



Pharmaceutical Needs Assessment 2011

Engagement and consultation





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1. Background to the engagement and consultation process

This paper provides an overview of both the engagement and consultation stages and the range of methods used in order to encourage the public, voluntary and community sector, staff and key stakeholders to respond to the consultation questions.

2. Engagement

Prior to the consultation stage, in order to comply with the requirements of section 242 of the NHS Act 2006, Regulation 3F Health Act 2009 and to test the proposals being developed, NHS Kirklees entered into an engagement phase between March 2010 and April 2010.

To make sure that the draft PNA reflected up to date views from patients and members of the public, information already held by NHS Kirklees about their experience of community pharmacy provision was reviewed, this included complaints, Patient Advice and Liaison Service (PALS) queries and previous surveys.

This was supplemented by a short patient questionnaire; which was distributed through NHS Kirklees patient and public involvement team and all community pharmacies. Groups receiving the questionnaire included Voluntary Action Kirklees (VAK), LINK, EPP support group, Readers' Panel, diabetes reference group, Kirklees Council distribution list (KPOS) and the NHS Kirklees database of people expressing an interest to be involved in our work. 305 completed questionnaires were received.

The views of the LMC, LPC, PBC, Kirklees Council, Local Care Direct and community pharmacists were also sought and these views were incorporated into the draft PNA.

3. Consultation

3a. Consultation process

The consultation began on Monday 9 August 2010 to Friday 15 October 2010 (70 days, guidance stipulated that consultation had to be for 60 days). As the consultation period ran over August Bank Holiday it was agreed to extend the consultation period by one week. The consultation stage sought views on the draft PNA by asking three key questions about the PNA:

1. Does the PNA accurately describe the range of current pharmaceutical services available in Kirklees? If not, please indicate and provide evidence where possible of any discrepancies.
2. Does the PNA adequately reflect the likely needs for pharmaceutical services locally? If not, what other needs for pharmaceutical services should be reflected?
3. Are there any other elements which should be included? If yes, please let us know which should be included and why.

And three key questions about the equality impact assessment:

4. Do you agree with the content of the equality impact assessment and does it reflect differing local health needs in terms of ethnicity, age, gender, disability or other specific equality issues?
5. Are there matters not included in the equality impact assessment for consultation which should be? If yes, please let us know what they are.
6. What further information would you like to forward in respect of the equality impact assessment for our PNA?

A range of consultation activities were undertaken during the 10 weeks. These activities fell into four key target groups:

- The general public
- Voluntary and community groups
- Key stakeholders
- Staff

3b. Methods of consultation

i) The general public

A range of methods were used to encourage the public to give their views:

- Consultation document was made available online and included an online response form. A banner was on the front page of the website directing people to a dedicated PNA set of pages/documents.
- A specific email address, contact telephone number and free post address were promoted through the publicity and consultation documents to encourage people to feed in their views.
- Posters and flyers were distributed to all pharmacies to make sure the public were aware of the consultation, the drop-in sessions and how they could give their views.
- Seven drop-in sessions were held throughout August 2010 in each of the localities. The public were encouraged to call in at a time convenient to them. Drop in sessions are unstructured meetings and work on an individual or small group discussion. The meetings are informal and allow for more individual issues to be raised. Notes are taken of any comments made.
- Attended any existing public events:
 - Kirklees Federation of Tenants and Residents Associations - A better place to live event at Ravensknowle Park, Moldgreen
 - NHS Kirklees Annual General Meeting

- Article included in the NHS Kirklees Get Involved, Share Your Views newsletter, letting people know about the drop-in sessions and how to give their views. This is distributed to members of the public and organisations that have expressed an interest in being involved in the work of NHS Kirklees.
- Press release was issued on 4 August 2010.

ii) Voluntary and community groups

Copies of the consultation document were sent with a covering letter which offered a meeting with an NHS representative to discuss the consultation and answer any questions.

These were distributed to the Voluntary Action Kirklees (VAK) database of voluntary and community organisations, LINK, EPP support group, Readers' Panel, diabetes reference group and Kirklees Council distribution list (KPOS).

iii) Key stakeholders

In line with Regulation 3F (1) Health Act 2009, copies of the consultation document were distributed to key stakeholders (see appendix A).

In addition to receiving a copy of the consultation document, articles and links were added to GP and Pharmacy Link websites for those groups.

iv) Staff

Articles were placed in the September edition of the staff newsletter Talk About and the August editions of Weekly Talk.

There was a banner on the staff intranet front page directing people to a dedicated PNA set of pages/documents which included an online response form.

Existing staff events were also used as an opportunity to raise awareness of the PNA and to let staff know how they could comment.

- Celebrating the talent event – 28 September – 60 people attended
- Chief Executive briefing – 29 September 2010 – 106 people attended

4. Feedback

The general public

We received feedback from the general public attending the Kirklees Federation of Tenants and Residents Associations - A better place to live event. The comments received can be found in appendix B.

Voluntary and community groups

None of the voluntary and community groups contacted requested a meeting with representatives from NHS Kirklees or sent in any comments.

