



South West Region  
Local Pharmaceutical Committee  
Conference Report

24 October 2008  
Taunton

**Contributing to the NHS South West Strategic Framework for Improving Health in the South West  
2008-2011 through implementation of the Pharmacy White Paper "Building on Strengths -  
Delivering the Future"**

ORGANISING GROUPS



**Avon Local Pharmaceutical Committee**

## **Aim**

To promote collaborative working between Local Pharmaceutical Committees and PCTs to integrate pharmacy into the main stream of care providers.

To understand the advantages which pharmacy can offer PCTs in achieving targets to improve patient care.

## **Programme**

**Chair** Jonathan Sheffield, Medical Director UHBristol NHS, Foundation Trust and Clinical Chair of SW Darzi Review

**Key Note Speaker** Sir Ian Carruthers – Chief Executive, NHS South West

### **Presentations by:**

Dierdre Doogan – Director of Government Relations and Pharmacy Services Lloyds Pharmacy;  
Sandra Gidley MP

### **LPC Presentations by:**

Nick Kaye (Cornwall); David Bearman (Devon); Mark Stone (Devon); Les Yeates (Gloucestershire)

### **Group Work by LPC area**

### **Opening Remarks by the Chair**

Jonathan Sheffield referred to the work he had undertaken in Chairing the South West Region Darzi Pathway Review Group.

He said the work had been divided into seven streams and was looking forward to understanding where pharmacy could work within the various streams to improve the patient experience and quality of care. There was recognition that pharmacy has an important role to play in providing services near to patients homes and added that the PCTs needed to look towards social marketing and targeting of groups for early screening and detection and promote communities to look after each other. All avenues must be supported by good health outcomes.

He felt that pharmacy had to become a stronger advocate for what it could provide in the way of services to patients within the Service Frameworks because there was a lack of understanding about the role pharmacy could play.

### **Sir Ian Carruthers Chief Executive of NHS South West**

Sir Ian began by saying that he understood that for a number of reasons the level of engagement between PCTs and Pharmacies and LPCs varied across the region and that the South West was no different from anywhere else in the country.

He hoped that from today there would be better understanding of the issues and a commitment to working together for the benefit of patients in the South West.

During his presentation Sir Ian referred to four areas of provision where pharmacy could and should lead or be involved:

## ACCESS

- Pharmacy had longer opening hours and therefore better access than any other part of the NHS other than Accident and Emergency Services.
- Premises in the high street and the centre of communities.
  - ❖ 96% of the population could access a pharmacy within 20 minutes of their home or work.
- We're readily available for consultations with no need for an appointment.
- Reports had demonstrated that the public had a high level of trust in pharmacists

## QUALITY

- Pharmacists understood medicines and how to help patients to get the best out of them.
- Pharmacists understood the risks and the benefits of medicines and are the best people to help patients understand this.

## SAFETY

- Pharmacists have a positive role to play in patient safety.
  - ❖ Nationally over 10,000 patients died from medicine related incidents – equated to 1,000 such deaths in the South West.
  - ❖ Every day patients left hospital only to return at a later date with medicines unintentionally changed or stopped.
- Pharmacists have a crucial role in preventing harm caused by medicines.
- Pharmacists can assist in the education of patients in managing their conditions through safer use of medicines.

## HEALTHY LIVES

- Pharmacy already can provide services in areas of
  - ✓ Smoking Cessation
  - ✓ Weight Management
  - ✓ Sexual Health – EHC and Chlamydia testing and treatment
  - ✓ Substance Misuse.
  - ✓ Lifestyle Skill.
- More needed to be made of these skills.

***“Community pharmacy has a big role to play and I (Sir Ian Carruthers) hope the PCT allows you to play it”***

Sir Ian recognised that there were a number of challenges both for PCTs and for Pharmacies but he felt that the PCTs, LPC and pharmacists should create an integrated infrastructure to provide services to patients in a cost effective manner rather than jockey for position within the NHS. The White Paper (policy) is the consolidation of innovation that has already happened and the government now wants to make mainstream.

