

**Oxfordshire Pharmaceutical Needs Assessment  
Paper for the Joint Health Overview & Scrutiny Committee Meeting  
on 20<sup>th</sup> May 2010**

## **1. Purpose**

The purpose of this paper is to provide a briefing for the Oxfordshire Joint Health Overview and Scrutiny Committee on the development of the Pharmaceutical Needs Assessment (PNA) for Oxfordshire PCT. The paper outlines the regulatory requirements for PCTs including the timescale and the need for consultation in the production of the PNA. It incorporates the project plan for delivering the PNA on time and an update on the key milestones.

## **2. Background**

In July 2007, the Minister of State for Public Health, the Rt Hon Dawn Primarolo, MP announced that the Department of Health would publish a pharmacy White Paper. *Pharmacy in England: Building on strengths - delivering the future* was accordingly published on 3 April 2008. It builds on *A Vision for Pharmacy in the new NHS* launched in July 2003 and *Our health, our care, our say: a new direction for community services* published in January 2006.

The White Paper set out the Government's programme for a 21st century pharmaceutical service and identified practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services in the coming years.

The White Paper stated at paragraphs 1.7 and 1.8: *'As part of the development work to align pharmacy with the primary and community care strategy, the Government intends to publish, for consultation later in 2008, fuller information on a number of proposals for structural change. That consultation will comprise both actions to be taken in the medium term – including any necessary revisions to primary legislation – and actions to reform the current regulatory system pending those revisions'*.

Following consultation in the autumn 2008, two clauses were proposed for the Health Bill 2009 to:

- require PCTs to develop and publish pharmaceutical needs assessments (PNAs); and
- then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision

The Health Bill received Royal Assent in November 2009 and is now known as the Health Act 2009. It contains the powers needed to require PCTs to develop and publish PNAs and then to use PNAs as the basis for determining

## Oxfordshire

market entry to NHS pharmaceutical services provision (the second provision will be subject to further regulations).

In July 2009, a regulatory advisory group drawn from interested parties was set up and started its work to translate these proposals into reality. The Group's terms of reference is: *'subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS PCTs to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services'*

The new Regulations - The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 are a result of their work on the first clause to require PCTs to develop and publish PNAs.

Development of the PNA is about the PCT's commissioning intentions for pharmaceutical services ie. what services the PCT needs to commission to meet the pharmaceutical needs of the people of Oxfordshire and how it will do that.

### 3. Timelines for publication of first and revised assessments

Subject to Parliamentary process:

- The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 anticipated to come into force in May 2010.
- PCTs will be required to produce **FIRST** assessment **by 1 February 2011**.
- PCTs will be required to publish a revised assessment within **three years** of publication of their first assessment.
- PCTs will be required to publish a revised assessment as soon as is reasonably practical after identifying changes to the availability of pharmaceutical services since the publication of the PNA where these changes are relevant to the granting of applications made under Regulation 5(1) unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

### 4. Information and matters to consider for PNA's

Regulation 3G outlines a series of matters that PCTs must have regard to when developing their PNA. These can be broadly summarised as:

- the Joint Strategic Needs Assessment (JSNA);
- the needs of different patient groups;
- the demography of the PCT area;
- the benefits from having a reasonable choice in obtaining services;
- the different needs of each of the localities;

## **Oxfordshire**

- the effect of pharmaceutical services provided under arrangements with neighbouring PCTs;
- the effect of dispensing services or other NHS services provided in or outside its area; and
- likely future needs.

### **4.1 Joint Strategic Needs Assessments**

Although the PNA will need to be a separately identifiable document, it will also be seen as a key component of the JSNA and will fit with the PCT's strategic plan. The JSNA will identify the local priorities and it is important that the two documents are not developed in isolation. Whilst the JSNA will identify the overall health needs and priorities of the population, the PNA will focus on the contribution community pharmacy and dispensing appliance contractors can make in meeting these needs and priorities.

### **4.2 Needs of different patient groups**

PCTs should take into account and reflect in their PNAs the needs of different patient groups that share one or more of the attributes listed in regulation 3G(1)(b). These attributes are age, disability, gender including gender reassignment, race, religion or belief and sexual orientation.

### **4.3 Reasonable choice in obtaining services**

PCTs will already be familiar with the concept of reasonable choice in relation to pharmaceutical services and providers of such services following the changes from April 2005 when explicit criteria of choice were introduced to the assessment of adequacy of service provision. Clearer emphasis was placed on promoting choice for people in order to promote more competition.

