

APPENDIX C – PROCESS FOLLOWED IN DEVELOPING THE PNA

DEVELOPMENT OF THE PNA

Regulations and Guidance

The process adopted by Bournemouth, Poole and Dorset was based on National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The Department of Health (DH) Pharmaceutical Needs Assessment Information Pack for Health and Wellbeing boards was also used as guidance. This has no statutory standing, but is used to support local authorities interpret and implement their duty with regards to PNAs.

PNA Steering Group

The PNA Steering Group was established in June 2017 to lead the PNA process. Membership consisted of:

- Chair – Public Health Consultant, Public Health Dorset
- Strategic support – Head of Medicines Management, NHS Dorset CCG
- Operational support – NHS England (Wessex) Contracts Manager
- External champion – LPC chief officer
- Technical support – Head of programmes for Intelligence and Information Analysts

Timeline for development of the PNA

June 2017	T&F group established. Agreed to continue use of the 13 GP localities as the basic framework for the PNA
21 st June 2017	PNA development process and delegated authority to DPH agreed with Dorset health and wellbeing board.
20th July 2017	PNA development process and delegated authority to DPH agreed with Bournemouth and Poole health and wellbeing board.
July – Sept 2017	Collated relevant information on the population and health needs of each locality.
July – Sept 2017	Collated information on current pharmaceutical services in each locality.
Sept-Oct 2017	Relevant maps produced.
October 2017	Draft PNA produced and circulated to T&F group members for comment
20th November 2017 to 29th January 2018	Formal Consultation period
January to February 2018	Consultation responses to be collated
January 2018	Advised of further closure planned for 12 March – additional information collated
February 2018	Information on further closure circulated to T&F group
28 March 2018	Update to Dorset Health and Wellbeing Board, with approval to include closure of pharmacy in East Dorset on 12 March (not included in consultation) within PNA.
April 2018	Final PNA published

CONSULTATION

Formal consultation took place between 20th November 2017 to 29th January 2018. This was a slightly longer period than the statutory requirement of a 60-day stakeholder consultation period, to allow for public holidays over the Christmas period.

The consultation draft and appendices were published online throughout the consultation period, along with an online feedback form. Statutory and other key stakeholders (see list below) were invited, by email, to submit a response. The consultation was also publicised via the publicly available consultation trackers for Bournemouth, Poole and Dorset Local Authorities.

Stakeholders (including statutory):

- Dorset Local Pharmaceutical Committee
- Wessex Local Medical Committee
- Healthwatch Dorset
- Dorset County Hospital NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Dorset HealthCare University NHS Foundation Trust
- NHS Commissioning Board / Wessex area team
- Dorset pharmacies (including DAC)
- Dorset surgeries, including dispensing doctors
- Devon Health and Wellbeing Board
- Somerset Health and Wellbeing Board
- Wiltshire Health and Wellbeing Board
- Hampshire Health and Wellbeing Board

The feedback form asked specific consultation questions about the clarity of the document and the recommendations set out in the PNA, with a section for general comments.

Overall Response

In total 9 responses to the consultation were received, 2 as written responses rather than through the online feedback form. Four responses were received from members of the public, 2 from Dorset CCG, 1 on behalf of a local pharmaceutical committee, 1 from a G.P. and 1 from a neighbouring health and wellbeing board.

Summary

The limited feedback means it is difficult to draw general conclusions, however the views expressed were mainly positive. Some errors and discrepancies were raised which have been corrected in the final documents. Three respondents raised an issue in relation to quality of provision and provider competition in a particular area, which was repeated in their comments and influenced their responses to most questions.

Most felt the PNA content was correct, and that GP localities were an appropriate division to support the overview of the need for pharmaceutical services. A majority of respondents agreed with each of the recommendations, with helpful comments both from those that agreed and those that did not.

Comments

The table below highlights some of the comments received as part of the consultation, alongside a response outlining how this has now been addressed in the PNA. Comments relating solely to simple points of accuracy or typographical errors have not been included, but have been updated within the PNA.

