

APPENDICES TO BOURNEMOUTH, POOLE AND DORSET PNA

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APPENDIX A – PHARMACEUTICAL AND LOCALLY COMMISSIONED SERVICES OUTLINE

NHS ENGLAND (WESSEX) COMMISSIONED SERVICES

The pharmaceutical services to which the PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England (Wessex) for:

- The provision of pharmaceutical services, including directed services (advanced and enhanced services) with a person on a pharmaceutical list. The pharmaceutical list includes community pharmacies and dispensing appliance contractors.
- The provision of local pharmaceutical services under an LPS scheme. (There are no such schemes in NHS Dorset at present.)
- The dispensing of drugs and appliances with a person on a dispensing doctors list, but **not** other NHS services that may be provided under arrangements made by the Area Team with a dispensing doctor.

NHS England is the only organisation that can commission NHS Pharmaceutical Services. Pharmaceutical Services are those services set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

Essential services - set out by Part 2, Schedule 4 of the Regulations.

Advanced services - set out in the Directions.

Enhanced services - set out in the Directions.

Other organisations can commission services from community pharmacies. Those most likely to do so are Clinical Commissioning Groups (CCGs) and Local Authorities (LAs). These services are not part of NHS Pharmaceutical Services as defined by the Regulations above and therefore cannot be described as enhanced services. The correct description of these services is “locally commissioned services.”

Community Pharmacy Contractual Framework (CPCF)

The national CPCF was introduced in April 2005. NHS England (Wessex) commissions services from community pharmacies under this legislative framework. The contract is divided into 3 sections – essential, advanced and enhanced services. Pharmacies are able to offer advanced and enhanced services if they are compliant with essential services.

The essential and advanced services have nationally agreed funding. The enhanced services are funded and commissioned locally by individual Area Teams according to local need and priorities.

The details of the requirements for each of the essential and advanced services can be found on the Pharmaceutical Services Negotiating Committee (PSNC) website at <http://psnc.org.uk/services-commissioning/advanced-services/>

Community Pharmacy Essential Services

There are seven essential services that form the basis of the CPCF for community pharmacy. These are dispensing, repeat dispensing, disposal of waste medicines, self-care, public health, signposting and clinical governance. All pharmacies are required to comply with the specifications for these services and compliance is assessed as part of the annual contract monitoring process.

Community Pharmacy Advanced Services

Medicines Use Review (MUR)

The MUR is a service offered by community pharmacies as part of the national contract (CPCF). All pharmacies can provide the service if they are compliant with the Essential Services element of the contract and have appropriate premises and accredited pharmacists. The service involves patients having a one to one consultation with a pharmacist to discuss the use of medicines. The service should lead to better understanding about medicines, improved adherence and a decrease in waste medicines. It is of most benefit to people with long term conditions who need to take medicines regularly.

New Medicines Service (NMS)

The NMS was the fourth Advanced service to be added to the CPCF. It started on 1st October 2011. It is offered by community pharmacies as part of the national contract (CPCF). All pharmacies can provide the service if they are compliant with the Essential Services element of the contract. They must also have appropriate premises with pharmacists who have completed the training and self-declaration. The NMS is split into three stages: patient engagement, intervention and follow-up. The service provides support for people with specific long-term conditions (LTCs) who are newly prescribed a medicine. These are for asthma and COPD, diabetes (Type 2), antiplatelet/ anticoagulation therapy and hypertension. The NMS helps to improve medicines adherence. In September 2014, following a Department of Health funded academic evaluation of the service, it was agreed to continue the NMS. The NMS was shown to increase patients' adherence, and will provide better patient outcomes at reduced cost.

Appliance Use Review (AUR)

The AUR was a new advanced service introduced in April 2010, as part of revised arrangements for the supply of appliances. It is the same as an MUR, but covers the use of stoma and urology appliances. The service may be offered by community pharmacists or dispensing appliance contractors.