Finally he said that pharmacy could demonstrate that working with others in the NHS it had a lot to offer and should step out as providers in a more forceful manner.

**Presentation by Dierdre Doogan – Director of Government Relations and Pharmacy Services Lloyds Pharmacy**

In her presentation Mrs Doogan referred to the Lloyds Pharmacy company and the ethos of working with PCT to deliver locally needed services, and to comments by Lord Darzi

*“The best way to face local challenges is by “unlocking the talent of the doctors, nurses, midwives, the social care workers, the voluntary sector and the professional bodies who have really engaged in this report.”*

**Source: NHS Next Stage Review Final Report – Department of Health  
Lord Darzi. 1st July 2008**

And Rt Hon Dawn Primarolo MP,

*“I can also see that pharmacy has the potential to offer so much more. We can build on pharmacy’s strengths – in the community, where pharmacies offer healthcare on every high street and in hospitals, where pharmacists are already demonstrating their important role in clinical teams that deliver safe, high quality care to patients.”*

Dierdre Doogan referred to the ambitious South West Strategy and the priorities therein, namely:

- Address health inequalities
- Reduction in mortality rates from heart disease, stroke and related diseases
- Reduce smoking levels
- Achieve reduction in under 18 conception rates
- Reduce year on year rise in sexually transmitted infections
- Full implementation of NSF for Older People, Coronary Heart Disease, Diabetes and Renal services ahead of timescales
- 75% of general practices will adopt the self-care policy of the locality
- People with LTC will have a self care plan by end March 2010
- Co-ordinated multi-disciplinary team approach will be adopted by 2010
- Improved blood glucose control for people with diabetes: 70% with blood glucose levels (HbA1c) below 7.4% and 95% with blood glucose levels below 10% by March 2011
- Improve BP control for people with diabetes: 80% with BP of 145/85 or less by March 2011
- Enable EPS by 2011

She said that Pharmacy could and should play a part in helping the PCTs and SHA in delivering these ambitions.

Dierdre Doogan then referred to services which Lloyds had developed when working in partnership with the Heart of Birmingham PCT in relation to the Healthy Heart Initiative and the way the programme had been targeted to gain male engagement and outlined the outcome of the programme. She also highlighted some of the outcomes achieved through another project supporting asthma patients through Medicines Use Reviews, which demonstrated that community pharmacy played a crucial role in helping to improve concordance and compliance with medication.

#### **Asthma medicines support service**

- 96% of patients reviewed experienced day time symptoms of asthma
- 56% of patients were using their reliever inhaler too frequently
- 41% of patients were forgetting to use their preventer inhaler
- 40% of patients only used their preventer inhaler when they felt unwell

In summary, Dierdre reminded the audience that:

- The Pharmacy White Paper and NHS Next Stage Review give strategic direction of travel
- Community pharmacy has capacity and the competency to deliver the aspirations
- However, pharmacy needs to build an effective evidence base in order to move forward
- Pharmacy and PCTs need to work together to deliver the vision set out in the Primary and Community Care Strategy and the South West Strategic Framework for Improving Health.

#### **Presentation by Sandra Gidley MP**

Mrs Gidley began with the recent history of papers issued by the Department of Health since the NHS Plan of 2000 leading to the recent issue of the **White Paper - Pharmacy in England- building on the strengths and delivering the future.** She referred to the politics of pharmacy and the conflicting demands made upon MPs by constituents and public recognising that the Dispensing Doctors Association and its members had mounted a strong campaign to save Dispensing Services.

She felt that the aspirations of the White Paper were appropriate to modern day pharmacy and that pharmacists needed to grasp the opportunity presented.

Pharmacists needed to:

- Develop new services
- Find out what works
- Build relationships with GPs
- Persuade PCT/commissioners
- Inform/involve MPs
- Identify Customer champions
- Work together and speak with one voice.

