

The White Paper Team
Room 601
Department of Health
79 Whitehall
LONDON
SW1A 2NS

4th October 2010.

Dear Sir/Madam,

Liberating the NHS: Commissioning for Patients

The following are the comments of the Devon Local Pharmaceutical Committee (LPC) in response to the Department of Health White paper “Liberating the NHS: Commissioning for Patients.” The LPC represents 231 community pharmacy contractors across Devon.

GP Commissioning and the NHS Commissioning Board

Firstly, the LPC recognises that in future the commissioning of services will be done predominantly by GP consortia and that the public health function of PCTs is being transferred to Local Authorities and possibly regional offices of the NHS Commissioning Board. Although it seems clear that the NHS Commissioning Board will have responsibility for the four independent primary care contractor groups it is unclear the level to which this will extend and which “body” will have responsibility for commissioning services.

The LPC seeks a clear definition of responsibilities and a clear accountability framework for the proposed commissioning consortia. One of the major risks to the plans set out in the White Paper is that of conflict of interest. The LPC believes that commissioning decisions should be made by a collective group of health and social care providers based on care pathways, rather than a uni-professional group. Local healthcare providers including GPs, community pharmacists, dentists, opticians and allied healthcare professionals have a wealth of knowledge and understanding about their local populations and the potential to make significant and valuable contributions to local decision making processes about local health need and service delivery.

At the very least there must be a clear process for clinical engagement at both national and locality level, and GP commissioning consortia must be held to account for ensuring that the process is followed.

The LPC considers it essential that the roles of commissioners and providers are kept entirely separate. The processes of commissioning including decision making needs to be transparent and well communicated to the whole health community. Whilst words such as ‘collaboration’ are used within the White Paper, the framework of procurement, tendering

processes and competition rules will make this very difficult to achieve. In addition, it is critical that all potential providers of services should have access to all relevant information to assist with service development but also equal access to support in assisting with the interpretation of data and with development of business cases and/or the tendering processes

Public Health

The majority of pharmacies are situated at the heart of communities; they have good relationships with their patients and can identify issues that patients have in terms of improving services or the need for new ones. The LPC believes very strongly that community pharmacy has a major role to play in improving the health of local communities and must be integrated at a local level as part of the whole system of health care and prevention of ill health.

Design of local commissioning consortia should take this into account.

If the Local Authorities are to assume responsibilities for the commissioning of public health services through the Health and Wellbeing Boards, community pharmacy must be represented on the Health and Wellbeing Board along with other relevant providers. It is well evidenced that community pharmacy has a major part to play in public health services, for example, sexual health screening and prevention of unwanted teenage pregnancies; smoking cessation; harm reduction relating to drugs misuse as well as chronic disease management and self care.

The LPC seeks assurance about the ongoing commissioning arrangements for these locally determined services and where the responsibility for these will rest in the future.

Strong community pharmacy representation will act as a conduit for these issues to be fed into Board level discussions; as will effective patient and public representation to ensure patient choices are taken into account when commissioning decisions are made.

Infrastructure

Over the coming months and years there will be a lot of changes as PCTs move closer towards abolition and GP consortia, first in shadow form but then in their substantive roles. It is important that there are effective levels of communication about the changes so that **all** health and social care providers are kept informed of developments. Consistent information sharing at the outset should then set the standard for when the changes are implemented.

The LPC seeks clarification on the role of local representative bodies and how it is expected that they will be structured to best reflect the local NHS landscape to ensure effective local representation of independent contractors in the most appropriate way,

Yours sincerely



Sue Taylor (Mrs)
Chief Officer