Stoma Customisation Service (SCS)

Also introduced in April 2010, this stoma cutting and fitting service will be provided by specialist suppliers of appliances.

Community Pharmacy Enhanced Services

A range of potential services are set out in Part 4 of the Directions, “Enhanced services: pharmacy contractors only” (see list below). NHS England can commission services from this list as an enhanced service, and this would then be an NHS Pharmaceutical service. NHS England is not able to commission enhanced services that are not set out in the directions. Where another commissioner than NHS England commissions a service from this list this is not part of NHS Pharmaceutical Services, and cannot be described as enhanced services, but is instead a “locally commissioned services.”

- Anticoagulant monitoring service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service
- Minor Ailment Scheme
- Needle and Syringe Exchange Scheme
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction Service
- Prescriber Support Service
- Schools Service
- Screening Service
- Supervised Administration Service
- Supplementary Prescribing Service

The enhanced services currently commissioned by NHS England (Wessex) are set out below.

Out of Hours Call out – under review

NHS England (Wessex) has a list of pharmacists who are willing to be called out when there is no other access in the area to a community pharmacy. Pharmacists on the list are not obliged to respond if they are not in a position to. Payment is only made if the pharmacist responds either by giving advice on the phone or attending their pharmacy to supply a medicine. The service is not widely used because the arrangements made by the Urgent Care Service for Dorset and Somerset cover the majority of requirements for access to medicines out of hours. The nine 100 hour pharmacies across Bournemouth, Poole and Dorset make a valuable contribution to provision of pharmaceutical services outside normal trading hours.

Out of Hours Rota

Rotas are in place for times and days when there is no other pharmaceutical service available. The pharmacies are paid to open for the time specified in the rota.

Seasonal flu vaccination

For 2014/15 the Area Team have commissioned a seasonal flu vaccination programme from pharmacies, to run alongside the GP provided service. Each year the Department of Health recommends a national flu immunisation programme to target people who may benefit, including people aged 65 years and over, pregnant women aged 18 and over, and patients aged between 18 and 65 who in specified clinical risk groups. These groups are those with chronic respiratory disease, chronic heart disease, chronic kidney disease, chronic liver disease, chronic neurological disease, diabetes, immunosuppression, and asplenia or dysfunction of the spleen. Evidence shows that providing additional vaccination routes through community pharmacies increases vaccination rates in these vulnerable groups, particularly those least likely to attend their GP.

Dispensing Appliance Contractors (DACs)

From 1 April 2010, there was a new contractual framework for dispensing appliance contractors. This mirrors the contractual framework in place for community pharmacies. There are two DACs in Bournemouth & Poole HWB and one DAC in Dorset HWB.

Dispensing Doctor Services in Bournemouth, Poole and Dorset

Dispensing doctors are GPs who have approval to dispense medicines to specific patients on their lists. These are patients who live in areas designated as controlled (or rural) and live at least 1.6km from any pharmacy. The maps in Appendix C illustrate the locations of dispensing doctors. NHS England are required to publish a map demonstrating the extent of controlled localities.

NHS England (Wessex) has a programme of audit to ensure that only patients who are eligible to receive dispensing services are registered as dispensing patients and that patients are made aware of the choices available. The scope of the PNA as defined in the regulations is to look at the dispensing of drugs and appliances by a person on a dispensing doctor list. This does not include other NHS services that may be provided under arrangements made by NHS England (Wessex) with a dispensing doctor. Thus the Dispensing Services Quality Scheme (DSQS) and the associated Dispensing Reviews of Use of Medicines (DRUMS) are outside the scope of this assessment. Locally commissioned services are also outside the scope of the assessment.

COMMUNITY PHARMACY LOCALLY COMMISSIONED SERVICES

To reiterate, other organisations can commission services from community pharmacies. Those most likely to do so are Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). These services are not part of NHS Pharmaceutical Services as defined by the Regulations mentioned on p3 of Appendix A and therefore cannot be described as enhanced services. The correct term is “locally commissioned services.”

