

NHS Plymouth

Pharmaceutical Needs Assessment

Devon LPC response to the consultation December 2010

Introduction

The Devon Local Pharmaceutical committee (LPC) is the body that represents community pharmacy contractors on NHS matters with the Primary Care Trusts (PCTs) in the area under the provisions of the NHS Act 2006 and seeks to secure the best possible NHS services provided by pharmacy contractors. The LPC welcomes the opportunity to respond on the draft pharmaceutical needs assessment for Plymouth.

Within the draft PNA, the LPC welcomes the acknowledgement by NHS Plymouth that Community Pharmacies are well placed to make very strong positive contributions to the significant agenda for improving health, reducing health inequalities and financial health of the health economy in Plymouth. However, the PNA does not mention the recent NHS White Paper (Equity and Excellence – liberating the NHS) which states that *“Pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health.* The LPC recommends that this is referenced in the final PNA.

The LPC also welcomed the recognition of the aims of the Pharmacy White Paper (Pharmacy in England; Building on strengths – delivering the future, 2008) which included:

- a shift in emphasis to include provision of clinical services;
- a wider range of services available through pharmacies, exploiting their convenient locations and extended opening times; and
- greater use of the clinical skills of pharmacists and the talents of other pharmacy staff.

However, as a general point the LPC feels that there should be included in the final PNA a stronger consideration of the real opportunities that are available to utilise the accessibility and skills of the community pharmacy team as highlighted in the two White Papers mentioned above; as should the recently published Public Health White Paper, *Healthy Lives, Healthy People* which states that a radical new approach to addressing public health needs is required by seizing opportunities – the PNA provides such an opportunity.

Health Needs

Although there is a fairly robust description of the health needs of the population of Plymouth, the LPC was surprised to see that there was no comparative data with other areas in the south west, or nationally. In this respect the LPC felt that the PNA was an “inward looking” document, from which it would be difficult to ascertain where the focus should be in terms of health improvement and where services should be prioritised.

Public Health Priorities for Pharmacy

The PNA refers to the Department of Health Publication “Choosing Health through Pharmacy: A Programme for Pharmaceutical Public Health 2005-2015” and a table of public health priorities. Whilst this is a good starting point, the LPC feels it is very limiting in terms of identifying the community pharmacy offer to public health priorities, particularly given the evidence currently emerging from the Portsmouth Healthy Living Pharmacy Framework.

In the final version of the PNA, the LPC would like to see mentioned the intention to take the learning and benefits of the Portsmouth model as a tool for commissioning services from community pharmacy against need and capability. The LPC would like to begin to work with NHS Plymouth at an early stage to develop the ways in which the government recognises the potential for the community pharmacy contribution to public health: ‘Healthy Living Pharmacies’, ‘NHS Health Checks’, and accessibility by large numbers of the population to ‘a valued and trusted health resource’ as highlighted in the Public Health White Paper.

Public Health Indicators related to community pharmacy

The LPC would comment specifically on the following public health indicators identified in the PNA.

1. Teenage pregnancy - rates remain undesirably high although without comparative data against other PCT areas it is difficult to know whether the rates in Plymouth are better or worse than other PCTs. By reducing any barriers to becoming accredited to deliver EHC and advertising the service to the public, pharmacy could support the reduction of the current rate. This could then be further developed into a full sexual health service including awareness, education, provision of contraception and the screening and treatment of sexually transmitted infections
2. Chlamydia screening – there is limited information on unmet need within the PNA and how NHS Plymouth is performing against the local and national targets. However, chlamydia screening is currently only available from a limited number of pharmacies and an expansion of this service together with innovative marketing of the service is sought by the LPC.
3. Chlamydia treatment – again, the access through a pharmacy delivered PGD is extremely limited in Plymouth although there is evidence that the service works well; expansion in the commissioning of this service would significantly improve access to treatment as has been demonstrated elsewhere in the region and nationally.
4. Smoking in pregnancy and parents who smoke – smoking cessation support is not currently commissioned through pharmacy although a voucher scheme for the supply of nicotine replacement therapy is shortly to start in a number of pharmacies

in Plymouth. The addition of a protocol for NRT and a PGD option for non-NRT (nicotine replacement therapy) intervention when NRT fails to support a patient quit should also be available through community pharmacies to support improved outcomes for the local population.