Key stakeholders

We received feedback via the feedback forms, email, attendance at drop-in sessions and letter. All the comments received can be found in appendix C.

Staff

We received feedback from staff and NHS Kirklees groups/committees, these comments can be found in appendix D.

5. NHS Kirklees formal response to comments received during consultation

At the end of the consultation period the PNA Project Board formally reviewed all comments received and an assessment of changes required to the PNA was undertaken.

Summary

The PNA was generally well received by stakeholders and many of the aspirations were welcomed. Responses received from the LPC and the few pharmacy chains that sent in a response were very similar. A common theme amongst respondents was a request to give more clarity on perceived need for pharmaceutical services at locality level. Contractors showed a willingness to work with NHS Kirklees to achieve its aims and objectives.

NHS Kirklees's formal response to comments provided in relation to the formal questions asked during the consultation and also to general comments received are given below.

1. Does the PNA accurately describe the range of current pharmaceutical services available in Kirklees? If not, please indicate and provide evidence where possible of any discrepancies.

On the whole responders felt that the range of pharmaceutical services was accurately described in the PNA, apart from not describing pharmaceutical services provided outside the NHS Kirklees boundary in any detail. In response, the PNA has been updated with locality maps which pinpoint non Kirklees pharmacies outside a one mile radius of the Kirklees border. Information received from contractors about service provision and hours has been reviewed and the PNA amended as necessary. There appeared to be some confusion amongst responders around enhanced services. The PNA only describes enhanced services commissioned by the NHS Kirklees, as services provided outside this framework cannot be guaranteed and indeed may not be required in our view. To address this confusion terminology has been changed within the document to highlight that enhanced service provision is described only for those services commissioned by the NHS Kirklees.

2. Does the PNA adequately reflect the likely needs for pharmaceutical services locally? If not, what other needs for pharmaceutical services should be reflected?

Although some responders felt information provided in the PNA was adequate, a number of responders highlighted the need for more detail on identified gaps and likely need for pharmaceutical services.

Section 8 of the PNA has been reviewed and more information has been provided under each locality to specify in greater detail the gaps and likely need for pharmaceutical services. A summary box has also been provided containing concluding remarks for each locality.

3. Are there any other elements which should be included? If yes, please let us know which should be included and why.

Identified elements for inclusion have been considered and expansion of section eight together with provision of locality maps (which include GP providers) serves to appease these comments.

4. Do you agree with the content of the equality impact assessment and does it reflect differing local health needs in terms of ethnicity, age, gender, disability or other specific equality issues?

5. Are there matters not included in the equality impact assessment for consultation which should be? If yes, please let us know what they are.

6. What further information would you like to forward in respect of the equality impact assessment for our PNA?

No major comments were made about the equality impact assessment. The Governance Board were particularly impressed with the equality impact assessment and held it up as an exemplary piece of work. No further amendments were made to the assessment.

General comments

Locality boundary changes

Due to the changes to locality boundaries (i.e Mirfield merged with Denby Dale and Kirkburton leaving Dewsbury as a single locality and the two Huddersfield localities merged into a single locality) which occurred just after publication of the consultation PNA document, a view had to be taken about how this would impact on the PNA. It was agreed that the PNA should be updated to reflect the new boundaries, however since these boundary changes did not significantly affect the conclusions previously presented in the original draft PNA we felt there was no need to undertake a further formal consultation.

Pharmacy access and choice

Comments were received about validity of statements relating to opening times in the areas of Denby Dale, Kirkburton, Mirfield and Valleys. NHS Kirklees felt these comments were justified. The comments were supported by local GPs, consortia groups and members of the public as outlined in section nine of the PNA. Furthermore a comment supporting NHS Kirklees stance was received from a local GP during the consultation exercise.

NHS Kirklees has been pleased to hear the positive response from local pharmacies particularly in the Mirfield area wishing to work with NHS Kirklees so as to secure better access which would satisfy patient need. We look forward to progressing work on this in the near future.

Clear statements about choice are now included under each locality in section eight.

Service gaps and identified need

A number of comments were received asking for more clarity at locality level for service gaps and identified need. Although this was outlined in section 11, more detail has been added to section eight under each locality. In addition locality maps showing Pharmacies and GPs within the locality and outside a one mile radius of the border have been provided. Also a new map (map B) showing pharmacies against a background of population density has been added to the group of Kirklees wide maps so as to give a further indication of likely pharmaceutical need within Kirklees

Translation services

There was a view that translation services were freely available to other health providers within Kirklees – which is untrue.

Information technology

Accessibility to emails is of immense importance in the technological era we now live and work in and therefore NHS Kirklees does have a role in encouraging all pharmacies to make the best use of emails and word processing packages. At times of emergency e.g. Flu pandemic, adverse weather conditions etc speedy communication is crucial to the successful management of such situations.

Staff levels

NHS Kirklees felt that staffing levels was an important and justified consideration for NHS Kirklees. The figures presented in the original draft were re-examined and those submitted by pharmacy contractors during the engagement phase have now been used in this final version of the PNA.