Comment	Response
PNA Content	
Information on quantity of services is accurate but that the quality of services was not reflected	The PNA is primarily used to support NHSE in terms of decisions on market entry. We have highlighted within the PNA that there may be work required with current contractors to ensure quality of service and these concerns have been shared with them in their commissioner role to support improvement in service delivery
Page 8, paragraph 12 - the suggestions included in the Community Pharmacy Clinical Services Review highlighted the potential for community pharmacy to become more involved in the patient pathway and be better integrated, we would support this recommendation. Any "add-ons" to current services would need to be appropriately commissioned and remunerated. We would not support the process of contracting for services other than through the network of community pharmacies across Dorset.	Wording amended to emphasise the need to work with local networks and for appropriate contract arrangements to be in place.
Page 10, paragraph 22 - Clinical Pharmacists in GP practices are not providing pharmaceutical services so are not relevant in terms of the PNA. They provide an important service for practices which should complement what community pharmacies provide to patients and the general public.	Agree – paragraph 19 has been amended to make clearer that these developments may impact on both pharmaceutical and locally commissioned services. Additional sentence added to paragraph 22: "These roles should complement what community pharmacies provide to patients and the general public."
Page 12, paragraph 34 - is the data correct for 20% of all medicines in Dorset being on prescriptions dispensed in dispensing practices?	Data within the consultation draft is based on national spend data. This has now been updated with local data on numbers of items dispensed, based on Dec 2017 figures from NHSBSA.

Page 22, paragraph 83/84 - the figures for the number of housing units are confusing, please clarify	Final PNA has been updated with latest housing figures where these were missing. This paragraph has been clarified.
Page 27, paragraph 114 - the point about developments in pharmaceutical supply models should be removed as a public consultation on this issue was found to be flawed and as a result further discussions have been put on hold.	This sentence has been removed.
Page 27, paragraph 115 - efficiency savings will need to be compared and balanced with a number of factors. As pharmacies across Dorset merge/close, the prescriptions that these pharmacies were handling will need to be re-distributed across the local pharmacies. In addition the dispensing volumes over the life of this PNA are likely to increase with the ever increasing age of the population.	Supports overall recommendations within the PNA.
Appendix B , point 4 - please confirm the number of providers of the needle exchange service as we were made aware of additional contracts being granted by PHD	Information in Appendix B is illustrative as this relates to locally commissioned services rather than pharmaceutical services. Locally commissioned services may be subject to more frequent changes. The most up to date information on contracts awarded by Public Health Dorset, which include the needle exchange services, is available at http://www.publichealthdorset.org.uk/provider-resources/
Appendix E - please confirm where this data has been taken from? We believe the data may not be that recent as there are pharmacies listed that have changed ownership and also the information for flu vaccination should be for 2017/18 season not 2016/17.	Data was supplied by NHSE in 2017. Updated data has now been included to ensure all change of ownership and correct flu information is reflected.
GP Localities	
These are only useful as a rough guide as people will use services in different localities to where they reside, for example if they work in a different area	Agreed
consideration should be given to services in adjacent localities and counties where relevant.	Maps do take into consideration services in adjacent areas.
Other information that should be included within the PNA	
the population with complex, multiple conditions should be considered because they need access to someone considering the interactions of drugs and emergency	This is the rationale for the MUR and PMS services as well as newer models of care such clinical pharmacists working with or

services to deal with the complexity of their conditions	embedded in the primary care team. These are discussed within the PNA.
Recommendations on current gaps	
Urban areas are well provided for and any gaps in rural areas are met by the dispensing practices.	Supports recommendation.
Future proofing of existing pharmacies could be achieved with ongoing efficiencies and improved use of skill mix to increase operational capacity.	Supports recommendation.
There is no current gap in services and the area is well served by 100 hour pharmacies.	Supports recommendation.
Issue re. quality of services, where all services are provided by the same provider.	The PNA is primarily to support NHSE in terms of decisions on market entry. We have highlighted within the PNA that there may be work required with current contractors to ensure quality of service and these concerns have been shared with them in their commissioner role to support improvement in service delivery
Recommendations on future gaps	
there are enough pharmacies to meet need relating to anticipated population growth.	Supports recommendation.
There is a balance between 100 hour and 40 hour pharmacies across the county	Supports recommendation.
EPS, eRD, home delivery services (not commissioned) and Distance Selling Pharmacies in addition to the traditional dispensing practices” means that reasonable choice is available	Supports recommendation.
Issue of monopoly in one area	The PNA is primarily to support NHSE in terms of decisions on market entry. We have highlighted within the PNA that there may be work required with current contractors to ensure quality of service and these concerns have been shared with them in their commissioner role to support improvement in service delivery
sufficient cover is currently available but would need to review the impact of any closures [of 100-hour pharmacies]	Supports recommendation.
Impact may become significant if any reduction further impacted areas where it is currently more difficult to access a 100-hour service.	Supports recommendation.
Good access is needed for more rural areas – access to emergency hospital is scheduled to get more difficult for these areas.	Presume this refers to planned wider system developments, which are referenced within the PNA and which has been subject to separate consultation.

