1. About NHS Oxfordshire

NHS Oxfordshire is a Primary Care Trust (PCT) and serves a population of around 675,000.

We are ambitious about improving the health and wellbeing of local people. NHS Oxfordshire intends that, by 2013, the people of Oxfordshire will:

- be healthier, particularly if they are vulnerable or live in our most deprived communities
- be working with NHS Oxfordshire to promote physical and mental wellbeing and prevent ill health
- be actively supported to manage their health and care needs at home when this is appropriate
- have access to high quality, personalised, safe and appropriate health services
- get excellent value from their local health services
- have a PCT which is a high performing organisation.

Oxfordshire is the most rural county in south east England and has a large geographical area to cover as well as a diverse population to serve. The population of Oxfordshire ranges from a predominantly older, white population in the rural areas to very ethnically diverse populations in Banbury and Oxford city where one third of the population are students.

NHS Oxfordshire works with our communities and our partners to improve health in the area and to make sure that local people’s needs are being met. We also work with organisations from the voluntary, private and community sectors so that we can make sure that the organisations providing health and +social care services are working effectively.

Area covered by NHS Oxfordshire

Oxfordshire PCT serves a population of approximately 675,000 and covers the areas of Cherwell Vale District Council, Oxford City, South Oxfordshire, Vale of White Horse District Council and West Oxfordshire District Council.
2. Executive summary

2.1 Purpose of the Pharmaceutical Needs Assessment Consultation

Government policy states that all Primary Care Trusts should have a Pharmaceutical Needs Assessment (PNA) in place by February 2011. A PNA presents a picture of community pharmacies and dispensing services, reviewing both access and services currently provided and how these can be utilised further. It is used by PCTs for commissioning intentions for pharmaceutical services i.e what services a PCT needs to commission to meet the needs of its population.

Public and stakeholder engagement in the development of the PNA is required to ensure the views of the public and providers are incorporated so that the PNA is robust and will help meet the needs of the local population. Engagement work was undertaken at the first stage of developing the PNA (details are available in chapter 4 of the PNA). This report focuses on consultation undertaken by NHS Oxfordshire on the draft PNA between 6 September - 25 November 2010.

NHS Oxfordshire engaged with the public, patients, community pharmacists, local pharmaceutical committee, area managers of community pharmacy, dispensing GP practices, GPs, Community Health Oxfordshire, local medical committee, patient participation groups, neighbouring PCTs, local media, radio, voluntary organisations such as LINks, WI, Oxfordshire Carer’s Forum, Restore and Age Concern. All were given the opportunity to comment on the information contained in the PNA, if it accurately reflected pharmaceutical services available in Oxfordshire; access to pharmaceutical and dispensing services; gaps in services and priorities for developing pharmaceutical services in Oxfordshire.

2.2 Process and methodology

A number of consultation and engagement methods were used simultaneously to enable maximum feedback from a wide variety of stakeholders in the time available. These included:

- An online questionnaire on the ‘Talking Health’ section of the PCT website, this enabled respondents to add in any additional comments
- A news release and advert was drawn up for the local media and radio
- A professional stakeholder event was held in September
- Five public consultation meetings were held in October throughout Oxfordshire
- Hard copies of the questionnaire were sent to neighbouring PCTs, community pharmacists, dispensing practices, local and neighbouring medical committees and pharmaceutical committees
- The PNA was also communicated via the weekly staff bulletin, PCT’s intranet page, twitter and facebook
- A display with information about the PNA and the consultation events was featured at NHS Oxfordshire’s annual general meeting
- The PCT complied with the requirements of the NHS Pharmaceutical Regulations with regard to who had to be consulted
2.3. **Key findings**

Analyses of the consultation findings from the stakeholder workshop, public consultation events, online and written responses resulted in similar response themes. These included:

- Staff in pharmacies need training on listening and advising people on general mental health and public health issues
- A need for better national and local publicity of what services community pharmacies can offer.
- Home delivery of prescriptions to rural areas needs to be developed further by those providing pharmaceutical services
- Better communication between pharmacists and GP’s for the benefit of patients

2.4 **Conclusion**

The report recommends that the participants’ concerns from this consultation are fully considered and as many of their comments and suggestions regarding the PNA are incorporated into the final document.