Enhanced service provision

Comments around lack of clarity of services required within each locality have been addressed in greater depth at section eight. Commissioning of enhanced services has to be undertaken within a defined resource allocation therefore it is not always possible to commission every single contractor that wishes to provide a service. NHS Kirklees has a duty to prioritise service provision to areas of greatest need and make sure that resources are used as equitably as possible across NHS Kirklees.

Miscellaneous

A number of other comments related to misunderstandings on what NHS Kirklees intended by its phraseology. These have been have been reflected upon and where necessary wording has been changed within the PNA so as to remove unintended ambiguity.

Where points of fact outlined in the draft PNA have been questioned, the original source has been re-examined and wording amended if necessary.

An electronic version of the PNA together with this report are available at:

www.kirklees.nhs.uk/public-information/publications/reviews-and-assessments/

Appendix A

Consultation list

List of consultees to whom the draft version of the PNA for NHS Kirklees was sent.

Name of organisation	Response received
Calderdale and Kirklees Local Pharmaceutical Committee	Yes
Kirklees Local Medical Committee	Yes
Local Pharmaceutical Committees of NHS Barnsley, NHS Bradford and Airedale, NHS Derbyshire County, NHS Leeds, NHS Oldham, NHS Wakefield District	LPC Bradford and Airedale – yes
Local Medical Committees of NHS Barnsley, NHS Bradford and Airedale, NHS Calderdale, NHS Derbyshire County, NHS Leeds, NHS Oldham, NHS Wakefield District	LMC NHS Bradford and Airedale – yes
93 local community pharmacies (including known company head office contacts forwarded to the PCT in respect of PNA communications)	Distributed, responses noted in report
One local dispensing general practice	No
74 local general practices	Yes
4 practice based commissioning groups and nine standalones within Kirklees	No
Commissioning managers of NHS Kirklees	Yes
Public health commissioning managers of NHS Kirklees	No
NHS Kirklees Board	Yes
NHS Kirklees Governance Committee	Yes
NHS Kirklees Pharmacy Panel	Yes
NHS Kirklees Primary Care Commissioning Group	Yes
Kirklees Community Health Service	Yes
Local Care Direct	No
Voluntary Action Kirklees (VAK) and to the 1,200 voluntary and community organisations it represents	Distributed, no response received
Kirklees Council distribution list of key stakeholders.	Distributed, no response received
Local Involvement Network (LINK)	Distributed, no response received
Overview and Scrutiny Committee	No
Local Area Committees	No
Calderdale and Huddersfield NHS Foundation Trust	No
Mid Yorkshire Hospitals NHS Trust	No
South West Yorkshire Partnership NHS Foundation Trust	No
Yorkshire Ambulance Service NHS Trust	No
NHS Barnsley	Yes
NHS Bradford and Airedale	Yes
NHS Calderdale	Yes
NHS Derbyshire County	No
NHS Leeds	No
NHS Oldham	No
NHS Wakefield District	No

Appendix B

Feedback received from the general public

The following comments were received from members of the public.

Kirklees Federation of Tenants and Residents Associations - A better place to live event

Eighty-three members of the public attended the event and 14 PNA consultation documents were taken by members of the public. The following comments were made by members of the public at the event regarding pharmacy services. These were general in nature and not as a direct result of reading the PNA consultation document.

Gentleman thought the pharmacy in Batley that opened till 10pm was brilliant as could get prescriptions dispensed late if received GP call out.

Lady who lived in Birdsedge felt that there was little provision of health services in her local area.

Gentleman felt that more pharmacies were needed in Roberttown and did not understand why a recent pharmacy application was turned down.

Lady commented that pharmacies in North Kirklees did not have consistent opening hours.

Lady commented that Batley Pharmacy (Commercial Street) provided an excellent service.

Lady stated that sometimes pharmacies were not open for dispensing when they should be, because there are no pharmacists present. She felt that this could cause a serious problem if a prescription was needed urgently.

Lady did not like that local pharmacies were being taken over by national companies as they do not offer the same friendly and helpful service.

Lady felt that the minor ailment service should be more readily available.

Gentleman made comment that diabetes services within Spen Valley were not mentioned in the PNA.

Appendix C

Feedback received from key stakeholders using the feedback form

The following comments were received from key stakeholders using the feedback form:

1. Does the PNA accurately describe the range of current pharmaceutical services available in Kirklees? If not, please indicate and provide evidence where possible of any discrepancies.
NHS Calderdale - With regards to the services that NHS Calderdale are aware of the PNA accurately describes the range of current pharmaceutical services
Rowlands Pharmacy - We believe that the PNA does accurately reflect the services on offer to the population. However, the PNA could be improved by the addition of a key to map A enabling individual pharmacies to be identified. In addition, the list of pharmacies and their services could be enhanced by the inclusion of the map code.
Mileusnic Pharmacy - The document appears to describe services adequately, however it implies that 100 hour pharmacies are the doing of the PCT and are good. This is not true in either case in my view.
The Co-operative Pharmacy - Full details of the services provided by our branches are attached as there are some discrepancies within the PNA, along with our branch opening hours. I would disagree that the 10 current enhanced services listed in the PNA are being fully utilised. Lack of funding seems to be the issue. For example branches are no longer receiving free mouth pieces for the carbon monoxide machines used in the stop smoking scheme.
The Lloyds Pharmacies – I feel the accuracy of the services provided is inaccurate as shown in Lloyds Town Street around supervised consumption; this service is provided but not commissioned.
Anonymous, Denby Dale and Kirkburton area – Yes
NHS Barnsley – Unable to comment as don't know the area. No response was received from Barnsley LMC and LPC.
Calderdale & Kirklees LPC The LPC does not believe that the PNA accurately describes pharmaceutical services in Kirklees. Schedule 3A, 1(b) has not been met adequately by this PNA. Not enough consideration has been given to pharmaceutical services provided to patients resident within Kirklees by pharmacies outside the PCT area. Schedule 3A, 3(b) has not been met adequately by this PNA. Not enough consideration has been given to pharmaceutical services provided to patients resident within Kirklees by pharmacies outside the PCT area