- Emergency Admissions for circulatory diseases (under 75s) and circulatory disease mortality – the LPC’s view is that the integration of medicines supply, adherence support and monitoring within community pharmacy into care pathways and plans will deliver improved health outcomes for patients with long-term conditions such as diabetes, asthma, COPD, cardiovascular conditions and mental health. This can be achieved through targeting Medicines Use Reviews (MURs) and incentivising additional interventions by commissioning bolt-on services to them (for example, an MUR Plus service), and extended further into a fuller medicines management service as pharmacists develop expertise in specific conditions.

There is also the opportunity to support patients before elective admissions to hospital and on discharge. NHS Plymouth has already worked closely with the LPC in developing a targeted MUR for patients newly discharged from hospital. This could be developed further to include pre admission to hospital for medicines reconciliation. MURs should be considered as part of pre-planned and post-planned hospital admissions to reduce the rate of medicines related admissions.

Finding smarter ways to support long-term conditions will become increasingly important as it is a priority for the government and the NHS.

5. Care homes –the LPC was surprised to see no mention made of the work currently under way in Plymouth in response to the CHUMs report on safer prescribing and dispensing for people living in care homes. Support for safe administration and improved adherence will reduce waste and hospital admissions in this patient group. The LPC is involved in the multi disciplinary steering group working on the medicines management process in care homes and would like to see a stronger engagement with those pharmacies that already have relationships with care homes through the supply process.

Self Care

The LPC noted the sections on cancer mortality, social deprivation and vulnerable families. Community pharmacy is located in the heart of local communities. In the recently published strategy for public health in England, it is stated that “... there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and reduce health inequalities.” During a 12 month period patients with long term conditions might reasonably be expected to see their pharmacist on 12 occasions, specialist nurses at best twice a year, and their GP once. They have three times more consultations than doctors, and are the second most trusted health professional. The LPC believes very strongly that community pharmacy has an integral part to play in health promotion, self care and the



management of long term conditions and that this should be reflected more strongly in the PNA.

Current Service Provision

Access to community pharmacy in the Plymouth area is described in terms of drive time. The LPC feels that there should be an overview of accessibility for those members of the public who do not have access to a car and may have difficulty in accessing public transport.

The LPC has been involved in the steering group that has developed the framework for the PNA across Devon, and has welcomed that opportunity. However, we believe that NHS Plymouth should have engaged with the public before consulting on a draft PNA to ensure it has a full picture of the requirements of the local population.

While the community pharmacy provision in each locality is listed fairly comprehensively, there is no apparent link made between the current service provision and the health needs of the locality, and whether these are being met.

There is a statement that two pharmacies in Plymouth provide 100 hour a week pharmacy services. There should be a statement to the effect that if the 100 hour pharmacies applied to reduce their hours that this would lead to a reduction in service and consequently a gap in service provision.

General Comments

We acknowledge that NHS Plymouth has made some progress in utilising the accessibility and skills of the community pharmacy team through the commissioning of a limited range of local health and wellbeing services. The LPC believes that NHS Plymouth should now revisit its assessment of gaps in existing services and commission those which can be filled by the existing pharmacy network.

We welcome the opportunity to work collaboratively with NHS Plymouth and local commissioners to improve the availability of pharmaceutical services and the delivery of commissioned outcomes. We will work with NHS Plymouth to review the PNA once the new Market Entry regulations are released and support the development of the final version.

Finally the LPC acknowledges the positive comments made by the authors of the PNA regarding the working relationship with the LPC and the positive future for community pharmacy in Plymouth.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Sue Taylor", written over a horizontal line.

Sue Taylor (Mrs)
Chief Officer
Devon LPC