Public Health Dorset Locally Commissioned Services

Public Health Dorset commissions 7 locally commissioned services from community pharmacies. There was also one pilot service looking at the contribution that community pharmacy could make to weight management, however this has been decommissioned as there was limited uptake with variable results. The current list of services and a brief explanation follows.

Emergency Hormonal Contraception (EHC)

Pharmacists who are appropriately trained are able to supply Emergency Hormonal Contraception (EHC) via a PGD free of charge to women of all applicable ages. All pharmacies are encouraged to provide this service so that it can be universally recognised across Bournemouth, Poole and Dorset. Then community pharmacy is one of the options when seeking EHC. Direct access to EHC is also available at CASH clinics and MIUs.

Chlamydia screening is also offered as part of the EHC service, and pharmacies offering this service hold a supply of Chlamydia screening postal kits to be distributed to people requesting EHC. The pharmacies are paid only for those tests that are actually returned for screening. They are asked to encourage young people to carry out and return the tests. There are a wide range of providers of this service which is part of the strategy to make the testing kits easily available to young people. Other providers include the majority of GP practices, schools, colleges, youth services and contraception and sexual health (CASH) services or online at www.freetest.me/

Chlamydia treatment (Dorset only)

A Patient Group Direction is in place for the treatment of people who have tested positive for Chlamydia. The Chlamydia screening office contacts people who are positive. Community pharmacies are offered as one of the choice of venues for treatment. This is particularly useful in areas where there is limited access to other sexual health clinics. Treatment is also available from CASH clinics and the genitourinary medicine (GUM) clinic and directly from the Chlamydia Screening service.

Supervised consumption

Supervising the self-administration of methadone and buprenorphine by patients on a daily basis is an important component of harm reduction programmes. This is for people who are under treatment for substance misuse problems. Pharmacies with appropriately trained pharmacists and/or pharmacy technicians are commissioned to provide this service. Public Health Dorset will only commission the service formally if there are pharmacists and/or technicians available for the majority of the opening hours of the pharmacy, who have completed the required training.

Needle exchange

Substance misusers require sterile injecting equipment, information and advice around changing lifestyles, minimising the complications associated with drug misuse and accessing resources within the community. The pharmacy needle exchange service offers free sterile injecting equipment to

substance misusers in Bournemouth, Poole and Dorset whether permanently or temporarily in the area. The Drug and Alcohol Action Teams (DAAT) conducts needs assessments on the service on an ongoing basis. The service is also available from agencies other than pharmacies. The need for the service in each area is weighed up accordingly. Other providers of the service are “EDP” – this stands for Exeter Drug Project, but the service is available in a number of centres in Dorset. It includes needle exchange and a higher level of advice and help for injecting drug users. The Community alcohol and drug advisory service (CADAS) also provides a needle exchange service.

Smoking Cessation Support

This is a service whereby trained members of the community pharmacy teams are able to offer 1:1 support for people who wish to give up smoking. The pharmacies are also able to supply nicotine replacement therapy (NRT) as part of the service. This NRT service adds to the choice of providers for smoking cessation. Other providers include GP practices, drop in centres and groups.

NHS Health Checks

The Public Health Dorset approach to implementing the NHS Health Checks service includes commissioning the service from community pharmacies. The service includes initial checks to establish cardiovascular risk, information on healthy lifestyle issues, referral to other services and follow up blood pressure and fasting blood glucose tests where indicated. Other providers include GP surgeries, with some private providers expressing an interest.

Influenza immunisation for eligible local authority staff

For 2014/15 Public Health Dorset commissioned a new service on behalf of the three local authorities, to enable eligible frontline staff from each local authority to have a flu vaccination. Vaccination of frontline staff in contact with at risk clients can reduce onward transmission of flu to these vulnerable clients and may reduce sickness absence. Some staff are also vaccinated through occupational health within the local authority.