2. Does the PNA adequately reflect the likely needs for pharmaceutical services locally? If not, what other needs for pharmaceutical services should be reflected?

NHS Calderdale - The need for pharmaceutical services within NHS Kirklees identified within the PNA appear to be adequately reflected within the PNA. This includes needs identified within the areas which border with NHS Calderdale.

Rowlands Pharmacy - The PNA identifies some further services that could be delivered from pharmacy. However, there is no cross-reference to specific locality need for these identified services within the PNA.

Mileusnic Pharmacy - It causes confusion when one pharmacy of many in Batley is called 'Batley Pharmacy'. Patients and drug companies are confusing the name with other pharmacies.

The hours that pharmacies open is, of course, of importance, however, pharmacies should be judged by quality of service not quantity!

The Co-operative Pharmacy - Yes, the PNA does seem to reflect the likely needs as long as funding is available to provide them and frequent training courses are available to achieve accreditation.

Lloyds Pharmacies – I feel it is difficult to answer whether the PNA reflects likely needs because the gaps are not clear enough in definition and comparisons made by locality.

Anonymous, Denby Dale and Kirkburton area – The PNA is a comprehensive review of current services and highlights areas for future development. As a Pharmacist I feel that Kirklees PCT has a responsibility to commission services that utilise the pharmacist skills to the maximum. I spent considerable time training for the Minor Ailments scheme only to find that this wasn't to be funded in my area. This scheme would have freed up the GP's time as well as improving patient access to health care. The MRSA prophylactic infection control is another example of time and effort expended for the scheme to quietly disappear.

NHS Barnsley – yes, though no mention of how other services such as GP/Dental services in the area have an affect on local need. For example, page 39 states that the opening times of pharmacies in Denby Dale and Kirkburton and The Valleys are adequate to meet need but doesn't state on what basis.

Calderdale & Kirklees LPC

The LPC does not believe that the PNA accurately reflects the likely needs for pharmaceutical services locally.

Schedule 3A, 2(a) has not been fully met. The vague language used throughout the PNA makes it difficult to ascertain what is a current need resulting in a gap in provision. The PCT should be more specific about current needs within Kirklees.

Schedule 3A 2(b) has not been met. The PNA repeatedly uses phraseology such as "potential" and "might be" in relation to current and future unmet need without specifying what future circumstances will need to occur for these to become gaps in provision.

Schedule 3A, 4(a) and 4(b). The LPC feel that the PCT has not been aspirational enough in viewing community pharmacy as a high quality and cost effective provider of pharmaceutical services which could, if provided, result in improvements to the health of the people of Kirklees. Little correlation has been given to NHS Kirklees' priorities and how these relate to pharmaceutical services. The PNA is an ideal opportunity (in fact this paragraph of Schedule 3A directs the PCT do this) to identify how community pharmacy can help deliver the PCT priorities.

Community pharmacy across England and Wales are providing valuable community pharmacy services that tackle many of the priorities listed in the JSNA (2008).

Helping to reduce obesity and tackle hazardous and harmful drinking are recognized interventions deliverable through community pharmacy. These have been mentioned within the PNA but it is difficult to ascertain if the PCT sees these as needs due to the presentation and language used.

The LPC is surprised that support from community pharmacies in the case of future pandemics has not been identified and feel this should be investigated further, linking in with the PCTs own emergency planning processes.

3. Are there any other elements which should be included? If yes, please let us know which should be included and why.

NHS Calderdale - We have asked our LMC to comment on your PNA. We have not received any comments from Calderdale LMC relating to your PNA.

Rowlands Pharmacy - The statements concerning IT infrastructure (e.g. in the executive summary) appear to be outwith the remit of the PCT - there are national discussions occurring, for example, around NHS mail and until these negotiations are completed the PCT will have little or no influence over the use of email in pharmacies.

A statement is made that only pharmacists trained by NHS Kirklees should be able to offer enhanced services within the PCT. We submit that this is unrealistic and that consideration must be given to cross-accreditation via the HAG principles.

The Lloyds Pharmacies – Other elements that should be added is which commissioned services are still open to pharmacy and where the specific gaps are, so that they can be for filled by the current providers.

NHS Barnsley – Explanation of determination of localities.

