per client in inpatient psychiatric care costs, compared to usual care.

The Welsh Government should invest in, and extend, the IPS service offered by the I Can Work programme in Betsi Cadwaladr University Health Board.¹⁸



Section 1:

Case study 6: **Scottish Association for Mental Health IPS service**

The Scottish Association for Mental Health (SAMH) Individual Placement and Support service¹⁹ was piloted in Inverclyde, North Lanarkshire and West Dunbartonshire.

By its third year, the service was either nearly meeting or exceeding all its employment-related targets with 42% of clients entering competitive employment, 65% sustaining employment for 26 weeks, and 60% sustaining employment for 52 weeks. Interestingly, SAMH attributed the high sustainability to clients securing higher skill level jobs.

Evaluation of the service found evidence that it had contributed to a reduction in some clients' contact with health professionals, including Community Mental Health Teams (CMHT), and Scottish/UK Government could save £28,900 a year due to reduced benefit payments and increased tax receipts, and the NHS could save £47,180 a year due to reduced appointments.

Case study 7: **The Spinal Cord Injury Vocational Integration Program**

The Spinal Cord Injury Vocational Integration Program²⁰ compared the effectiveness of IPS as compared to “treatment as usual” for veterans across six specialist rehabilitation centres in the US. It used IPS principles to place participants into competitive employment.

The intervention adhered as closely as possible to the IPS model. “Treatment as usual” took the form of referrals to external vocational rehabilitation.

A randomised controlled trial found that veterans with spinal cord injuries who received IPS between 2.5 and 10 times more likely to find competitive employment compared with those who received treatment as usual.

In-work support

There is considerable evidence that early intervention can prevent the escalation of low-level health problems, reduce presenteeism issues, prevent short-and long-term sickness absence, and prevents job losses related to illness.

Most long-term absence is caused by common mental health or musculoskeletal problems for which a combination of support and workplace adjustment can make a difference.

Case study 8: **The Fit For Work Service (FFWS)**

The Fit for Work programme was piloted within Kensington and Chelsea and subsequently in the Tri-borough area of Kensington and Chelsea, Hammersmith and Fulham, and Westminster between 2010 and 2013. This was an evidence-based early intervention service for sickness absentees to support them to return to work.

An evaluation of the FFWS pilot in Kensington and Chelsea found that 75% of clients were in work at case closure. The service was well-liked by clients with 80% rating their experience as 'excellent'.

Estimates of annual costs avoided to the NHS by having the FFWS in place are at least £126,150. Cost savings to employers approximate £228,000. Cost savings in work-related benefits approximate £850,000.

Section 2:

Section 2: Systems

5: GREEN AGENDA: INVEST TO SAVE

The carbon footprint of NHS Wales in 2018/19 was estimated at £1.9 million – one million tonnes CO₂ equivalent. The Welsh Government has committed to net zero carbon emissions and building climate resilience through the COP26 Health Programme.

National strategies for decarbonisation are set out in the Welsh Government's Net Zero strategic plan and associated documents, but there are many small-scale examples of invest-to-save initiatives

that could be rolled out across Wales to reduce the environmental impact of the NHS and save the NHS money.

Investing in green initiatives can incur an initial cost, but it ensures the health and social care sector is climate resilient. In the long run, energy efficiency can only make the NHS more financially efficient.

Case study 9: Swansea Bay University Health Board *Re:Fit* Project

The *Re:Fit* project²¹ is a £15.3 million investment in environmental initiatives to reduce Swansea Bay University Health Board's carbon footprint by around 3,000 tonnes a year.

The project includes a range of energy conservation measures at eight of the Health Board's highest-use buildings. It also includes the development of a 4MW Solar Farm which will provide around 25 per cent of the electricity for Morriston Hospital, **cutting the electricity bill by around £500,000 a year and significantly reducing carbon emissions.**

The investment in the solar farm and energy-reducing schemes will lead to a **minimum guaranteed saving of more than £1.5 million a year.**

Case study 10: Green Surgery Challenge

Two orthopaedic surgeons from Ysbyty Gwynedd and Wrexham Maelor Hospital led a small-scale sustainable healthcare project²² and demonstrated that not only was it safe to carry out certain surgeries outside of surgical theatres: it increased productivity while having lower environmental impact, costing less, and reducing the time patients spent in hospital.

The project has forecast annual savings of 11.6 tonnes CO₂e/year and £12,641 a year, the equivalent of driving 33,285 times from the G7 in Cornwall to COP26 in Glasgow.

6: INNOVATION WITHOUT ADOPTION

“Lots of health boards have innovative projects, and that, I think, is part of the challenge for us — making sure that that good practice is rolled out. I guess it’s quite difficult to roll that out when, frankly, they have been firefighting for the past year and a half.”

Eluned Morgan MS, Minister for Health and Social Services, 2021

The Welsh Government and NHS Wales have a good track record of developing and funding pilot schemes. These schemes frequently improve patient safety and have good potential to improve efficiency and save money along the way.

However, instead of becoming part of mainstream services, the schemes often simply end when they run out of funding.