Dorset CCG locally commissioned service

Dorset CCG has one contract for community pharmacies to provide NHS services for locally commissioned services. This was previously an enhanced service:

Palliative care

The service is for the stocking of a basic list of palliative care drugs, predominantly for access during the out-of-hours period, or when stocks cannot be found locally. The service requires participating pharmacies to ensure that they have the required list of drugs in stock.

**NHS England
Wessex Area Team**

**Pharmaceutical
Services**

Dispensing Doctors

- Dispensing
- DRUMS
- DSQS

**Community
Pharmacy
Contractual
Framework**

**Dispensing
Appliance
Contractual
Framework**

Essential	Advanced	Enhanced
-----------	----------	----------

Essential	Advanced
-----------	----------

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Disposal of waste • Certificate • Public Health • Sign posting • Clinical governance | <ul style="list-style-type: none"> • MUR • NMS • AUR • SCS | <ul style="list-style-type: none"> • Out of hours – on call • Out of hours – rota • Seasonal flu vaccinations |
|---|--|--|

- AUR
- SCS

**Public
Health
Dorset**

**NHS
Dorset
CCG**

**Locally Commissioned
Services**

- | | |
|--|---|
| <ul style="list-style-type: none"> • EHC via PGD (with chlamydia survey) • Chlamydia Treatment • Supervised Consumption • Needle Exchange • Smoking Cessation Support • NHS Health Checks • Influenza Immunisation for eligible local authority staff | <ul style="list-style-type: none"> • Palliative Care |
|--|---|

APPENDIX B – 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 Task and Finish (T&F) Group

The PNA T&F Group was established in December 2013 to lead the PNA process, meeting quarterly. Membership consisted of:

- Chair - Lead for Public Health Intelligence, Public Health Dorset.
- Strategic support:
 - Head of Medicines Management.
 - Strategic Planning Manager.
- Operational support – NHS England (Wessex) Primary Care Contracts Manager
- External Champion – LPC members (2), LMC member, Healthwatch member, Dispensing Doctor member.
- Communications Manager.
- Technical support – Information Analysts.
- Project support – Pharmacist.
- Dorset CCG Pharmacy contracts link.
- Dorset CCG observer.

Timeline for development of the PNA

December 2013	T&F group established. Agreed to use the 13 GP localities as the basic framework for the PNA
Feb to April 2014	Collated relevant information on the population and health needs of each locality.
Feb to April 2014	Collated information on current pharmaceutical services in each locality.
Feb to April 2014	Relevant maps produced.
March to April 2014	Patient questionnaire developed through the T&F group, tested and then edited from feedback.
April 2014	Initial draft sections circulated to T&F for comment.
May 2014	Patient questionnaire posted on www.dorsetforyou.com and sent directly to patient and community groups.
May 2014	First draft PNA produced and circulated to T&F Group members.
May 2014	Update on progress to HWBBs
June 2014	Results of patient questionnaire collated and added to PNA.

June 2014	Initial conclusions drafted
July 2014	Final meeting of PNA T&F Group to agree Consultation draft with conclusions.
July 2014	Sign off by HWBs representative before formal consultation.
13 August to 24 October 2014	Formal consultation.
October to November 2014	Consultation responses collated.
10 December 2014	Outcome from consultation and updated PNA presented to Bournemouth and Poole HWB
4 March 2015	Outcome from consultation and updated PNA presented to Dorset HWB
April 2015	PNA published

CONSULTATION

There were two points where stakeholder input was sought as part of the PNA process. The first was a patient questionnaire and the second was a formal consultation on the draft PNA.

Patient questionnaire

The patient questionnaire asked questions on the use of community pharmacies Bournemouth, Poole and Dorset. It was developed and distributed from May 2014 onwards. It was posted on www.dorsetforyou.com and directly to a number of patient organisations to distribute to their members and electronic copies of posters were made available to pharmacies to display.

There was an **overall response** of 146 questionnaires. Responses are collated below.