3. **Background**

3.1 **Why do we need a Pharmaceutical Need Assessment?**

PCTs are responsible for securing NHS pharmaceutical services in their area. From April 2005, community pharmacists provide services under a contractual framework agreed for England and Wales between the Department of Health, the Pharmaceutical Services Negotiating Committee and NHS Employers.

The 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 and dispensing practices. The PNA helps to provide a rational basis for PCTs to plan where resources need to be invested to ensure that these developments are meeting local needs. It also provides an opportunity to inform GP commissioners about the potential of community pharmacies to support them in meeting the health needs of their population. The PNA is based on the Oxfordshire Joint Strategic Needs Assessment.

3.2 **The local context**

Oxfordshire is predominantly a rural county and is currently well served by 100 community pharmacies, including seven 100-hours pharmacies which provide additional cover to the standard opening hours provided by other pharmacies, together with 29 dispensing doctor practices.
3.3. Why are we consulting about the PNA?

The 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.

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. Services can then be directed towards addressing health inequalities and supporting self-care in areas of greatest need.

To ensure good services are provided we need to review regularly what services we have, what local people need and how things might change in the future. Through the development of a PNA we will then be able to look at how best to commission or buy the pharmaceutical services the public in Oxfordshire need. It will also help us to establish if there are any gaps in services, to explore future provision and potential new services.

NHS Oxfordshire has undertaken a consultation to ensure the views of the public and stakeholders are sought and where possible incorporated into the final PNA. The consultation has also enabled the PCT to:

- Raise awareness of pharmaceutical services that are available locally and in the county to patients and members of the public
- Encourage the public to be involved in identifying gaps in services and voice their needs for pharmaceutical services
- Provide consistent and timely messages to various audiences through the media and other communication tools
- Ensure internal audiences are aware of the development of the PNA and enable them to feedback
- Ensure providers of pharmaceutical services are kept informed of the progress of the PNA

3.4 How will the feedback be used?

The feedback and opinions gathered from all of the PNA consultation methods will assist in helping NHS Oxfordshire produce a comprehensive PNA which will help the PCT to best commission or buy pharmaceutical services in Oxfordshire and prioritise what services are commissioned. The feedback also aims to identify any gaps within the PNA and help explore future provision and potential new services in Oxfordshire.
4. Stakeholders

The stakeholders for the PNA are members of the public, community pharmacists, local pharmaceutical committee, area managers of community pharmacies, dispensing doctors, GPs, Community Health Oxfordshire, local medical committee, patient participation groups, neighbouring PCTs, voluntary organisations such as LiNks WI, Oxfordshire Carer’s Forum, Restore and Age Concern who had the opportunity to comment about the information contained in the PNA. They were asked if it accurately reflects what pharmaceutical services are available in Oxfordshire; access to pharmacy and dispensing services; gaps in services and priorities for developing pharmaceutical services within Oxfordshire.

4.1 Stakeholders

The key stakeholders identified for this consultation were:

Commissioners:
- NHS Oxfordshire staff
- Community Health Oxfordshire

Primary Care:
- Community Pharmacists
- Local Pharmaceutical Committee
- Regional Managers of Community Pharmacy
- Dispensing Doctors
- GPs
- District Nurses
- Health Visitors
- Local Medical Committee
- Patient Participation Groups

Secondary Care
- Community hospitals – Support Service Managers

Public Partners
- Social and Healthcare
- Voluntary Organisations
  - LiNks
  - WI
  - Oxfordshire Carer’s Forum
  - Restore
  - Age UK
- Neighbouring PCTs

Political Partners
- Strategic Health Authority
- Oxfordshire Joint Health Overview and Scrutiny Committee

Public
- Patients
- Carers
- Community Groups
- Local Press
- Local Radio
- Websites/social networking sites (facebook/twitter)

The Media:
Throughout the PNA consultation media activity was developed when and where appropriate to ensure communication was open and helpful, and that positive messages were provided to support and enable maximum stakeholder involvement.

Other:
When communicating this consultation with the key stakeholders listed in 4.1. encouragement was also given to share this information with any individual or organisation that may be interested in pharmaceutical provision in Oxfordshire.