Mrs Gidley suggested that when LPCs say that they have a good relationship with their Primary Care Trusts, they measure the success of that relationship by considering whether or not they have been able to influence the PCT.

**LPC Presentations (see Appendix One).**

### **Summary of the Day**

**Jill Loader Associate Director Medicines Management, NHS South West**

In summing up the day she said that both Primary Care Trusts and pharmacists have a responsibility to patients and the public to ensure that services are commissioned which maximise the potential of community pharmacy to support safe and effective medicine taking and promote healthy lifestyles.

Primary Care Trusts must work in partnership with local community pharmacies to find innovative ways to ensure:

- patients understand their medicines and how best to take them,
- patients with long term conditions receive adequate support in medicine-taking,
- harm caused by medicines is minimised,
- accessible support is made available in the heart of local communities for healthy living.

The current situation is letting patients down and must be addressed. Jill welcomed the commitments given today to do this.

## **APPENDIX ONE**

### **Local Innovations in Community Pharmacy**

#### **Obesity Management in the pharmacy**

David Bearman, a community pharmacist from Plymouth, presented on a new weight management service being piloted in a small number of Plymouth pharmacies. The service was based on the successful work that had been undertaken in Coventry over the previous two years, that demonstrating 80% of patients experienced weight loss through the programme, and an effective recruitment of hard to reach groups, e.g. men.

Patients can access the service by self referral or referral from other services, for example, general practice. The service is led by the pharmacist, who will conduct a baseline assessment of the patients' understanding of the health risks, current diet and activity levels, monitor Body Mass Index, waist circumference, blood pressure and cholesterol levels. The pharmacist and patient then enter into an agreed programme for change which is intended to support and educate the patient in healthy living.

Community pharmacy provides an early intervention opportunity and fits in well to the early stages of the pathway. It proves an accessible location, so that people can access the service during the evenings and weekends if this fits better with their lifestyle, and develops the pharmacy skill base in key areas and the direction highlighted in the Pharmacy White Paper.

As the pilot has only just started, evaluation is ongoing. However, early indicators have suggested that recruitment is possible from patients entering the pharmacy and referral from GPs is an effective approach to service development.

#### **Minor ailments and emergency supply of medicine.**

Nick Kaye, a community pharmacist from Newquay in Cornwall presented on the minor ailments scheme running in Cornwall and the Isles of Scilly Primary Care Trust.

#### **What was the problem?**

GPs were seeing numerous patients with conditions that are easily treatable with simple prescriptions. The Primary Care Trust felt that if these patients could be treated elsewhere GPs could devote more time to patients with more complex illnesses.

#### **The solution**

The PCT decided to commission a minor ailments scheme through community pharmacy. This means that people can go directly to their local pharmacy with one of five minor ailments, and be treated by the pharmacist under a patient group direction.

#### **The five conditions are**

- Conjunctivitis
- Cystitis
- Impetigo

- Nappy rash
- Oral thrush

Patients can self refer by going directly to their pharmacist for a simple examination against a checklist of procedures. The benefits of the service are that it is pharmacist led thus the pharmacist feels more part of the NHS primary care team. For any patient who has a more complex illness a fast track referral system is in place, which means that the pharmacist is effectively acting as triage for the doctors. Benefits to the patient include the quick and convenient service that is available when GPs are less accessible particularly at weekends and in the evenings. As the medicine is supplied under a patient group direction, the cost to the patient is the same as a normal NHS prescription which helps to emphasise that it is a NHS service.

### **Emergency Supply of medicines**

Currently patients who urgently require supplies of repeat medicines when surgeries are closed have two options:

1. They can obtain medicines from a community pharmacy as an Emergency Supply, which patients are required to pay for
2. The doctors out of hours service can provide prescriptions

In Cornwall it became apparent that a significant number of patients were accessing the out of hours service to request prescriptions for repeat medicines which is an inefficient and ineffective use of the out of hours resource. This is not very satisfactory for patients as it means they may have to make several journeys to obtain their medicines, could incur additional costs and not receive the medication they need at the right time. Working together, a local pharmacy contractor and the PCT came up with a possible solution whereby pharmacists could supply five days of treatment under a patient group direction. An initial pilot took place in Newquay over the summer period and involved just one pharmacy. It was a great success and has enabled the PCT to roll the service out across Cornwall.