Language

97% of replies confirmed English is their first language with 3% (other, not specified).

Over-the-counter (OTC) medicines

86% bought these types of medicines in a pharmacy, 6% on the internet, 67% in a supermarket, 3% in a garage/petrol station, 6% other shop, 14% "wherever I am at the time", 1% prefer not to say, 1% other. Several options were available, so the results don't always total 100%. The most common frequency of OTC purchases was monthly (29%).

Regular medication

76% of respondents were on regular medications as advised by their doctor. 6% had it delivered to their home, 89% collect from pharmacy, 3% collect from GP practice, 1% other.

48% of respondents got their medicines monthly (this was the most common frequency).

Using a community pharmacy

The main reasons for using a pharmacy were to get prescriptions (89%), to buy OTC medicines (76%) and buy other products (36%). 37% of the respondents said they used pharmacies for the “other services” provided.

Preferred pharmacies

84% of respondents said they had a preferred pharmacy. Reasons for this was that the pharmacy was close to home (59%), close to GP practice (47%), friendly staff (40%), because they offer a specific service (11%), they deliver (9%), or other reasons (1%), prefer not to say (1%).

For those that do not have a regular pharmacy 84% being close to home would be important, close to work (32%), close to GP surgery (58%), friendly staff (63%), offering a specific service (16%), other (5%).

Accessibility of pharmacies

64% of respondents travelled to a pharmacy by car, 5% used a bicycle, 7% used a taxi, 56% walked and 4% used public transport. The average time to travel to a pharmacy is:

5 to 10 minutes	66%
10 to 20 minutes	25%
20 to 30 minutes	7%
31 minutes or over	1%
Do not know/unsure	1%

Extended hours pharmacies

75% of respondents knew about pharmacies in Bournemouth, Poole and Dorset that are open early in the mornings, late at nights and at weekends. However only 67% knew where the pharmacies with longer hours were. 42% said they had used an extended hours pharmacy early in the morning, late at night or at weekends. 65% said they would use one if it was available.

The following are the times that extended hours pharmacies would be most useful:

Before 9am	22%
6pm – 9pm	61%
After 9pm	23%
Saturdays	52%
Sundays	52%
Not applicable	17%

Other services that pharmacies offer

53% of respondents have used MURs, 45% were aware of MURs and 2% would like to use this service.

43% of respondents have used NMS, 53% were aware of NMS and 4% would like to use this service.

When asked whether they would be interested in the following NHS or Public Health services available at some pharmacies, the responses were as follows:

NHS health check programme	43%
Stop smoking service	10%
Emergency contraception	10%
Chlamydia treatment	5%
Palliative care	9%
Supervised consumption of a medicine	6%
Needle exchange	4%
None of the above	50%

When asked if they would be willing to pay for other services at pharmacies and if they had used them, the responses were: yes (11%) and no (86%).

Themes from comments

A number of respondents (59) left more detailed comments. Over a third of these (23) were positive comments about their local pharmacy, for example “excellent service”, “helpful and efficient”, “wonderful”, “personal service”. In addition, five respondents noted that they chose a particular pharmacy because they felt it provided a better service than another pharmacy (so both positive about one pharmacy and more negative about another). One respondent felt that he had not had good service from his local pharmacy. Five people also made comments about advice from their community pharmacy, three saying this was not effective as they had hoped and two very positive.

In terms of choice, as well as the respondents who had made a choice of pharmacy based on good service, one respondent felt that no new pharmacies were needed. Two respondents suggested additional pharmacies would improve access, one in an area where there are 10 pharmacies within a mile (5 minutes in a car) including two within 10 minutes walking time, and one who felt that there should be a pharmacy in every supermarket. One respondent noted that although they had three pharmacies they were all the same company.