Planned closures	
access would be largely unaffected	Supports recommendation.
merging pharmacies for efficiency would not necessarily create a gap in the market and that contractors should be given the opportunity to demonstrate that they can support the needs of the local population	Supports recommendation.
residents should decide if a gap will be created	Public consultation has provided opportunity for local residents to comment.
Reasonable Choice	
Issue of monopoly in one area	The PNA is primarily to support NHSE in terms of decisions on market entry. We have highlighted within the PNA that there may be work required with current contractors to ensure quality of service and these concerns have been shared with them in their commissioner role to support improvement in service delivery
Use of Medicines Use Review (MUR) and New Medicines Service (NMS)	
both services have potential to offer more	Supports recommendation.
services need to be much more connected with other part of the system and local pilots/new ways of working may offer more effective approaches in the future	This is discussed within the PNA; potential that this will happen through locally commissioned, rather than pharmaceutical services.
should be undertaken with the patients' clinician as part of holistic care and not undertaken in isolation	Agree.
Evaluation of NUMSAS and PURM pilot services	
Understanding activity and impact at a national and local level should be key in evaluating the services. There would seem to be too much overlap for both services to continue.	Supports recommendation.
The NUMSAS is a very new service for the area. The PURM is well established and significantly reduces need for accessing out of hours GP service or A&E attendance.	Shared with NHSE to support evaluation.
Working with existing contractors	
Will be particularly important when an integrated urgent care service is recommissioned and includes the extended opening of GP practices and future development of community hub services	Supports recommendation.

concerns re. quality of local service so feel the greater choice residents have the better	We have highlighted within the PNA that there may be work required with current contractors to ensure quality of service and these concerns have been shared with NHSE in their commissioner role to support improvement in service delivery
Local commissioners engagement with community pharmacies	
making most of the resource already in place would be a cost-effective way to increase access to service but that would have little impact on the need for a new contract	Supports recommendation around working with existing contractors. Potential need for separate contracts for locally commissioned services are linked to national legislation and not within the sphere of influence of this PNA.
can only happen where there is consistency of staff and where all community pharmacies are engaged in the broader health sector	Wording within the PNA amended to emphasise the need to work with local networks.
Other comments	
Identify a way in which commissioners can get involved where poor service is identified	NHSE is the commissioner of pharmaceutical services and concerns should be shared with them.
Pharmacies linked to doctor's surgeries is necessary in rural areas	Pharmacies linked to doctor's surgeries and dispensing practices have both been included in developing the recommendations in the PNA.
Review the rule that doctor's pharmacies cannot dispense to those living within 1 mile.	This is a national ruling set out in current legislation. As such it is not within the remit of the PNA to review.

Approach to further pharmacy closure

The Task and Finish Group were notified in January 2018 of a further pharmacy that planned to close on 12 March 2018. As the consultation was already live and close to ending it was not possible to include this within the consultation.

The Group took the same approach that had been applied to the other closures considered as part of the consultation; updating travel time maps to see the impact and looking at number and distribution of other pharmacies in the area.

As the pharmacy was in East Dorset, covered by the Dorset Health and Wellbeing Board, a paper was taken to the Dorset Board updating on the consultation and seeking approval to include the March closure within the PNA, without further consultation which was thought to be a disproportionate response. This was approved.