In terms of success, again the service helped to reinforce the message that community pharmacy is part of the NHS service and primary care team, the pharmacist being the most appropriate professional to provide the service. For patients, it meant they only had to visit the pharmacy, and their expectations were managed, and for the out of hours service, there were less calls and workload on the reception team, and the doctors and nurses could concentrate on treatment and less “wasted” time. An audit of the service in terms of the number of items generated under the PGD scheme and prescription numbers is ongoing.

### **Vision for Medicines Use Reviews**

Mark Stone, a community pharmacist from Plymouth presented on the medicines use review service he provides from his pharmacy in Devonport, and his vision of the “**Opportunity of Care**” that a Medicines Use Review provides. He provided an example of a patient who had recently visited his pharmacy having just received a diagnosis of having chronic obstructive pulmonary disease (COPD) and in a state of anxiety. He described how he used the MUR service to discuss her existing medication regime, and some of the lifestyle issues she would need to address, as she was a heavy smoker.

One of the points he raised was the opportunity that a MUR could offer as a stepping stone to provide additional services to patients, for example, structured support and nicotine replacement

therapy to enable his COPD patient to stop smoking. In the future, Mark hoped that access to patient care records would provide further opportunities to supply patients with long term conditions, and to develop pharmaceutical care plans in partnership with local GPs.

**Palliative Care – access to medicines**

Les Yeates, the Chief Officer of Gloucester LPC outlined a service available in Gloucester PCT that ensured patients at the end of life would be able to access the medicines they needed at the right time.

## APPENDIX TWO

### Delegate list

Forename	Surname	Title	Organisation
Mike	Barbour	LPC Member	Avon LPC
Tiffany	Barrett	Pharmaceutical Locality Advisor	Bristol PCT
Andrew	Downing	Vice Chair	Avon LPC
Colin	Hackett	Chair	Avon LPC
Joel	Hirst	Head of Medicines Management	Bath & North East Somerset PCT
Penny	Hynds	Associate Director of Primary Care	North Somerset PCT
Stuart	Moul	Chief Executive	Avon LPC
Nick	Trollope	LPC Member	Avon LPC
Sandra	Whitehouse	LPC Member	Avon LPC
Paul	Clarke	Prescribing Advisor	Swindon PCT
Nick	Kaye	Community Pharmacist	Cornwall
Hopkin	Maddock	Chief Executive	Cornwall LPC
Phillip	Yelling	PEC Member and Vice Chair of LPC	Cornwall
Peter	Knibbs	Director of Primary Care	Cornwall PCT
Bridget	Sampson	Associate Director of Prescribing & Pharmaceutical Services	Cornwall PCT
David	Bearman	Plymouth PEC & LPC Chair	Devon LPC
Christine	Branson	Assistant Director of Primary Care	Torbay Care Trust
Steve	Brown	Assistant Director of Public Health	Devon PCT
Peter	Colclough	Chief Executive	Torbay Care Trust
John	Finn	Devon PEC & LPC	Devon
James	Glanville	Primary Care Manager	Plymouth tPCT
Andrew	Howitt	LPC Member	Devon LPC
Jonathan	Kerr	Strategic Business Officer	Devon LPC
Oksana	Riley	Medicines Management Advisor	Plymouth tPCT
Iain	Roberts	Pharmaceutical Advisor	Torbay Care Trust
Clive	Robertson	Non Executive Director	Devon PCT
James	Short	Director of Primary Care	Plymouth tPCT
Mark	Stone	Project Pharmacist	Devon LPC
Sue	Taylor	Chief Officer	Devon LPC
Lyn Councillor	Ware	Lifestyles Team Manager	Torbay Care Trust
Jean	Watkins	Chair - Overview and Scrutiny Committee	Plymouth City Council
Julia	Booth	Commissioning Manager for Pharmacy	Dorset PCT
Jo	Browning	Manager	Dorset LPC
Steve	Costello	Vice Chair	Dorset LPC
Debbie	Fleming	Chief Executive	Bournemouth & Poole tPCT
Lisa	Harding	Deputy Director of Primary Care Commissioning	Bournemouth & Poole tPCT