Other comments made included a wish to see extended opening hours (5 respondents) although this was not always linked to a particular area, two people saying that delivery services would be of benefit and one each wanting to see emergency supply of medicines and Health Checks available in pharmacies. Two replies expressed concerns about paying for services in pharmacies, one making specific mention of a weight management service which is no longer commissioned (although it is available through other providers). Two replies noted that it would be helpful for the pharmacy to have a sign saying what services they provide (1) and if they are not open where is the nearest open pharmacy(1). Other comments made were about waste (1) and access to a specific medicine (1).

Formal consultation

Formal consultation took place between 13 August and 24 October 2014, slightly longer than the statutory requirement of a 60-day stakeholder consultation period. The Consultation version of the PNA was published on-line and statutory and other key stakeholders (see list below) were invited to submit a response.

Statutory stakeholders:

- Dorset Local Pharmaceutical Committee
- Dorset Local Medical Committee
- All Pharmacies in Dorset
- All Dispensing doctors in Dorset
- Healthwatch
- Dorset County Hospital NHS Foundation Trust
- Dorset HealthCare University NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Wessex Area Team
- Devon Health and Wellbeing Board
- Somerset Health and Wellbeing Board
- Wiltshire Health and Wellbeing Board
- Hampshire Health and Wellbeing Board

The PNA T&F group agreed upon the list of formal consultation questions prior to the PNA and Appendices being published online. The consultation document asked specific questions about clarity of the PNA and the conclusions set out in the PNA, with a section for general comments.

Overall response

Of the 20 responses, the largest group of replies came from pharmacies (35%). Dorset LPC and a neighbouring LPC also responded, having collated views from across their community pharmacy members. Other responses came from members of the public (15%), local authorities (10%), GPs (10%), NHSE, CCG, public health and a neighbouring HWBB (5% each).

Many respondents (40%) had an interest across the whole of Bournemouth, Poole and Dorset, with 70% having an interest in a more specific area. None of the replies expressed specific interest in the Poole or Christchurch areas.

The majority of respondents felt that the purpose of the PNA was clear (89%), and that the difference between pharmaceutical services and locally commissioned services was clearly explained (83%), but there were also helpful comments outlining further improvements that could be made. Changes have been incorporated within the PNA itself, and we are currently redrafting some more detailed maps to include in the PNA appendices. One respondent asked for a one page summary to be sent to localities outlining the difference between pharmaceutical services and locally commissioned services. A diagram summarising this is in Appendix A and is available as a separate single sheet online.

Most (73%) agreed that using the 13 GP localities provided a good balance to allow detail at a local level and ensure that the PNA remained manageable. Of

those who disagreed one felt that given issues around cross-boundary travel localities should be larger, whilst one felt that the localities should be more localised. Other comments noted that needs might vary within a locality, and that using wards might be less cumbersome. As there are 159 wards across Bournemouth, Poole and Dorset this was not felt to be feasible.

Current need

In terms of current need, 60% agreed that there was no current gap in the number of pharmacy premises in any of the locations. Five people (25%) disagreed, and 3 (15%) were unsure or did not answer. Comments by those who disagreed related to quality of service in a very localised area; lack of choice in an area served by three pharmacies all run by the same company; a view that in the late evening services were often restricted to essential services only; and a vision that every GP practice should have an on site pharmacist. These comments have been shared with NHS England.

Future need

In terms of future need relating to housing development, 45% agreed that there will not be any future gaps in the number of pharmacy premises in any of the locations. Four people (20%) disagreed, and 7 (35%) did not know or did not answer. Of those who disagreed three also disagreed regarding current needs. The respondent who agreed there were no current gaps but disagreed here about future gaps commented that it was difficult to determine the impact of housing developments with any certainty, noting that there were many factors that could have an effect e.g. a large care home within a planned development. On balance, therefore there is overall support for the view taken within the PNA, that there is no future gap due to planned development.

In seeking to understand the impact of potential changes in current pharmacy premises and whether this could create a gap, there was more uncertainty. Considering the impact of a potential merger of the two pharmacies in Purewell, Christchurch, 35% agreed this would not create a gap, 50% didn't know, had no opinion or failed to answer, whilst 15% disagreed. Considering potential changes in Blandford, 40% agreed this would not create a gap, 40% didn't know, had no opinion or failed to answer, whilst 20% disagreed.

