4 Developing the Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) is the key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies. The scope will include recommendations for action to meet the current needs of Oxfordshire PCT, areas of current provision which could be improved, and the development objectives for pharmaceutical services to meet our wider commissioning ambitions.

4.1 Information and matters to consider

There are a series of matters that PCTs must have regard to when developing their PNA. These can be broadly summarised as:

- the Joint Strategic Needs Assessment (JSNA)
- the needs of different patient groups
- the demography of the PCT area
- the benefits from having a reasonable choice in obtaining services
- the different needs of each of the localities
- the effect of pharmaceutical services provided under arrangements with neighbouring PCTs
- the effect of dispensing services or other NHS services provided in or outside its area; and
- likely future needs.

4.1.1 Localities or Practice Based Commissioning (PBC) Consortium

Most practices across the county have joined with their neighbouring practices to form seven local consortium. For the purpose of the PNA some data is shown relating to six of these groups/localities across Oxfordshire:

- Oxford City Consortia – covering Oxford city practices
- South East Consortia – covering Henley, Wallingford, and environs
- West Oxfordshire Locality Group – covering the District Council area
- Vale Consortia – covering Vale of White Horse District Council area and Didcot
- North Oxfordshire Commissioning Consortia – covering Banbury, Chipping Norton and surrounding practices
- North East Consortia – covering Bicester area, Kidlington, Islip and Woodstock areas
- Abingdon Consortia*

* In August 2010 a seventh consortia was established covering two practices in Abingdon and a practice in Berinsfield. For the purpose of this draft PNA we were unable to display data for this consortia at the time of printing.

At the time of writing this PNA, Oxfordshire is divided into the seven localities, as shown in the map above. The majority of practices are aligned to these and some services are commissioned by these localities according to need. Where available,
health needs in this PNA are presented according to these boundaries. In light of the recent White Paper *Equity and Excellence: Liberating the NHS* these localities may need to be revised as the role of GP commissioning develops. Any such changes will be reflected in updated versions of the PNA.
4.2 Joint Strategic Needs Assessment (JSNA)

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

4.3 Principles of development

The PNA will be published on the NHS Oxfordshire website and has been written as a public document, speaking to both an NHS and a non-NHS audience, with a full consideration of background and current issues, as well as the information required to ensure a fit for purpose PNA. This PNA has been written in accordance with the Department of Health Guidance on developing PNA’s which can be found at www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114952.pdf and a list of appendices to support the PNA are listed on page 2.

This PNA will be reviewed annually with updates every three years in line with the JSNA schedule for updates. As a primary care commissioning tool, the PNA will be a working document. Version control and distribution is the responsibility of the PCTs commissioning function.

4.4 PNA Steering Group

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 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.

The membership of the PNA Steering Group:

- Head of Primary Care Contracted Services (chair)
- Chief Pharmacist and Deputy Director of Infection Prevention and Control (DIPC)
- Primary Care Manager - Pharmacy/Optometry Services
- Primary Care Support Officer
- Professional Pharmacy Advisor
- Senior Finance Manager
- Representative from Thames Valley Primary Care Agency Professional Services and Primary Care Team
- Representative from the Local Pharmaceutical Committee (LPC)
- Representatives from Local Involvement Networks (LINks)
- Representative from the Local Medical Committee (LMC) via email
4.5 Consultation

Although the NHS Act 2006 does not impose a minimum or maximum period for a consultation the PNA Regulations do state a minimum of 60 days. PCTs may choose, but are not obliged, to follow the Government’s Code of Practice on Consultation. This stipulates that consultations should normally last for at least 12 weeks (60 days). PCTs are required to consult on a draft of their PNA at least once during its development. Each PCT must consult the following persons at least once during the process of making the assessment on a draft of the proposed PNA:

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

4.5.1 Types of Consultation

In order to have meaningful consultation, the PCT has looked at using a variety of methods. After considering the demographics of our population we believed that the use of just one method would be insufficient.

In Oxfordshire we are doing the following;

- undertaking a patient questionnaire to ascertain what people use pharmacies for and what they would like to use pharmacies for (January & February 2010)
- undertaking focus groups and individual interviews to ascertain the views of people in the following priority groups, as identified in the PCT’s strategy (June 2010):
  - Older People and Carers
  - People with long-term illnesses/conditions
  - People with Mental Health conditions (low grade conditions)
  - People in deprived communities - Banbury, Oxford City
  - Parents of young children
  - Young People 16-24

- uploading the draft PNA to the PCT website and seek comments online
• sending hard copies of the PNA with a consultation reply template to those persons defined in the Regulations
• holding public and professional stakeholder events in September and October 2010
• analysing and reporting on the feedback

The PCT will be required to publish in its PNA a report on the consultation and this should include analysis of the consultation responses.

4.6 Feedback methods to inform the PNA

4.6.1 Patient Questionnaire

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

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

The highlights from the questionnaire included:

• High levels of satisfaction with pharmacy services which extends across Oxfordshire. The results showed that privacy in pharmacies remains a problem even though most pharmacies have consultation areas. This suggests that there is work that needs to be done to change the way in which pharmacies use private areas.
• Low levels of knowledge of extended pharmacy services but a strong willingness to use pharmacies for these kinds of services in the future. This suggests there is more that can be done to match patients’ perceptions with their willingness to use pharmacies in new ways.
• People responding to the questionnaire were more likely to report problems accessing pharmacy services during “normal” opening hours than during the out of hours period (6pm – 8am). This suggests that lunchtime closures or pharmacist absence over lunchtime can be a barrier to access in some areas.
• There is a significant group of people in Oxfordshire that are not getting the best from their medicines. This suggests that there are opportunities to explore how pharmacists could help patients with the practical problems that they experience.
• Finally those patients that get dispensing services from their GP told us this is important to them.
The results have provided a unique and valuable insight into the views of patients which will be useful in developing the PNA and planning pharmacy services in the future. The results provide a foundation on which we can develop further work to explore the important themes that have emerged from the questionnaire. The full results of the survey have been available on the PCT website since May 2010. The results are available in Appendix 4.

A postal questionnaire has limitations and generally the response rate can be poor. The method used to select respondents omits persons that are not registered with GPs and a written questionnaire, by its nature, excludes those with low literacy levels. The PNA questionnaire has succeeded in securing a good response rate from a broad cross section of respondents across Oxfordshire. It has provided valuable insight into how patients use pharmacies, their views on current and future pharmacy services and their experience of using medicines.

4.6.2 Patient Focus Groups

During May and June 2010 further work was undertaken with patients that focused on those groups of patients that had been excluded through the patient questionnaire process. Ipsos MORI assisted the PCT with work using qualitative methods to both close these gaps and to explore important themes in greater depth. The results from the patient questionnaire suggested that it would be helpful for the PCT to hear the views of the following groups:

- Older People and Carers
- People with long-term illnesses/conditions
- People with Mental Health conditions (low grade conditions)
- People in deprived communities - Banbury, Oxford City
- Parents of young children
- Young People 16-24

The feedback results from talking to the above groups is included in sections throughout this PNA and the full results are available in Appendix 5.