1 Executive summary and findings

The Pharmaceutical Needs Assessment (PNA) presents a picture of community pharmacies and dispensing services in Oxfordshire, reviewing both access and services currently provided and how these could be utilised further. Community pharmacies can support the health and well-being of the population of Oxfordshire in partnership with our community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need, so a mapping of service provision and identifying gaps in demand are essential to afford NHS Oxfordshire the market intelligence it needs to take forward appropriate and cost-effective commissioning of services.

In undertaking the Pharmaceutical Needs Assessment the PCT reviewed national guidance which tells us what services pharmacies can provide, and by extension, what a good pharmaceutical service looks like. We have taken account of local needs as described in the Joint Strategic Needs Assessment, the Director of Public Health’s Annual Report 2009/10 and the views of the public through the results of a local patient questionnaire and service user feedback via discussion groups and interviews. We have looked at this in the context of the NHS Oxfordshire local strategic priorities and asked local people about their general use and perceptions of community pharmacies; ease of access and getting services and products, what makes a good or bad experience of a visit to a pharmacy. We also asked about people’s awareness of extended services other than prescriptions and over the counter medication and how pharmacies can improve services to meet the needs of our population.

1.1 Developing the PNA

The development of this PNA has included input from various sources including the PCT pharmaceutical advisors in the Medicines Management Team, the Primary Care Contracting Team, Public Health Directorate and Heads of Service and Development Managers for older people, long term conditions, children and young people, vulnerable communities and mental health services. In January 2009 a stakeholder workshop was held with involvement from the Practice Based Commissioning (GP) consortium, and LINks. Following this a PNA steering group was set up to guide and review the PNA throughout its development. This group includes a Local Pharmaceutical Committee (LPC) and has links with the Local Medical Committee (LMC). The membership of the PNA Steering Group is detailed in chapter 4 of this document. The PNA is a “live” document which will be updated annually and reviewed every three years in line with the Joint Strategic Needs Assessment (JSNA).

Data and maps contained within this document are accurate as of the 14th July 2010 unless otherwise stated. The number of Community Pharmacies referred to is 100 as at 14th July 2010.

1.2 Access

Oxfordshire is predominantly a rural county and is currently well served by 100 community pharmacies, including seven 100-hour pharmacies which provide additional cover to the standard opening hours provided by other pharmacies, together with 29 dispensing doctor practices. In undertaking the PNA we have looked at access to pharmacies through opening hours and travelling distances, the details of which can be found in chapters 7 & 8.
assessment we have made is that these are broadly reasonable for a rural county with some noted variations.

1.3 Services

The main service offered by Community Pharmacies is the dispensing of medication in primary care. Dispensing of medicines is also provided to some patients in rural areas by Dispensing GP practices. Dispensing of appliances (dressings, stoma and continence products) is provided by Community Pharmacies, Dispensing GP practices and Dispensing Appliance Contractors.

Other essential services provided by all community pharmacies are: repeat dispensing, waste management, public health, signposting to other services, support for self-care and clinical governance.

Medicines Use Reviews (MURs) are offered as an advanced service in Oxfordshire. An MUR is a consultation between the pharmacist and patient, aimed at improving the patient understands of their medicine. The review can highlight and propose a solution for side effects, improve compliance and reduce medicines wastage. MURs can be carried out outside the pharmacy e.g. in a patient's own home or a care home, with agreement of PCT. The PCT advises a list of priorities for MURs to ensure the service is supporting local and national guidance for managing patients. Appliance Use Reviews (AURs) can also be provided by Community Pharmacies and Dispensing Appliance Contractors.

In addition to the above services PCTs are able to commission enhanced services to meet the needs of their population. Enhanced services may require specialist training for pharmacists and six are currently commissioned by the PCT. These are guaranteed provision of palliative care drugs, pharmacist advice to care home service, emergency hormonal contraception service, needle and syringe exchange, supervised consumption of methadone and stop smoking service. The Contractual Framework for Community Pharmacies under which they provide services to patients is explained in more detail in Appendix 1.

1.4 Summary of findings

This PNA has looked at the current provision of community pharmaceutical services including dispensing services by GPs linked to the health needs of the population and the local strategic priorities of NHS Oxfordshire which aim to improve the health outcomes and promote independence for key groups of people in the population. These groups are those people with long term conditions, older people, children and families living in areas of deprivation, people with mental health problems and vulnerable populations. The assessment has looked at the role pharmaceutical services in meeting their needs.

