



Response to NHS South West draft strategic framework Improving Health: Ambitions for the South West Consultation

Q. What change do you think is most needed?

Appropriate levels of funding need to be made available to the commissioning organisations and resources in terms of training and IT. Services need to be measured in terms of their outcomes rather than targets in order to effect change. Commissioning has to take place in an open and transparent manner with all stakeholders involved in the process.

Q. Do you agree with the views of NHS staff, patients and members of the public?

Q. What would be the most effective change to improve people's health?

Tighter legislation on alcohol and on food manufacturers about the content of packaged foods

Q. What do you think about our focus on encouraging people to stay healthy?

This is in line with the national review of the NHS but cannot be undertaken by the NHS on its own. Health promotion and prevention will only work if organisations work closely together in partnership and maximise the opportunities that are available.

Health promotion and lifestyle advice has been one of the cornerstones of community pharmacy for many years and features as one of the Essential services in the community pharmacy contractual framework. In some areas pharmacy is commissioned by PCTs to provide Enhanced services for specific needs such as stop smoking, sexual health, weight management etc but this is not consistent across the region. Any initiatives, whatever the setting or location, need to be supported by an appropriate marketing and public awareness campaign.

Q. What do you think about our intention to provide mothers with a wider choice of places to give birth?

Good intention, but needs to be developed with involvement of mothers!

Q. What do you think about our focus on reducing obesity among young people?

Obesity in young people will have a major impact on the future health and well being of the population. Legislation will be required as well as community based initiatives, interventions will need to be made across the whole population rather than targeting one specific group. Access to sports facilities and an increase in the level of physical activities offered to young people should be developed in partnership with the relevant agencies.

Q. What do you think about our plans to help people manage their long-term conditions?

The south west ambitions are based on a medical model of care, although the plans for delivery refer to the need to work across organisational boundaries.

We agree with the emphasis on self care; however, self care is not always dependant on the medical model of care but requires a multi – professional approach and the role of the community pharmacist should offer a significant benefit here which has not yet been fully utilised nationally or locally.

Community pharmacists as specialist providers with unparalleled access by patients should be enabled to deliver tailored health promotion, self care and self management services based on their knowledge of individual patients' conditions and their regular face to face contact. Investment in this area has traditionally been patchy, and this opportunity has never been fully exploited.

The role of the community pharmacist is unique as a specialist provider of healthcare services at the interface between 'medical care' and the general public, who regularly use their local pharmacy, not only for the traditional dispensing of medicines but also for the purchase of non-medical items. This provides hundreds of thousands of health opportunities every day up and down the high street and in local communities.

Q. What do you think of our plans to improve services for those affected by mental illness?

Q. How can we best improve services for those with a learning disability?

Q. What do you think of our ambitious plans to drive down waiting times ahead of national targets?

These plans will only be delivered through the development of integrated care and involvement by all health care professionals.

Q. What do you think of our plans to improve acute care?

Q. How can we best improve care for people at the end of their lives? What matters most to their families and carers?

A single point of contact and open (convenient) access to the facilities, equipment and drugs that they need.

Q. What do you think of our ambitions to reduce health inequalities?

The LPC support these ambitions, but again stress the need for integrated working if they are to be achieved. The strategic framework is focused on the NHS and needs to be broadened to include more contribution from local authorities, the voluntary sector etc. The local community pharmacy network has the potential to support the NHS in tackling health inequality and improving health literacy which is key to improving health outcomes. Research by the Picker Institute shows health literacy is fundamental to patient engagement. Personalised written information, used with professional consultation and advice, has been shown to improve health knowledge and recall. More health information could be delivered through community pharmacies, for example with “information prescriptions” that signpost patients to useful information about their condition, delivery of the health assessment questionnaire NHS Life Check, support for self care and a contribution to the expert patient programme.

Pharmacies can play a wider role in supporting the NHS South West’s declared aim of sharpening the focus on prevention and personalised care.

Q. Which do you see as priority areas for action?

The LPC considers that the aspiration to develop World Class Commissioning competencies within PCTs as a key priority and are glad to see the development of a local support programme for PCTs. Community pharmacy wants to play its part in developing innovative services to benefit patients, but the pre-requisite to

success is that Practice based commissioning and other commissioning processes must operate in a truly collaborative and transparent manner to achieve a real improvement in health outcomes.

Local services must be made more responsive to the local populations, and clinical engagement improved. The NHS South West must have a key part to play in assuring themselves that this is happening locally.

Public health expertise needs to be built into the commissioning processes at the earliest stage if the ambitions relating to reducing health inequalities are to be achieved.

Q. How best can we harness new technology and develop NHS buildings to improve patient care?

Community pharmacies are in effect NHS businesses with the average NHS turnover of a community pharmacy today representing at least 90% of total turnover. Commissioners should recognise this significant NHS focus and ensure they are making the most of opportunities presented by the pharmacy workforce and pharmacy premises.

Q. What could we do better to improve safety, quality and the patient experience?

The NHS South West could harness the capabilities and competencies of the community pharmacy workforce, that consists of pharmacists, technicians and support staff all of whom are trained and accredited to provide a high quality service.

Pharmacy has well developed undergraduate and postgraduate training and research and development support provided through the Schools of Pharmacy, the Centre for Pharmacy Postgraduate Education and other providers. Local tutors could be encouraged to focus their workshops on local priorities and objectives and be integrated more fully into local learning networks.

The Community Pharmacy Contractual Framework contains clinical audit and patient satisfaction elements that promote continuous improvement of service delivery; these elements of the framework could be better utilised to inform and improve the patient experience.

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