Although competition is not specifically mentioned in these Regulations, the following is an indicative list of possible factors to consider in determining under regulation 3G(1)(d) the benefits from having a reasonable choice in obtaining services:

- the level of access;
- choice and diversity in the locality;
- innovation in service delivery;
- services to specific populations/to meet disease needs; and
- the overall longer-term impact.

## **5. Consultation**

The NHS Act 2006 does not impose a minimum (or maximum) period for a consultation. PCTs may choose, but are not obliged, to follow the Government's Code of Practice on Consultation. This stipulates that consultations should normally last for at least 12 weeks with consideration

## Oxfordshire

given to longer timescales where feasible and sensible. For PNAs, however, PCTs will be required to give the persons listed in regulation 3F(1) a minimum period of 60 days in which to make their response (*regulation 3F(3)*).

Regulation 3F requires PCTs to consult on a draft of their PNA at least once during its development (*regulation 3F(2)*). Regulation 3F(1) lists those persons who must be consulted. However, PCTs will be able to consult more widely if they so wish. Each PCT must consult the following persons at least once during the process of making the assessment on a draft of the proposed PNA:

- any Local Pharmaceutical Committee for its area (including one for its area and that of one or more other PCTs);
- any Local Medical Committee for its area (including one for its area and that of one or more other PCTs);
- the persons on its pharmaceutical lists and its dispensing doctors list (if it has one);
- any LPS chemist with whom the PCT has made arrangements for the provision of any local pharmaceutical services;
- any person with whom the PCT has made arrangements for the provision of dispensing services;
- any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of the PCT has an interest in the provision of pharmaceutical services in its area;
- any local authority with which the PCT is or has been a partner PCT;
- any NHS trust or NHS foundation trust in its area; and
- any neighbouring PCT.

### 5.1 Types of Consultation

In order to have meaningful consultation, PCTs will need to use a variety of methods. PCTs will need to consider the demographics of their population when deciding which methods to use. It is unlikely that the use of just one method will be sufficient.

In Oxfordshire we will do the following;

- undertake a Patient Survey to ascertain what people use pharmacies for and what they would like to use pharmacies for
- undertake focus groups and individual interviews to ascertain the views of people in the following priority groups, as identified in the PCT's strategy;
  - *Older People and Carers*
  - *People with long-term illnesses/conditions*
  - *People with Mental Health conditions (low grade conditions)*

- *People in deprived communities - Banbury, Oxford City*
- *Parents of young children*
- *Young People 16-24*

- upload the draft PNA to the PCT website and seek comments online
- send hard copies of the PNA with a consultation reply template to those persons listed in regulation 3F
- hold public and professional stakeholder events in September and October
- analyse and report on the feedback

The PCT will be required to publish in its PNA a report on the consultation (*paragraph 7(c), Schedule 3A*) and this should include analysis of the consultation responses and in particular, give reasons, where issues have been raised in response to the consultation, they have not been adopted.

## **5.2. Patient Survey**

An important element of any needs assessment is to capture the view of current and potential services users to understand their perspective and to identify actions which will ensure the successful implementation of services arising from the needs assessment. A questionnaire was developed by the PCT with support from LINKS, the Local Pharmaceutical Committee and Webstar Health.

NHS Oxfordshire undertook a postal questionnaire in January and February 2010 which achieved a response from 1404 people (23%) out of a sample of 6,114 people registered with Oxfordshire GPs. The questionnaire covered the current use of pharmacy services, preferences for, and satisfaction with services, prescription medicines use and access to pharmacies. The responses to the questionnaire provide a very valuable insight into the views of patients that can be used immediately to inform the PCT's plans for pharmacy services.

The highlights from the questionnaire included:

- High levels of satisfaction with pharmacy services which extends across Oxfordshire. The results showed that privacy in pharmacies remains a problem even though most pharmacies have consultation areas. This suggests that there is work that needs to be done to change the way in which pharmacies use private areas.
- Low levels of knowledge of extended pharmacy services but a strong willingness to use pharmacies for these kinds of services in the future. This suggests there is more that can be done to match patients' perceptions with their willingness to use pharmacies in new ways.

## Oxfordshire

- People responding to the questionnaire were more likely to report problems accessing pharmacy services during “normal” opening hours than

during the out of hours period (6pm – 8am). This suggests that lunchtime closures or pharmacist absence over lunchtime can be a barrier to access in some areas.

- There is a significant group of people in Oxfordshire that are not getting the best from their medicines. This suggests that there are opportunities to explore how pharmacists could help patients with the practical problems that they experience.
- Finally those patients that get dispensing services from their GP told us this is important to them.