Ruth	Howlett-Shipley	Deputy Director of Public Health	Dorset PCT
Roger	King	Secretary	Dorset LPC
Garwyn	Morris	Chair	Dorset LPC
Graham	North	LPC Member	Dorset LPC
Jill	Crook	Director of Clinical Development	Gloucestershire PCT
Chris	Gifkins	LPC Member	Gloucestershire LPC
Pam	Holley	Chair LPC	Gloucestershire LPC
Teresa	Middleton	Lead Pharmacist	Gloucestershire PCT
Jan	Stubbings	Chief Executive	Gloucestershire PCT
Les	Yeates	Chief Officer	Gloucestershire LPC
Anne	Adams	Head of Professional Leadership	RPSGB
Andrew	Lane	Regional Rep	PSNC
Paul	Bearman	General Manager	Wyvern Health Com
Mark	Goodwin	Development Pharmacist	Somerset LPC
Paul	Lyne	LPC Member	Somerset LPC
David	Slack	Director of Primary Care Development	Somerset PCT
Sue	Snelling	Chairman Associate Director Primary Care Development	Somerset LPC  Somerset PCT
Tanya	Whittle Woolcombe-		
Nigel	Adams	Chief Officer	Somerset LPC
Fiona	Castle	Chief Officer	Swindon & Wilts LPC
Nick	Jephson	Member	Swindon & Wilts LPC
Alison	Kidner	Chair	Swindon & Wilts LPC
Philip	Matthews		Wiltshire LiNK
Chris	Phillips	Contracts Manager	Wiltshire PCT
Sir Ian	Carruthers	Chief Executive	NHS South West
Diedre	Doogan		Lloyds Pharmacy
Peter	Gaylard		RPSGB
Mike	King	Head of LPC and Contractor Support Associate Director , Medicines Management	PSNC  NHS South West
Jill	Loader		
Jonathan	Sheffield	Medical Director	UH Bristol

## **APPENDIX THREE**

### **Discussion Group Outcomes**

The following reports of the group discussions have been prepared by the LPC Officers

#### **Avon**

##### **Actions Agreed:**

- Seek an invitation to attend PEC meetings with all three Primary Care Trusts?
- Regular LPC and Area manager meetings with Bristol PCT to discuss enhanced services.
- Investigate joint work with the PCTs to increase the uptake and quality of MURs. Monthly MUR feedback from each PCT
- Each PCT to have designated LPC member(s) for immediate point of contact.

#### **Cornwall and Isles of Scilly**

- Relationships are key at all levels LPC , PCT, Pharmacies, GP
- There is an important role for Pharmacy within Primary Care but Pharmacy needs to grab it and take the opportunities now.
- We disregard patient safety at our peril. All stakeholders need to be aware of patient safety issues. We need to look at patient safety aspects around what ever we do. We need to learn from issues and incidents that arise.

We also spent some time answering some questions that the Director of Primary Care raised around some of the perceptions and barriers that the profession faces, that he hears about, and how we can overcome these. These were things such as use of locums, Pharmacist resourcing issues, skill mix.

We agreed that we had excellent communication between the LPC and PCT, using the Cornwall Community Pharmacy Committee and other opportunities for communication and if we needed to speak to anyone they were always willing to do so.