- Impact of services outside of Kirklees have on the provision/need of pharmaceutical services.
- Consideration of choice of provider of pharmaceutical services.
- Detail of whether gaps in provision in localities are necessary or desirable.
- Maps could include other known providers of services as well as community pharmacies to show better provision of services and reduce perceived gaps.

4. Do you agree with the content of the equality impact assessment and does it reflect differing local health needs in terms of ethnicity, age, gender, disability or other specific equality issues?

Mileusnic Pharmacy - A little too much effort is being put into 'equality'. This, by its nature, makes others feel unequal!

Treat all patients courteously and with a view to helping them.

The Co-operative Pharmacy - Yes, I agree with the aims but will the funding be available to deliver them?

NHS Barnsley – Overall presentation of PNA document is professional though more visual elements (graphs/maps) rather than all text could make document easier to interpret.

Calderdale & Kirklees LPC

The LPC has no comments on this section

5. Are there matters not included in the equality impact assessment for consultation which should be? If yes, please let us know what they are.

The Co-operative Pharmacy – No

NHS Barnsley - Yes

Calderdale & Kirklees LPC

The LPC has no comments on this section

6. What further information would you like to forward in respect of the equality impact assessment for our PNA?

The Co-operative Pharmacy - Our branch opening and services details will be attached to our response

NHS Barnsley - No

Calderdale & Kirklees LPC

The LPC has no comments on this section

Feedback received from key stakeholders via email

The following comments were received from key stakeholders via email:

NHS Bradford and Airedale district

I can confirm that NHSBA has no comments to make on the Kirklees PCT final draft PNA as the decision has been made not to comment on the PNA documents of neighbouring PCTs unless factual errors are identified within the document, as we feel that the responsible PCT is best placed to have an understanding of the needs of its own population. No factual errors were identified, and therefore the PCT has no comment to make.

The LMC said:

YORLMC had the opportunity to consider the above at its recent meeting.

Members noted that the final draft PNA for Kirklees PCT had been forwarded by NHS BA to Bradford LPC and YORLMC for comment as required by Regulations. Members had no further comments to make.

The LPC will be leaving each LPC to comment on its respective PNA. They trust their esteemed colleagues to do the right thing.

Kirkburton Health Centre - John Priestman GP

Sent an email commenting on the following from the draft PNA:

Localities with poorest opening times are Denby Dale and Kirkburton and The Valleys. The number of pharmacies in these two localities is adequate to meet need (particularly after the opening of the three recently approved pharmacies) but longer weekday opening including Saturday and Sunday opening would be welcome.

I would agree with the above. Kirkburton chemist closes on the dot at 6pm, yet we are still seeing patients in the surgery next door then as our last booked patients are at 6pm and often our last 2 or so patients cannot get their prescriptions dispensed next door when they leave us. On our extended opening nights those patients are not catered for either.

Shepley Pharmacy closes for 2 hours a day from 12-2pm.

Kirklees Community Health Services

The operational team at KCHS have read the document and believe that this is excellent. We have no further comments.

Feedback received from key stakeholders attending drop-in sessions

Representative from **Co-operative Pharmacy** attended the drop-in session at Fartown Health Centre, 23 August 2010. He was interested in what impact the PNA would have on the nine local Co-op pharmacies and also how the White Paper would affect the PNA.

Feedback received from key stakeholders via letter

The following letters were received from key stakeholders:

1. Response received from Kirklees Local Medical Committee

Thank you for your Prescribing Needs Assessment document. We have found the scope of the document very helpful in assisting us in understanding the need for any pharmacy applications in parts of Kirklees.

Having discussed this at both divisional and executive level we wish to inform you of our support for these documents.

2. Full response received from Calderdale & Kirklees LPC

The LPC representative was given the opportunity of discussing these views directly with the PNA project Board.

Introduction

This response is submitted by Calderdale & Kirklees LPC in response to the consultation on NHS Kirklees' Pharmaceutical Needs Assessment (PNA).

We welcome the opportunity to respond to this document which has such importance to the future of community pharmacy in Kirklees.

The LPC would like to thank all involved for their hard work in delivering the PNA document to such tight timescales. We would specifically like to thank Lucianne Ricketts and recognise the great amount of effort she has put in on behalf of NHS Kirklees and community pharmacy across the area.

The LPC feel it would be helpful to give some detailed comments in relation to the content of the PNA before answering the specific questions detailed in the consultation document.

Section 2

The LPC does not feel that the PNA document meets all of the objectives outlined on page 3. Specifically we do not think that the current document:

- clearly identifies “gaps in service provision in relation to NHS pharmaceutical services.”
- will enable NHS Kirklees to be able to plan for future services to be delivered by community pharmacy and make sure that any gaps in service are addressed.”

- ensures that there is “a robust commissioning process for enhanced services from community pharmacies which enables them to take part in service redesign.”

These are hugely important objectives if community pharmacy is to be utilised to its full potential within Kirklees. We will address these throughout our response.

Section 3

We do not believe that pharmacies should be expected to signpost to alternative pharmacies where other languages are spoken. Patients will choose where is most convenient for them.

