

## NHS Devon

### Pharmaceutical Needs Assessment 2011-2014

#### Consultation Response Devon LPC

##### General Comments

It is the understanding of the LPC that the Health Act 2009 requires PCTs to develop and publish a PNA. The purpose of the PNA is to identify gaps in pharmaceutical service provision; the potential for service improvements; to act as a commissioning tool and to inform future determinations of market entry to NHS pharmaceutical services provision, i.e. to inform decisions on deciding whether or not an application for a new pharmacy should be granted.

The Devon PNA does not in its current format enable the reader to draw meaningful conclusions about an adequate level of pharmacy service provision and how this could be developed to improve the health and wellbeing of the population of Devon. The LPC would like to see included in the PNA a clearer definition of a pharmaceutical service.

It is not clear from the PNA how account is taken of the underlying principles of the NHS Constitution.

The LPC was pleased to see the reference on page 6 to the the NHS White Paper "Equity and excellence: Liberating the NHS" within the Introduction and more specifically the reference to pharmacists' role in optimising the use of medicines. However, this needs to be picked up through the needs assessment particularly when reviewing the support needed for patients with long term conditions.

The LPC could not find any reference to the NHS QIPP Programme. We believe that a description of the QIPP programme and its intentions would be helpful to set the context for driving up quality and innovation in service development. It is disappointing to note that no reference is made to the way in which pharmaceutical services could be developed to support the QIPP programme and impact on efficiencies, as the community pharmacy contractual framework if utilised effectively provides many opportunities to improve health outcomes for patients and to help reduce health inequalities.

##### Section 2.0 Introduction

**In the section on controlled localities, there is a comment that where a PCT has determined that an area is controlled (...) provided certain conditions are met, doctors as well as pharmacies can dispense medicines for patients.** There is no information about what the certain conditions are. If this refers to the control of entry criteria for dispensing doctors (i.e. Section 60 of the regulations paragraph 3), it is not relevant as the medical practice will already be in existence. As it stands we feel this section of the PNA is confusing and requires clarification.

Still in relation to the section on controlled localities, the PNA makes a statement 'The main purpose of this is to ensure patients in rural areas, who might have difficulty getting to their nearest pharmacy, can access medicines they need'. Where there are GP dispensing practices located in market towns where the patient passes the pharmacy before going to the GP practice and on the

return journey the LPC is not sure how the purpose of the regulations is fulfilled by the practices being able to dispense, and therefore how the pharmaceutical needs of those patients are met.

The LPC raises this latter point as at the bottom of page 10 in the section headed **Access to Pharmaceutical Services**, there is a statement that dispensing doctors increase the availability of pharmaceutical services in rural areas. However, dispensing doctors do not provide a pharmaceutical service, they provide a dispensing service. There is also a statement that states the majority of pharmacies provide a prescription collection service, which also needs to state that this is not commissioned by the NHS and is a private service.

In section 4.1 the National Picture and the public health priorities for pharmacy. The LPC is concerned that the list of public health priorities for pharmacy is outdated and there is no reference made to any further information about the public health role of community pharmacy. The list presented is very limited and does not present the potential that Commissioners have to optimise the position of community pharmacy in the community.

Emerging evidence from the Healthy Living Pharmacies programme in Portsmouth demonstrates very clearly the improved health outcomes that may be achieved through community pharmacy and the LPC would ask that this be reflected in the section on public health.

Likewise with the reference to the Ambitions for the South West, there is no mention of the ambitions on improving care for patients with long term conditions that we consider should be included.

### **Section 5.0 Localities Definitions and Descriptions**

The PNA clearly states the approach to agreeing localities and the division of the PCT area into market towns in line with the JSNA. The downside of this approach has been that a number of pharmacies, notably those in Chagford, Bere Alston, South Brent, Bampton, Willand, and North Tawton appear to have been excluded from the PNA. The LPC would like to suggest that those small pharmacies that have been grouped into a larger market town be listed separately within the localities to avoid confusion and misinterpretation of the access to pharmaceutical services in those areas.