A specific example of this is the Integrated Care Fund (ICF), renamed in 2022 to the Health and Social Care Regional Integration Fund. The ICF funds schemes that aim to encourage collaborative working to improve the lives of the most vulnerable. It was established in 2014 with the clear expectation that projects should be mainstreamed into core budgets if they are demonstrating impact. However, there is little evidence that this is happening.²³

There must be a mechanism to retain good practice and ensure pilots are not lost due to the funding streams currently available. Long term funding must be made available for pilots that have proven to be successful in improving efficiency, and best practice must be rolled out across Wales.

Case study 11: The Bay Reablement Unit

The Bay,²⁴ a 6-bed reablement unit in the Vale of Glamorgan funded by the Integrated Care Fund, helps people who are ready to be discharged from hospital but need extra time and support before returning home. It provides a “bridge” and a supportive environment to help maximise their independence.

By increasing the confidence and the physical and mental strength of each person admitted to The Bay, the unit helps significantly reduce its service users’ need for ongoing support upon their return home. By ensuring that the care provided to the person is appropriately based upon need, **savings of c.£500,000 per annum have been achieved.**

Section 2:

7: IT SYSTEMS

Technology can save money by improving the efficiency of information sharing between different parts of the health service. A lack of adequate IT infrastructure and data sharing is one of the most significant barriers to establishing a collaborative and coordinated NHS.

The Public Accounts Committee has acknowledged the need for investment, saying “the NHS as a whole needs to take a longer-term, collective view of investment in informatics, on an invest-to-save basis.”²⁵

Patients and clinicians have reported frustrations with not being able to share vital information quickly and securely between primary and secondary care, as well as with other parts of the health service.

With a focus on integration, there needs to be an investment in the IT infrastructure and what technology is available across the NHS.

Case study 12: NHS Wales adopts Microsoft 365

In 2019 NHS Wales signed a contract with Microsoft 365²⁶ moving from multiple contracts to a single tenant that serves all NHS Wales organisations. As well as creating better digital capability for the workforce, the deal created a **cost saving of £11.7m over the three-year term.**

Colleagues can work from the device of their choice and in the location of their choice because of security improvements put in place by the M365 programme team. These include rules to ensure secure password creation, services to track malicious activity, and deployment of new anti-malware and anti-virus software.

This increased agility played a key role in the Welsh COVID-19 response, enabling safer remote working which had a reduction in travel and **subsistence costs of at least £800,000.**

8: PRUDENT HEALTHCARE

The Carter Review (2015) found that reducing unwarranted variation in non-specialist acute hospital trusts in England would save the NHS £5 billion a year by 2020/2021.

Reducing unwarranted variation is one of the key principles of *prudent healthcare*, an approach to healthcare which is at the heart of A Healthier Wales.

Reducing inappropriate or unwarranted variation by using evidence-based practice is a key way of saving money whilst promoting efficiency and quality patient care.

Ensuring Wales is keeping up to date with key advancements within medicine and clinical research will facilitate cost efficiency.

Prudent healthcare principles:

1. Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
2. Care for those with the greatest health need first, making most effective use of all skills and resources.
3. Do only what is needed – no more, no less – and do no harm.
4. Reduce inappropriate variation using evidence-based practices consistently and transparently.

Case study 13: Redundant blood tests in intensive care

Ysbyty Glan Clwyd's ICU currently samples multiple bottles of blood from each patient every day. While there are good reasons to repeat blood tests frequently in critically ill patients, the current practice of 10–11 standard blood tests, requiring 4 blood bottles as performed each morning, results in lots of tests that do not give useful information or help guide treatment.

The primary aim of the project²⁷ was to eliminate 'standard' blood tests orders and prompt all clinicians to consider the tests each patient requires each day.

During the review process, it was identified that three of the eleven standard order blood tests were often redundant or did not frequently change clinical management. These three tests are now performed very infrequently.

Because of this change alone, the ICU will order up to 11,000 fewer blood tests in the coming 12 months. This will lead to an approximate cost saving of **£44,000 in laboratory consumables alone.**

Section 2:

Case study 14: Pharmacist-led clinics for Interstitial Lung Diseases

The Interstitial Lung Diseases (ILD) are a diverse group of conditions that may be progressive and fatal. Therefore, timely access to specialist care, diagnostics and appropriate support during the course of the illness is crucial.

One of the primary aims of this project²⁸ was the development of a pharmacy-led service. By using the skills of a prescribing pharmacist, this service would reduce consultant and specialist nurse workload, reducing waiting times and providing access to a specialist prescriber.

Pharmacist-led clinics were operational for just over a two-month period and in that time 29 patients were reviewed.

Initial findings include:

- There is also a significant cost saving of approximately **£268 per clinic** (consultant vs nurse/ pharmacy-led).
- Those under P-ILD have reduced the number of appointments they need to attend by 50%.
- There is also a **potential cost saving through thorough medicines reconciliation**. In our small sample size, 14% had medicines de-prescribed and these reviews also reduce risk of side effects.

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