Patients should not have to choose another pharmacy if they do not wish to. Pharmacies should, in line with other NHS providers, have full access to NHS translation services. This access should be publicised to all contractors.

The LPC do not believe that the PCT should be expending resources on encouraging the use of emails and word processing packages. This is operational and the responsibility of the contractor. This should not be a priority and does not have an impact on pharmaceutical needs.

We welcome the highlighting of integration with GPs and believe that MURs are ideally placed as a focus for this.

Section 7

The DDA is a requirement for providers of all services to the public. The LPC feel that the quotation used in the first bullet point, without any context or explanation, may give patients and commissioners higher expectations than it should. The LPC cannot understand why this (and not many of the other services that community pharmacy provides) has been highlighted.

Supervised consumption and needle exchange have both been listed as services that do not meet key priorities. As NHS Kirklees do not directly commission these this is understandable. They do, however, help other commissioning organisations meet their key priorities. This section does not do enough to emphasise this point.

Access to free head lice treatment, whilst not meeting priorities listed in the JSNA, has been and continues to be used to reduce GP attendance for this condition. Despite the changes to the NHS Operating Framework 18 week wait and access to a GP are still important criteria for quality in primary care. This section does not do enough to emphasise this point.

The LPC are concerned that without adjustment to this section these important services may be wrongly identified for decommissioning.

Section 8

More consideration needs to be given to the provision of pharmaceutical services to NHS Kirklees' patients by providers outside the NHS Kirklees boundary. Guidance has recently been provided and the PNA should be updated to reflect this.

The number of appliances dispensed by DACs should be contextualised by using the number of appliances dispensed by pharmacies. This will help demonstrate that community pharmacy continues to play an important part in the supply of appliances.

Acknowledgement should be given to DAC "agency schemes" where patients access the DAC through their local community pharmacy.

Although only one "wholly internet" pharmacy is registered in Kirklees several more pharmacies have an internet presence. This needs to be expanded on as patients accessing pharmacy over the internet are unlikely to know (or care) if the pharmacy is "wholly internet" or not.

On page 17 there is a table of estimated numbers of staff at each level. The LPC question the relevance, reliability and usefulness of this information. This should be removed.

Locality Summaries

Overall there was a lack of comparative objective data for Kirklees when split into the localities within the PNA. The result of this is an inability to prioritise need across Kirklees. More data is required to enable pharmaceutical services to be provided where they are most needed.

When comparable markers are used (i.e. teenage pregnancy) they are inconsistent and so do not allow commissioners or contractors to prioritise areas of need. There is a lack of consistency with needs mentioned in some localities and not in others. One example of this is Drug Misuse. Spen is identified as having the third highest incidence of drug misuse in Kirklees. It is not obvious where has the highest and second highest incidence. This is repeated with a number of pharmaceutical services.

The LPC believe the use of localities as units has resulted in descriptions of issues that are too generalised to enable efficient commissioning of pharmaceutical services. The narrative describing community pharmacy services in the locality does little to address clustering of pharmacies due to its large area.

There are lots of suggestions as to what could

happen in a locality but no detail as to actual needs.

There is no indication of health needs that are already met by community pharmacy provision. Therefore if a contractor gives notice that they no longer wish to provide a service the PCT will need to go back and analyse need.

The document is not specific enough in its language when describing needs and the services that could meet them. Words such as "potential" and "might" will not encourage investment in services or enable the commissioners to use this document in any meaningful way.

Pharmacies have an increasingly important role to play in the care of people with diabetes and dementia. These are both NHS Kirklees priorities but there is no mention of pharmaceutical services that may have met pharmaceutical needs (i.e. Medication Administration Record Schemes for supporting the care of people with dementia and keeping them in their own home and relating diabetes and obesity in relation to weight loss).

Section 9

Reference has been made to patient contacts relating to pharmaceutical services. The LPC think it would be helpful to supplement each bullet point with the number of contacts in relation to that issue to give some idea of magnitude. This is also true for complaints.

The second bullet point on page 35 is untrue. Admittedly some pharmacists do have difficulty with this aspect but many pharmacists do not. This statement should be rephrased to reflect the excellent work a large number of pharmacists do to promote public health.

The fourth bullet point on this page reads as if all pharmacists do not offer disposal of medicines. The LPC is unaware that this is the case. We would contend that this is a patient behaviour rather than a lack of facilities. This is demonstrated by the large amounts of waste medicines pharmacies do receive back and the responses to the PNA patient questionnaire (last bullet point). The tone of these two statements appears to be contradictory.

Home delivery is first and foremost a service to patients. It is not a business enhancement.

The LPC felt that too much weight was given to responses from patients in view of the small sample size. The results are far from having any significance. It would be expected that those patients who were completely satisfied with a service would not take the time to respond.

This section, due to having no statistical significance, should be removed.

The view of the Local Authority adds weight to our comments with reference to unmet needs for support for patients with dementia.

Section 10

Within the section on Access there are several statements that are presented with no evidence:

- Derby Dale, Kirkburton and The Valleys are listed as localities with the “poorest opening times”
- Longer weekend opening hours in the Mirfield area are identified as a gap in service provision.
- Disabled access could be improved across Kirklees.