##### **Actions Agreed:**

- Continue to have regular dialogue building on the good processes already in place.
- LPC to support the encouragement of Pharmacists to become involved in the Pharmacy services being developed and build on the training and accreditation that the PCT provides.
- Pharmacy to build links with the Practice Based Commissioning Locality groups, using medicines management cooperative and PBC steering group

#### **Devon**

##### **Actions Agreed:**

##### **Devon Primary Care Trust**

We have already held a “road map” day with the LPC to review the pharmaceutical needs assessments and the health needs of the local population.

One of the actions arising from this and reinforced at the south west event was the need to integrate community pharmacy within care pathways as set out in the Devon strategic framework.

It is intended to focus on medicines management in the first instance, as this is the unique knowledge and expertise held by community pharmacists, followed by a review of the public health role.

### **Torbay Care Trust**

It was agreed to inform the care pathway leads in Torbay about the contribution community pharmacy can make to patient care with the aim of raising awareness and understanding of the service leads.

Torbay has just launched a development fund for community pharmacists to bid against, to demonstrate how they can help meet some of the local priorities. The uptake of the fund will be monitored and results of local projects evaluated; a hoped for outcome was to develop at least one local enhanced service from the results of the initiative.

### **Plymouth teaching Primary Care Trust**

Intend to hold a visioning event with the clinical pathway group leads recently established in Plymouth.

The LPC and PCT have also agreed to undertake some work on a peer review of medicines use reviews.

Overall, it was difficult to gain consensus about the approaches being used across the three PCTs, specifically around the care pathway design.

### **Dorset**

- ❖ Lots of opportunity/need for integrated approach/challenge for pharmacy is how this can be delivered in a universal way/engaging PbC collaboratively (not competitively)
- ❖ Changes need to take place in pharmacy in order to deliver/consolidation of innovation/go to public health with ideas/make full use of what is going on elsewhere (best practice).
- ❖ Are LPCs and PCTs liaising at the right level?
- ❖ Need to look at LAAs – there is some overlap/look at PCT strategic plans/need to facilitate information exchange/challenges – vascular risk assessments.
- ❖ **Action** - LPC to talk to PCTs – open conversation with a formal letter - with reference to vascular screening, smoking cessation and Chlamydia (sexual health), healthy lifestyle/weight management, meds man (MURs, repeat dispensing, supporting patients with new medicines), end of life care, hospital discharge (communication between secondary and primary care).
- **Next Steps Aim** to get more clarity on understanding the needs of the community and how these can be fulfilled by pharmacy contractors in collaboration with PCTs and other appropriate healthcare providers

- **Local Process** - PCTs and LPCs to work collaboratively re Pharmacy Needs Assessments (PNAs). The PNA will be informed by the White Paper, the Joint Strategic Needs Assessment, the PCT and the LPC.

**Agreed Actions:**

1. Ruth Howlett Shipley (Deputy Director of Public Health for Dorset PCT) attending LPC meeting on 30.10.2008 to discuss service specification for Chlamydia.
2. To set up strategic meetings with Dorset PCTs to discuss big issues and start planning process.
3. Redevelop/update PNAs (collaborative piece of work between LPC and PCTs)
4. Quarterly forum meetings with Area Managers for Pharmacies.

**Gloucestershire**

- It was agreed that there was good communication between the organisations.
- There is a need to work to gain greater engagement of pharmacists in delivering services – there is an opportunity for pharmacy to become a service provider across a range of services.
- Need for greater engagement with senior officers at the PCT agreed – regular bi-monthly meeting with Debra Eliot (Primary Care Lead and Theresa Middleton ( Pharmaceutical Lead)

**Agreed Actions:**

- ❖ It was agreed that the draft Community Action Plan created for internal use should be shared with the LPC and form the basis for agreed actions for the next eight months.
- ❖ Need to look to motivate pharmacies to communicate with local GPs to gain engagement with Repeat Dispensing.