The results have provided a unique and valuable insight into the views of patients which will be useful in developing the PNA and planning pharmacy services in the future. The results provide a foundation on which we can develop further work to explore the important themes that have emerged from the questionnaire. The full report of the survey results will be available on the PCT website from 24<sup>th</sup> May.

A postal questionnaire has limitations, generally the response to unsolicited, anonymous (i.e. where no follow up is possible) is generally poor. The method used to select respondents omits persons that are not registered with GPs and a written questionnaire, by its nature, excludes those with low literacy levels. The PNA questionnaire has succeeded in securing a very good response rate from a broad cross section of respondents across Oxfordshire. It has provided valuable insight into how patients use pharmacies, their views on current and future pharmacy services and their experience of using medicines.

During May and June further work with patients will be focused on patients and groups of patients that have been excluded through the process used. Ipsos Mori will assist the PCT with work using qualitative methods to both close these gaps and to explore important themes in greater depth. The results suggest that the following groups should be focused on *Older People and Carers, People with long-term illnesses/conditions, People with Mental Health conditions (low grade conditions), People in deprived communities - Banbury, Oxford City, Parents of young children and Young People 16-24*

### 6. PNA development in Oxfordshire

The development of the draft PNA so far has included input from within the PCT of pharmaceutical advisors and medicines management team, the primary care contracting team, planning and system reform team and the public health directorate. Draft copies have also been shared with the Local

## Oxfordshire

Pharmaceutical Committee (LPC) for their comments and with stakeholders who attended a workshop in January 2009.

In order to take forward the PNA, a PNA Steering or Development Group is suggested by the Department of Health. In Oxfordshire the PNA Steering Group membership is;

Head of Primary Care Contracted Services (chair)	G Hope
Head of Medicines Management (deputy chair)	J Dandridge
Pharmaceutical Advisor	K Holborn
Finance and Contracting Manager	C Hobbs
Primary Care Managers Pharmacy	S Williams/S McGuinness
Pharmaceutical Contracts Service Manager TVPCA	J Blight
LPC Chair	S Painter
LPC Chief Officer	F Castle
LPC/ contractor rep	R Ahmed
LPC/contractor rep	T Wood
LMC representative	L Silver/P Roblin
LINKs	J Nunn-Price/M Judge

### 6.1 Exploring future provision and potential new services

In January 2009 the PCT hosted a stakeholder workshop to discuss the early draft Pharmaceutical Needs Assessment. This workshop had representation from the PCT Commissioning and Public Health Directorates, members of the PCT Pharmacy Applications Group, the primary care contracting team, local Community Pharmacy Contractors, the Local Pharmaceutical Committee, Hospital Pharmacists, the Local Medical Committee, dispensing and non dispensing GP Practices, Practice Based Commissioning Consortia and a patient representative via the LINKs.

Attendees were asked to look at the draft PNA and feedback as to whether the information presented reflected an accurate picture of Oxfordshire. There were areas identified for further clarification as well as suggested additional information to be included. All comments and suggestions were taken into account and have been incorporated as far as possible into the revised PNA.

As part of the stakeholder workshop the attendees were also asked to identify potential services that could be provided by community pharmacy to meet the needs of the population in Oxfordshire.

Now that the PCT has completed the mapping of current services and the needs of the population there needs to be a process to decide how to address any gaps that might have been identified and in what order. The development of any potential services that the PCT wishes to commission will need to go through a process of evaluation. A proposed evaluation matrix is being developed via the PNA Steering Group.

**Oxfordshire**  
**7. Key milestones**

<b>Date</b>	<b>Milestone</b>	
March 10	Pharmacy Patient Survey Results	
May 10	Health Overview & Scrutiny Committee to discuss PNA process and consultation	
May – June 10	Focus groups & individual interviews	Ipsos Mori to conduct
May – June 10	Survey of pharmacies and dispensing practices	
Sept - Oct 10	Public & professional engagement events	08 September 13 October 14 October 19 October 21 October
6 Sept to 8 Nov 10	60 day consultation	
27 January 2011	PCT Board approve PNA	
1 February 2011	PNA published on PCT website	

**8. Useful links for further information**

Department of Health PNA's Information for PCTs –  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_114952.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114952.pdf)

PNA link on PCT website  
<http://www.oxfordshirepct.nhs.uk/local-services/pharmacists/PharmaceuticalNeedsAssessment.aspx>

The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010  
[http://www.opsi.gov.uk/si/si2010/pdf/uksi\\_20100914\\_en.pdf](http://www.opsi.gov.uk/si/si2010/pdf/uksi_20100914_en.pdf)

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**Date: 5<sup>th</sup> May 2010**