These points seem to have been deduced from patient questionnaire responses. The LPC would suggest that, on the evidence provided in the PNA, these are wants not needs. If the PCT does feel that they are pharmaceutical needs it is able to commission longer opening hours from contractors to fill them if it feels this is required.

Section 11

Community pharmacists and their teams are highly trained and have undertaken CPD to enable them to provide a whole range of enhanced services since the introduction of the current community pharmacy contractual framework was introduced.

The PCT’s suggestion in paragraph five that this is yet to happen is unfounded. The LPC is unaware of any complaints about community pharmacists’ clinical or consultation skills. Indeed they have demonstrated over the years a great ability to adapt their skills to enable them to provide a high quality, safe and cost effective service to the communities they serve.

Section 12

The PCT have mentioned advanced services. The LPC feels that it would be appropriate to direct all advanced services not just MURs. This will help to future proof the document.

Consultation question 1

The LPC does not believe that the PNA accurately describes pharmaceutical services in Kirklees.

Schedule 3A, 1(b) has not been met adequately by this PNA. Not enough consideration has been given to pharmaceutical services provided to patients resident within Kirklees by pharmacies outside the PCT area.

Schedule 3A, 3(b) has not been met adequately by this PNA. Not enough consideration has been given to pharmaceutical services provided to patients resident within Kirklees by pharmacies outside the PCT area.

Consultation question 2

The LPC does not believe that the PNA accurately reflects the likely needs for pharmaceutical services locally.

Schedule 3A, 2(a) has not been fully met. The vague language used throughout the PNA makes it difficult to ascertain what is a current need resulting in a gap in provision. The PCT should be more specific about current needs within Kirklees.

Schedule 3A 2(b) has not been met. The PNA repeatedly uses phraseology such as “potential” and “might be” in relation to current and future unmet need without specifying what future circumstances will need to occur for these to become gaps in provision.

Schedule 3A, 4(a) and 4(b). The LPC feel that the PCT has not been aspirational enough in viewing community pharmacy as a high quality and cost effective provider of pharmaceutical services which could, if provided, result in improvements to the health of the people of Kirklees. Little correlation has been given to NHS Kirklees’ priorities and how these relate to pharmaceutical services. The PNA is an ideal opportunity (in fact this paragraph of Schedule 3A directs the PCT do this) to identify how community pharmacy can help deliver the PCT priorities.

Community pharmacy across England and Wales are providing valuable community pharmacy services that tackle many of the priorities listed in the JSNA (2008). Helping to reduce obesity and tackle hazardous and harmful drinking are recognized interventions deliverable through community pharmacy. These have been mentioned within the PNA but it is difficult to ascertain if the PCT sees these as needs due to the presentation and language used.

The LPC is surprised that support from community pharmacies in the case of future pandemics has not been identified and feel this should be investigated further, linking in with the PCTs own emergency planning processes.

Impact assessment questions

The LPC has no comments on this section.

The LPC has no objections for its responses to be included in any summary of responses.

3. Full response received from Lloyds pharmacies in Kirklees

This response is submitted by Steve Cuffling Area manager of Lloyds On behalf of all Lloyds pharmacies in Kirklees in response to the consultation.

I welcome the opportunity to respond to the PNA and to work with the PCT to assist in developing or piloting any future services identified as gaps or developments within Lloyds pharmacy throughout the Kirklees area.

I will give you an overview of my comments prior to answering the questions asked.

Overview:

I feel the document lacks detail around clearly defining gaps in pharmaceutical services and does not state whether commission services are open to contractors or whether contractors have expressed an interest to deliver these services, for example Lloyds town street provides supervised consumption but does not get paid for it because this will not be commissioned in this locality even though a local member of the village does want to use the service and the advice given is to send him to another pharmacy that provides the commission service. The patients choice is to use our pharmacy yet we do not get paid for the service and the PNA suggest we don't deliver it either which is incorrect.

Also as part of my branches submission they expressed an interest to deliver any commissionable services available but this does not appear in the assessment.

Supervised consumption and needle exchange have both been listed as services that do not meet key priorities but the PNA does not state what is classed as adequate or desired within each locality which makes the gap more difficulty to interpret.(I would like to express an interest in any gaps identified on behalf of all Lloyds pharmacy branches in Kirklees to develop these services if required and commissioned)

Locality

There appeared to be a lack data for Kirklees as a whole when split into the localities, thus resulting in the ability to clearly see what the priority would be in terms of pharmaceutical needs for services across Kirklees more data would be beneficial.

I would suggest more detail as to actual needs in localities would be better and then what actually the PCT would like to be provided in the localities for **example "each locality the PCT ideally would have 50% of pharmacies providing supervised consumption"** and then a comparison to what was be currently being provided again allowing gaps to be clearly defined and then commissioned accordingly.

The patient responses are a very small capture, which is not a very comparative view when making comments around how satisfied patients are with a service or a complaint. The PCT would need to ensure this is a statistically significant sample to make conclusions on it.

A comment about disabled access could be improved across Kirklees was not then explored as to where, so what? and where is the gap?

Question 1

I feel the accuracy of the services provided is inaccurate as shown in Lloyds town street around supervised consumption this service is provided but not commissioned.