**Somerset**

- The LPC will work with PCT/LMC to move work to more local settings thus enabling GP's to obtain more work from Secondary Care
- Work with the PCT, with the LPC being represented on the Prescribing Committee, to seek to ensure details of discharge medicines are sent from hospitals to the relevant community pharmacy
- Strengthen links with PCT Public Health Directorate-PCT to facilitate joint working
- Seek to promote with PCT a Retainer Scheme for pharmacists accredited to perform Enhanced Services in Somerset
- Work with PCT to place greater emphasis/ reward on Medicines Management and Safety/Waste Reduction whilst building stronger links with surgeries by the use of practice support pharmacists.

- We will be driving our existing LPC/PCT agenda using the good relationship we have established over the past months
- Work with PCT to encourage Pharmacy Home Visits. We would work together to enable Community Pharmacy to supplement GP's in the residential care setting e.g.: educate/support/train carers who are medicine administrators. We will seek support from the PCT to carry out MUR's outside the Pharmacy i.e. in nursing/residential homes or at the patients own house.
- Look to get commissioned in addition to an MUR a Clinical Review of Long Term Conditions ( e.g. diabetes, hypertension) where appropriate-tie this in with repeat dispensing, linking in with GP lead for diabetes to prepare a pathway
- With PCT/LMC build good relationships with Dispensing Doctors

### **Swindon and Wiltshire**

- **Vascular Checks / Health MOT - Initiatives** ongoing in pharmacies, however complimentary services or private arrangements. No commissioned service Need to start service development.
- **Smoking Cessation** - Commissioned service in both Swindon and Wiltshire to provide one to one advice - Publicity for existing service. Clarity on how to join the service in Wiltshire – is it open to all willing providers, or only in targeted areas? Lack of pre-arranged training events in Swindon.
- LPC need details of who is currently commissioned to provide service.
- SLA in Wiltshire to be updated
- **Sexual Health** - Need to create a Chlamydia screening and PGD treatment programme. Public Health consultant interested. To discuss SLA.
- **Greater integration and joint working** - Set up regular joint meetings with Public Health in Wiltshire. Formation of Pharmacy Development Group (Swindon) Action - Speak to Public Health and arrange meeting (CP).
- **Greater Uptake on Pharmacy Smoking Cessation** -
  - Determine what contractors offering service
  - Determine barriers for those not currently delivering
  - Look at Social Marketing to promote pharmacy service to clients who would benefit.

**APPENDIX FOUR**

**Contributing to the NHS South West Strategic Framework for Improving Health in the South West 2008-2011 through implementation of the Pharmacy White Paper “Building on Strengths - Delivering the Future” – South West Forum Action Planning Day 24<sup>th</sup> October 2008**

**EVALUATION FORM**

**General Impression of the Event (please circle)**

**a. Overall quality**

Excellent 13 Good 17 Fair Poor

**b. Administrative arrangements**

Excellent 16 Good 14 Fair Poor

**c. Venue**

Excellent 11 Good 19 Fair Poor

**d. Materials produced for the day**

Excellent 9 Good 20 Fair 1 Poor

**Usefulness of Presentations (please circle):**

*Sir Ian Carruthers: The South West vision of where pharmacy can deliver on the strategic framework*

Very useful 22 useful 7 fairly useful 1 not useful at all

*Deidre Doogan: The vision for Community pharmacy in the future NHS – the Provider Experience*

Very useful 11 useful 8 fairly useful 10 not useful at all 1

*No roll out to all pharmacy developing the profession*

*Sandra Gidley: The Pharmacy White Paper – the Way Forward - from the government and a local MP’s perspective*

