

Torbay Care Trust

Pharmaceutical Needs Assessment Consultation Document October 2010

Devon LPC Response

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 Torbay PNA does not set out clearly what its' purpose is. It 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 Torbay. 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.

Community pharmacy services at all levels fit in well to the promises Torbay Care Trust highlights as part of its strategic plan yet there is no reference made to this in the PNA and how the pharmacy contractual framework could be developed to help the Torbay Care Trust meet those promises.

The LPC also expected to see reference made to the NHS White Paper "Equity and excellence: Liberating the NHS" within the Executive Summary and appropriate links made throughout the document.

The NHS QIPP Programme is referred to on page 6 of the Executive Summary. 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. It is not clear in the paragraph relating to QIPP what services are meant in the sentence "services which could contribute to the QIPP programme". In addition, the LPC is not clear about why there is a statement to say that the scope to develop new services is limited and priority will be given to "invest to save" developments. The LPC would like to point out that the community pharmacy contractual framework if utilised effectively provides many opportunities to improve health outcomes for patients and to help reduce health inequalities. It is the view of the LPC that the PNA needs to include an assessment of how the services included in the pharmacy contract support the health priorities for Torbay.

The PNA does not demonstrate how seasonal trends or variations in population impact on the health needs or services required in Torbay; although the LPC would have expected this given that the population of Torbay increases considerably over the holiday period.

Page 7 states that advanced services should not be provided for less than 75 hours a week in a 100 hour exempt pharmacy. The LPC considers that advanced services should be provided for 100% of the pharmacy opening time.

Section 3 Overview of the area and health needs

This section is a useful summary of the area. For the purposes of planning the development of pharmaceutical services it would be helpful to include some information about forecast changes in population structure and what this would mean for the PNA. There is no reflection of the demographics in age distribution or what the level of over 75's is compared to the national or regional position, although Torbay's Strategic Plan (updated in February 2010) forecasts an increase to 26,000 people aged 75 and over, together with a higher prevalence of people living with chronic illness.

Section 3.11 highlights the top seven health needs for Torbay, there needs to be an explanation of what this means in terms of ensuring adequate access to pharmaceutical services and what those services would include. For example, Torbay is amongst the worst in England for teenage pregnancy; therefore we would expect to see a statement about how pharmaceutical service provision could support the Care Trust in reducing unplanned teenage pregnancies.

Although there is reference to the elderly population and the need for access to social care services, it is surprising that there is no 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. As the Care Trust has recently decommissioned the pharmacy advice to care homes service, 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.

Section 4 Localities – definition and description

The LPC agrees with the definitions of the localities.

Section 5 Local Health needs

The descriptions of the locality health needs are helpful. However, 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, or what the most common long term conditions are among the practice populations, although the Torbay Strategic Plan states an intention to work towards reducing mortality rates from cardiovascular disease and cancer. The LPC also expected to see some indication of the prevalence rates for respiratory conditions as Torbay has one of the highest admission rates for asthma and COPD in the south west region. 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.

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.

Section 8 Current Service Provision – Torbay Overview

Section 8.7 comments on the number of community pharmacies in Torbay and points out that there may be a surplus. If this is to be included in the PNA it would be more meaningful if there was a benchmark against national provision and comparison with the national picture, and whether this is a consistent picture with other PCTs in the ONS peer group.

Reference is made in section 8.3 to the funding of the public health campaigns; this needs to be set in the context of the national contractual framework and the fact that this is funded through the global sum rather than a local payment. The section would benefit from a conclusion setting out whether the Torbay Care Trust considers that access to essential services is adequate and whether or not any gaps have been identified. Addressing risk taking behaviours and improving lifestyle choices appears to be a key priority for Torbay contained in its Strategic Plan and JSNA and this needs to be reflected in the PNA.

Similarly with the section on advanced services (Medicines Use Reviews). Although there is a link to the website that contains the specification for advanced services, not all readers may have internet access. Therefore the LPC would like to see a brief description of the advanced service and what the overall aim is. As all pharmacy contractors in Torbay are providing medicines use reviews, the distribution of consultation areas across Torbay would assist in identifying potential areas for development of enhanced services which could be incorporated within the PNA.

Section 8.8.3 describes in some detail the type of incidents that involved community pharmacy in the last year. As there are no identifiable trends this section should be excluded as it doesn't add anything to the document. 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 Care Trust or as a baseline for service development.

Sections 9 – 11 inclusive outline existing service provision by locality. This section needs to include a brief description of what services are currently commissioned from pharmacy contractors, and what the aims are for each service. The Torbay Care Trust needs to include statements about whether it is considered that the current level of service provision is adequate to meet the needs of the local population. Where there are gaps identified, it is not clear what the commissioning intention is and if there is a gap identified, how Torbay Care Trust will meet the need, for example, by supporting existing providers.

There is no mention of the chlamydia screening service currently commissioned through community pharmacy or how pharmacy is being integrated within the Torbay sexual health strategy although again, in other strategic documents produced by the Care Trust mention is made of working with community pharmacists to provide access to the C Card scheme for young people.

There are also local discussions currently taking place about pharmacy supplying hormonal contraception and this needs to be reflected in the PNA particularly as teenage pregnancy is one of the top priorities. More use could be made of the contractual framework and a mapping exercise identifying which health priorities could be impacted upon through the pharmacy contract would help to put this into context.

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 14 Shaping the Future

Item 14.2.1 describes areas where there is a gap in the provision of essential services. The PNA needs to be more explicit about what it intends to do about filling these gaps 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.

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.

The PNA states that if services are to be commissioned there would have to be a reduction in spend in other areas. The use of MURs in patient pathways has been demonstrated to contribute to reducing hospital admissions for certain conditions and this needs to be explored further in Torbay.

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 the Care Trust intends to manage the process for implementation of EPS should be included in the PNA.

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.

Sue Taylor
Chief Officer, Devon LPC