### **Section 6.0 Local Health Needs**

The LPC would recommend that this section includes some benchmarking against other PCTs either in the South West region or nationally. There is no indication of the disease prevalence for long term conditions other than diabetes and CHD, or what the most common long term conditions are among the practice populations, despite Devon having a relatively high admission rate for respiratory conditions. All of these conditions and more are managed using prescribed medicines, which present opportunities for pharmacists to support patients to get the most from their treatments.

The summaries of the town profiles therefore appear somewhat limiting and there is not a coherent link between gaps in service and community pharmacy provision.

For example, in the Ashburton and Buckfastleigh profile, levels of under 18 conceptions are above average, yet there is no statement that the PCT will work with providers to ensure adequate provision of EHC. There appears to be no provision on a Saturday despite pharmacies being open on Saturdays in those towns.

Similarly in Axminster, the levels of under 18 conceptions were above average, yet there is no reference made to commissioning EHC from community pharmacy as may be expected.

Bideford has been identified as having above average levels of deprivation, life expectancy is the second lowest in Devon, and the rate of accident and emergency attendances is above the Devon average. Death rates are higher than the Devon average for all causes and all age circulatory mortality. There are areas where community pharmacy could effectively help to meet some of those high health needs, for example, through effective utilisation of the contractual framework in relation to public health campaigns, targeted medicines use reviews in supporting the best use of medicines and smoking cessation.

This is a similar picture across all of the 28 market towns.

An indication of the hospital admission rates by locality would identify where community pharmacists may contribute to care pathways and maximise the use of the community pharmacy contractual framework.

Ensuring that medicines are used safely and effectively improves outcomes for patients and reduces the risk of hospital admissions and non adherence medication is a significant challenge in managing long term conditions. The LPC expects to see a more prominent role for pharmacy in ensuring patients maximise their medication identified in the PNA.

Although there is reference in the overview of health needs to the fact that Devon has an older population compared to the national average, no link is made to the pharmaceutical needs of an older population and how community pharmacy may meet those needs.

The LPC expected to see reference made to the recent Care Homes Use of Medicines (CHUMS) Study commissioned by the Department of Health that emphasised the role of community pharmacies and GPs in improving medicines management in care homes, ensuring adequate review and access to the same level of input as any other patient group. The LPC considers that the PNA needs to reflect the pharmaceutical needs of this group of patients and how it intends to commission services to meet those needs.

There is no mention of the chlamydia screening service currently commissioned through community pharmacy or how pharmacy is being integrated within the NHS Devon sexual health strategy.

Community pharmacies are encouraged to submit a summary of the results of their annual patient satisfaction survey to the PCT identifying areas of strength and weaknesses. This could be usefully included in the PNA and used to identify areas that may need support from the PCT or as a baseline for service development.



Community pharmacies were surveyed at the start of the PNA development to identify their current services and what services they would like to be enabled to provide in the future. There is no reflection of the latter in the PNA. However, the community pharmacy network has a good knowledge of their local population and patient groups, the LPC feels this information would help to identify potential health needs and consequently the omission of this data in the PNA leads to a gap in the health needs analysis and future scoping.

### **Section 10 Shaping the Future**

This section describes the principles of a community pharmacy strategy for NHS Devon which are very sound. However, the document needs to set out how the PNA will be used to inform the development of a community pharmacy strategy and how this will be linked in with commissioning priorities. The PNA needs to be more explicit about what it intends to do about filling any gaps that have been identified and how it intends to support the development of community pharmacy services in line with the direction set by the Pharmacy White paper and the NHS White Paper. In particular, around supporting patients to make the best use of their medication and the public health role of community pharmacy.

Other developments that need to be considered in shaping the future will include Release 2 of the Electronic Prescription Service which will involve the necessity for service redesign for prescribers and dispensers. How NHS Devon intends to manage the process for implementation of EPS should be included in the PNA.

The LPC also wishes to stress the importance of the Medicine Use Review Service in supporting patients who are recently discharged from hospital, and consider that the PNA should reflect this as an area of development either to facilitate patients having an MUR before admission or post hospital discharge depending on the circumstances.

Finally, the LPC feels it is important that account should be taken of how pharmacy can contribute to the QIPP agenda; there are many examples of how pharmacy services can contribute to the reduction of waste and improved efficiencies in patient care that have not been addressed in this document.

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