Very useful 16 useful 11 fairly useful 3 not useful at all

*Jill Loader: NHS South West Expectations from the day*

Very useful 10 useful 10 fairly useful 4 not useful at all 1

**Presentations of Practical examples of community pharmacy service development (please circle):**

**Local Innovations in Community Pharmacy – Staying Healthy**

*David Bearman, Meeting the challenge of obesity through community pharmacy*

Excellent 11 Good 19 Fair 1 Poor

**Nick Kaye, Minor ailments and emergency supply of medicines**

Excellent 11 Good 17 Fair 2 Poor

**Local Innovations in Community Pharmacy – Managing Long Term Conditions**

*Mark Stone, Medicines Use Reviews – Positive outcomes for patients*

Excellent 8 Good 18 Fair 4 Poor

*Les Yeates, Palliative Care – access to medicines*

Excellent 3 Good 21 Fair 5 Poor

**Discussion Groups**

**First Session What have we heard? What will the PCT take forward? What will be the role of the LPC? (Please circle)**

**How useful was this session in achieving joint agreement on the roles of the PCT and LPC?**

Very useful 12 useful 12 not very useful 4 not useful at all 1

**Second session What local process do we need to follow? What are our next steps? Agree three action points to take forward (please circle)**

**How useful was this session in agreeing the local processes to follow and action points to take away?**

Very useful 11 useful 11 not very useful 4 not useful at all 2

**Please comment:**

*How could the event been improved or more helpful?*

*More PCT representatives*

*More involvement from Chief Executives/Directors from PCT*

*A lot crammed into the day; nice for more discussion in more discrete groups – couldn't hear very well – could we have annual reviews on progress – like this?*

*Larger venue – round tables as originally planned*

*More time for discussion*

*Tables for table top discussion – difficult to hear*

*More table top time especially on the 1<sup>st</sup> session.*

*Some really good debate was still to be had*

*All helpful – perhaps patients/users experiences perspective*

*More discussion time*

*Ensure key players in the room*

*Reduce discussion time*

*Chairs very uncomfortable*

*Would like to see more input from local commissioners as well as providers*

*Lloyds Pharmacy presentation was inappropriate emphasis on the company. The presentation should have been generic*

*More time for general questions*

*Not too impressed with “table top” sessions we do this with colleagues frequently so why bring us to Taunton to do it?*

*What was the most valuable thing you learned today?*

*Role of Sandra Gidley – our only MP with MRPharmS*

*How pharmacists can be more engaged in PBC*

*Improved the possibility of working with PBC Group*

*Importance of networking understood but no one seems to have solution*  
*Sir Ian's scene setting excellent!*  
*Lloyds innovations too*  
*Context, overview*  
*Lots of good examples of what people have done.*  
*Strategic direction*  
*Ways to improve our services and information about new services*  
*Much more about pharmacy services and proposals for change*  
*Pharmaceutical Needs Assessment not rewritten and LPC can get involved*  
*Strategic frameworks*  
*Policy = consolidation not innovation*  
*We can do it!*  
*Shared learning across SW*  
*Understanding some political dimensions*  
*Services being offered across the region*  
*Top down buy in from Sir Ian*  
*PCT seem open to all suggestions*

*Was there anything that was not covered during the event that you felt should have been?*

*No x2*  
*Panel to answer general questions at the end of the session*  
*Why not listen to a PCT perspective*

*Will you share recommendations, examples and questions with your colleagues who were not here today?*

*Yes definitely*  
*Yes x 21*  
*Commissioning ideas*  
*Lobbying MPs*  
*Definitely*  
*Yes – some good examples given – need to find out more*  
*Yes, learning through colleagues will be invaluable*  
*Yes at next LPC meeting*  
*Yes, care pathways, palliative care*

*Any other comments?*  
*Excellent Day!*  
*Thank you for organising a good day and well done for getting key speakers*  
*Thank you. A useful and informative day*  
*A very good event – to be repeated!*  
*Make it regular event*  
*Well done all*  
*Thanks*  
*More often – bang the drum*  
*Great day – lets hope we can keep it alive*  
*Thank you very much appreciated*  
*Thank you x 2*  
*Thanks for organising this*  
*Would be good to share documentation/service specifications etc.*

**Please hand in before you leave today, or mail back to Sue Taylor, Devon LPC, Deer Park Business Centre, Haldon Hill, Kennford, Exeter EX6 7XX fax: 01392 833339.**