Question 2

I feel it is difficult to answer whether the PNA reflects likely needs because the gaps are not clear enough in definition and comparisons made by locality.

Question 3

Other elements that should be added is which commissioned services are still open to pharmacy and where the specific gaps are, so that they can be for filled by the current providers.

I have no further comments but I do acknowledge the time and effort put in to complete this document and any support the PCT requires in filling any gaps in commissioned services or new services by pilot or rollout would be supported by all the Lloyds pharmacy branches within Kirklees PCT locality.

If you would like to discuss any of this submission further or want to meet to discuss don't hesitate to contact me.

Kind regards

Steve Cuffling

Area Manager Lloyd's pharmacy Kirklees

4. Response received from Boots UK

Section 2

Page 3 - The proposed PNA does not go on to meet the listed objectives. For example the PNA does not clearly identify and state gaps in current service provision.

Section 3

Page 5 – The PNA should be a clear and definitive document on which service commission and control of entry rests. The PCT states that more investigation of GP opening hours compared to pharmacy opening hours is needed in the Mirfield area. This is open-ended and leaves much room for confusion and exploitation. The PCT must be clear on need and service gaps. Boots UK is happy to work with the PCT and GPs in Mirfield to extend its pharmacy opening hours to ensure identified patient needs are met.

Page 5 – Pharmacy contractors should have the same access to NHS translation services as any other NHS service provider. Pharmacy contractors should not be expected to bear the burden of providing this service without the support available to other NHS providers or be penalised for a lack of it. As with many other NHS service providers patients should be free to choose where to access pharmaceutical services.

Page 5 – Use of emails, internet and IT software is a matter for individual contractors. The PNA must not be used to impose restrictions or direct contractors to specific IT solutions.

Page 5 – greater clarity required as to what the PCT means by “We will emphasise in our commissioning the importance of continuity and consistency of pharmacist provision to make sure that the experience of patients reflects our aspirations”. Does inconsistency of pharmacist provision imply or constitute evidence that the service offer is poor or a gap exists?

Section 7

Page 13 – DDA compliance is a separate legal requirement for those who provide a public service. Boots does not understand the relevance of this statement in the PNA.

Page 14 – Boots is surprised there are services listed by the PCT that it has found to be identified as key priorities; namely supervised consumption, needle exchange and disposal of waste medicines. Boots, for example, is supervising methadone consumption from some of its pharmacies, clearly demonstrating demand for the service, yet the PCT does not recognise this and does not wish to enrol these Boots pharmacies on to its enhanced services list. Patients, when asked, clearly want and value the service. Boots is therefore requesting the PNA should be evidence based in order to reflect true demand for these services.

Localities

The PCT must be clear when mapping current service provisions, and therefore potential gaps, whether it is measuring adequacy across the whole of that locality or is sub-dividing the bigger locality into smaller neighbourhoods. For example, Dewsbury and Mirfield locality has six 100 hour pharmacies which include those that open extended hours every weekday and at weekends. Yet the PCT has identified longer weekday opening hours in Mirfield as a potential service gap. Is Mirfield part of the locality or not for access needs?

GPs in Mirfield provide inconsistent clinic hours i.e. some evenings they will get enough appointments to remain open and on other days they will not and therefore choose to close earlier. They also tend to let in patients using the back door which doesn't allow patients access to the pharmacy because that can only happen if practice choose to open the main entrance. This type of ad-hoc systems does not constitute adequate evidence of need nor does it allow a pharmacy contractor to plan regular and effective opening hours. Despite this Boots is happy and willing to work with the PCT and GPs to extend its pharmacy opening hours to meet any identified patient needs.

Appendix D

Feedback received from staff and PCT Groups/Committees

Practice based commissioning staff member

This looks great, just a little note – as Mirfield is now part of the locality of Denby Dale and Kirkburton and not Dewsbury etc and wondered if you had time to amend before it goes out.

Pharmacy Panel

One general observation is that there is little / no mention of choice –need to add some dialogue to indicate the level of choice patients have re the pharmacies they can access – this is inferred re the average walking distances and numbers of pharmacies, but is an area that is often cited in current appeals.

The insertion of the tables showing hours, services and pharmacy names under each locality is essential as the general dialogue without clarity re the pharmacies offering the services isn't that helpful. Tables under each locality will make the PNA more helpful in pharmacy panel meetings to assess an area easily and quickly re service provision, access etc.

Regarding the maps – they are useful, particularly with the inclusion of a key to the maps indicating pharmacy names and addresses.

The potential service developments are a bit vague. Although conclusions in section 11 cover the issues, more clarity is required on pharmaceutical needs per locality to avoid appeals on applications due to lack of clarity in the PNA.

Primary Care Commissioning Group (minutes)

The meeting agreed it was happy with the document.

Governance Committee (minutes)

The Governance Committee acknowledged the production of the draft PNA for NHS Kirklees and the robust process that had been followed during its development and welcomed this as a comprehensive document which read particularly well.

PCT Board (minutes)

The Board received the report and congratulated members of the PNA project board for producing a well written, professional document.

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