In addition to listening to groups of local people who are service users and the feedback through a local patient questionnaire we have asked Heads of Service and Development Managers for older people, long term conditions, children and young people, vulnerable communities and mental health services how pharmaceutical services can meet the needs of these groups. The key opportunities for pharmaceutical services to provide support are listed below:
1.4.1 People with Long Term Conditions:

- Spirometry - to help people use their inhalers correctly and to full effect.
- Early identification when a person with LTC is deteriorating and to flag this to their GP or case manager at an early stage.
- Vascular screening – to identify people at risk of vascular disease.

1.4.2 Older People:

- Medicines Use Reviews in patient homes
- Osteoporosis Risk Prevention Advice.
- Falls prevention Advice
- Flu vaccination – providing vaccinations to increase access and choice to patients.
- Prevention and care advice for people with Strokes
- Case management for patients with complex pharmaceutical needs
- Healthy lifestyle advice for older people
- Weight management for older people
- Information prescriptions\(^1\)
- Interagency Referrals\(^2\)

1.4.3 Children, young people and their families:

- Condoms on the NHS for young people via pharmacy pilot as a distribution service.
- Pregnancy testing on the NHS for young people
- Healthy start programme (sale of healthy start vitamins)
- Weight management for young people
- Treatment on the NHS for minor illnesses
- Childhood immunisations (offering consultation rooms to local primary care services to deliver immunisations to harder to reach children and young people)
- Partnership work to support delivery of the child health promotion programme
- Contraceptive Pill advice
- Breast feeding promotion, advice and support including signposting to local support services
- Advice and information on healthy weaning and nutrition for the under 5s

1.4.4 People with mental health problems:

- Advice on anti-depressant medication

\(^1\) Pharmacists can provide key written and verbal information to older people to help them manage their long term condition, keep healthy and maintain their independence. An information prescription tells you about: your condition, your treatment options, care services, benefits, housing support, self help and support groups.

\(^2\) Pharmacists can make a referral to another agency if they feel someone is in need of more specific support. This could be to the Falls Service, Warm Front Scheme, Fire & Safety etc.
- Mental health first aiders
- Sign posting to mental health and self help services such as IAPT (Improved Access to Psychological Therapies) and keeping people well services, benefits and financial advice
- Opportunistic support for older people with depression
- Enhanced dispensing of medication for people with schizophrenia
- Health promotion and lifestyle advice

1.4.5 Vulnerable populations:

- Healthy living pharmacies in areas with the worst health indicators
- Making services more accessible to vulnerable population groups
- Brief interventions for people who misuse alcohol
- Identify and refer carers to information and support services
- Offering consulting room space to services for vulnerable communities
- Signposting to services (e.g. credit unions, housing advice)

1.5 Recommended Priorities for consideration

- Increase focus on PCT priority groups for Medicine Use Reviews conducted
- Continue to expand the number of pharmacies delivering the Stop Smoking Service to ensure levels of service are aligned to prevalence of smoking in our population
- Continue to commission Emergency Hormonal Contraception (EHC) services for under 18s, free at the point of issue
- Pilot a condom distribution service for young people
- Evaluate the community pharmacy Chlamydia screening pilot and roll out to other community pharmacies as appropriate
- Develop Healthy Living Pharmacies and make services more available in areas, with the worst health outcomes, to meet the needs of vulnerable populations.
- Tailor health promotion and lifestyle advice for people with mental health problems
- Provide advice and support for patients taking antidepressant medication
- Improve signposting to other services particularly those relating to older people, people with mental health problems and vulnerable populations. Extending signposting to services beyond health care for example, benefits and housing advice

1.6 Consultation

We recognise that public and stakeholder consultation is critical to ensure that the PNA is robust and fit for purpose. Through the PNA Steering Group we have involved key stakeholders and engaged patients in giving us their views through a local patient questionnaire and service user feedback via discussion groups and interviews.

Our process of consultation and responding to feedback from the public and stakeholders is outlined in more detail in chapter 4, including the dates of public and professional consultation events in September and October 2010. We would like to hear your views and a consultation feedback form is available on:

https://consult.oxfordshirepct.nhs.uk/inovem/consult_ti/system/listConsultations?type=O