Free text comments about these conclusions included the question "*does the merger of the two sites that have no affect on provision mean there is over provision in Purewell and Blandford*"; with regard to Blandford the view that competition from another provider is needed (all 3 pharmacies are currently run by the same provider); and a comment that although mergers are acceptable, if that were to occur the pharmacy might well also need to relocate into larger premises, which might not be possible within the same vicinity of current premises.

The previous Dorset PCT PNA also stated the view that neither of these developments, if they occurred, would create a gap, and in the 2010 consultation 55% of respondents agreed with this. Overall there is more support than dissent for the view taken within the PNA that this would not

create a gap, although the issue of potential location has been noted by rewording these conclusions.

One respondent also highlighted another area where if the pharmacy were to close this would not create a gap, citing the fact that there was another pharmacy a short distance away. As this is based on a single comment, and in light of comments above, no conclusion can be made.

Choice

On the issue of choice, 60% agreed that choice was reasonable or very reasonable. Comments by one respondent outlined detail of developments in one pharmacy that would allow delivery of Medicines Use Review (MUR) and New Medicines Service (NMS) in that pharmacy, increasing the choice of services available to patients.

Two respondents commented specifically about the impact of choice where all the pharmacies in an area are owned by the same company, with one saying this does not necessarily mean there is a lack of choices, and the other that this meant that there was no real choice.

Some comments referred to broader developments that could impact on choice, including the continued development of electronic prescriptions, and internet pharmacies. Other comments included:

- *“Most patients prefer to have pharmacy working in the same premises as GPs “*
- *“Given the current difficulties being faced by practices in terms of recruitment for GPs and staff, within the life of this PNA there could be issues around practices merging and reduced availability of pharmaceutical services”*
- *“Patients registered with dispensing practices [should be] aware that they have the choice about where they have their prescription dispensed.”*
- *“The variation that currently exists between pharmaceutical service provider types allows for patient and consumer choice.”*

Improvements and better access

The view taken in the PNA was that improvements and better access are best managed through working with existing services, rather than through opening of additional pharmacies. The majority (70%) agreed, with the remainder split between disagreement or don't know/no answer.

The PNA recommended that NHS England consider how to make best use of the MUR and NMS advanced services, and again the majority agreed (both 85%). This section provoked the most comments.

Four respondents highlighted the potential benefits of these services, with one referring to the recently published independent evaluation study. However, comments by both GPs and pharmacies expressed frustration with the current service:

- *“confusion with patients as to why pharmacists are involved with these two services as they feel the topics have already been covered by their GPs” [pharmacy]*
- *“feel like stand-alone pharmacy services” [pharmacy]*
- *“to do an MUR on a patient capable of walking into a pharmacy is missing the potential usefulness of a review” [GP]*
- *“generate paperwork for GPs that add no value to patient care” [GP]*
- *“barrier [to discharge medicines MUR/NMS] is the interface with hospital pharmacy/discharge policy” [pharmacy]*

A number of areas for development and improvement were also highlighted. These included five comments about the need for this to be an integrated part of the care pathway with good interaction and dialogue between the prescriber and dispenser.

Some comments talked about broadening the scope and activity, for example, removing the limit on numbers of MURs, widening the eligibility criteria for MURs and opening up the NMS criteria to all patients starting a medicine for long term conditions; whilst others suggested specific development ideas:

- *“Discharge medicines from secondary care”*
- *“MURs would be very useful if they were done in the patients home.”*
- *“done in conjunction with the CCG ... to focus on areas of priority”*

Access to language services was rated important or very important by 45%, with 30% rating this as not at all important. One respondent noted that *“Whilst we have answered “important” for Q23 we are not aware of this being an issue across Dorset. access to language services may only be required in very small areas.”* Another comment noted that the pharmacy is responsible for ensuring their services are accessible to all who use them.

Only 4 people expressed an opinion on the relocation of one of the three pharmacies within Sherborne. One of the comments highlighted that one of the Sherborne practices has recently relocated to larger premises, but also that a new Waitrose has changed the way residents shop in the town; on balance therefore, this recommendation is no longer appropriate.

More people (9) expressed an opinion about extended opening hours in Bridport; all saying it would improve access, but most saying that this would be only a slight improvement (5). One comment noted that in response to this comment in the previous PNA one of the pharmacies had increased their opening hours, now staying open until 6.30pm; on balance therefore, this recommendation is no longer required. One more general comment noted that opening times should be flexible across localities.

Other comments about improvements and better access raised the issue of people in East Dorset using Hampshire pharmacies. Similar issues will exist

for borders with other Health and Wellbeing Board areas. An additional paragraph outlining border issues has been added to the PNA to emphasise this point, and more detail has been added in the maps in Appendix C.

Locally commissioned services

The PNA included brief information on locally commissioned services, which are subject to separate contract and procurement regulations, and makes a single recommendation to local commissioners about considering the part that community pharmacies can play in service developments. Consultation responses were virtually unanimous in stating that community pharmacies have an important part to play in local service developments, and 65% felt the PNA should include recommendations relating to locally commissioned services.

One reply was unsure, but noted that the *“information to state that the services are commissioned (as opposed to recommendations) is important”*.

Comments by those who felt that PNA should not include recommendations for local commissioners made the following points:

- *“by including recommendations on locally commissioned services the document may be more open to challenge when decisions for new pharmacy are made”*
- *“With the recent changes in legislation the locally commissioned services are not pharmaceutical services so currently they are no longer relevant when making decisions about market entry for pharmacy contracts.”*
- *“Local commissioning is a dynamic environment with frequent changes possible, which could out date a PNA in a very short space of time.”*
- *“inclusion of these services can be confusing for members of the public and distract from the purpose of the PNA.”*

Those who felt there should be recommendations for local commissioners made the following points:

- *“I think by using local health data in 13 area, you could identify target areas to focus services around. For example, if diabetes rates high in certain area, services to support management of condition and identification would benefit that locality”*
- *“... should be an aspirational document describing how pharmacy can be part of an integrated health system. This therefore includes working with contractors to develop new and innovative services where need and funding allows.”*
- *“If there is a perceived need for a service it ought to be specified within the PNA”*
- *“access to enhanced services.”*

Other comments about locally commissioned services reiterated their importance; highlighted that with capacity in GP stretched, services could be

done in another setting such as pharmacy; and reinforced the need for local people to be listened to.

In light of these responses, further information on locally commissioned services has been included within the PNA to highlight what services are commissioned, whilst maintaining the distinction from pharmaceutical services. The conclusion has been reworded to increase the emphasis on the important role of pharmacies for local commissioners.

General comments

The survey provided a final opportunity for people to make comments that were not picked up elsewhere. General themes were:

- Typos and inconsistencies within the document– these have been noted and corrected
- Request for further detailed maps – these have been redrafted and more clearly signposted within the final PNA
- Request for further detail on border issues – an additional paragraph has been added into the body of the PNA, and more detail added in the maps in appendix C.
- Opening hours should be presented as total hours rather than core hours as presented. Appendix Q has been updated to reflect this.
- Updates on recent changes to commissioned services – these have been updated within the PNA and appendices

More specific comments related to:

- The need for consistent training across the area for pharmacy staff to deliver relevant services
- Complaints and customer feedback are very important and should be taken seriously
- The vital role of Dispensing GP surgeries in rural areas, particularly in respect of locally commissioned services
- Collection and home delivery services – recognition that although these services are in place they are not currently commissioned by NHS or Public Health, “*therefore no conclusions about quality or effectiveness can be drawn without evaluation*”