5. Engagement Process

A number of different engagement methods were used in order to ensure we reached and received views and feedback from a wide variety of stakeholders:

5.1. Online Engagement

NHS Oxfordshire’s Talking Health website
An online consultation site was established on the ‘Talking Health’ website to enable stakeholders to view the full PNA and supporting documents and enter their own comments and feedback.

PNA Questionnaire
A PNA questionnaire was set up on the ‘Talking Health’ website which enabled stakeholders to state their views on the PNA and identify any perceived gaps in current provision within Oxfordshire. For a full copy of the questionnaire please see Appendix 1.

NHS Oxfordshire website
A news release featured on NHS Oxfordshire’s website, highlighting the five public consultation events in Oxfordshire stating how stakeholders could get involved.
Media
A PNA news release was sent to all local media and radio. A PNA article was featured in the Oxford Mail and Henley Standard. The Head of Primary Care Contracted Services, NHS Oxfordshire gave two radio interviews about the PNA to Jack FM and Banbury Sound. An advert was also posted in the Oxford Journal for four weeks highlighting the public consultation events.

Email
The consultation was communicated to all NHS Oxfordshire and Community Health Oxfordshire staff via their weekly staff email news bulletin. GP surgeries were also contacted to notify their Patient Participation groups of this consultation. Personal invitations to participate in the consultation and also highlight the public meetings were emailed directly to all stakeholders on ‘Talking Health’ who expressed an interest in pharmaceutical services.

NHS Oxfordshire Intranet
NHS Oxfordshire intranet was another tool that was used to communicate the PNA highlighting the ‘Talking Health’ website and the five public consultation meetings.

Twitter and Facebook
A number of announcements and ‘tweets’ were made on Twitter and Facebook websites to highlight the PNA questionnaire on the ‘Talking Health’ section of the PCT website and also encourage stakeholders to attend the public consultation events being held in Oxfordshire.

5.2. Face-to-face engagement

Professional Stakeholder workshop September 2010:
On 8 September 2010, NHS Oxfordshire hosted a stakeholder workshop for health professionals to discuss specific questions relating to the PNA. For a full copy of responses please see Appendix 2.
Annual General Meeting
A display with information about the PNA consultation was included at NHS Oxfordshire’s public annual general meeting. NHS Oxfordshire staff were on hand at the event to answer questions about the PNA and the consultation events.

Public consultation events
NHS Oxfordshire hosted five public consultation events in October and visited the following areas: Wantage, Oxford, Henley, Witney and Banbury. The events were used to discuss the PNA and the priorities that NHS Oxfordshire had outlined for developing specific services within existing community pharmacies plus what other pharmaceutical services could be commissioned from providers to meet the health needs of the people of Oxfordshire. For a full copy of the responses please see Appendix 3.

5.3. Written engagement

PNA Questionnaire
Hard copy, printed versions of the online questionnaire were made available and distributed to neighbouring PCTs, pharmacists and dispensing practices in Oxfordshire, local and neighbouring medical committees and pharmaceutical committees. For a complete copy of responses please see Appendix 4.

6. Engagement Findings

6.1. Professional stakeholder workshop and themes

In total 24 people attended the workshop with representation from local pharmacists, dispensing practices, Local Pharmaceutical Committee, LINks, GPs, Practice Managers and NHS Practice Based Commissioning staff. Delegates were divided into groups and had the opportunity to discuss the specific questions relating to the PNA and also to identify any gaps in provision and the key priorities identified for commissioning.

The results of the stakeholder event identified some clear themes of discussion. The majority of delegates agreed that improvement could be made further regarding communication between GPs and pharmacists, so that patients can benefit. National and local publicity of the services that pharmacies provide needs to be promoted and home delivery to rural areas needs to be developed further by the providers. There was general agreement that Medicine Use Reviews provided by pharmacists are under used however, issues raised included the need to better develop pharmacy consultation rooms and time commitment for smaller pharmacies to be able to provide this service. Further suggestions/comments were also made below:

- **Pharmacists welcome having PCT priority groups to focus Medicine use reviews (MURs)**
- **Pharmacies in different parts of the county may have different patient priorities; therefore it is essential for good communication between GPs and pharmacists.**
- Access to pharmaceutical services is sufficient.
- Opening times and location are not always convenient for patients.
- More pharmacies to offer extended hours to supply controlled drugs.
- Stagger lunchtime openings to help with patient demand.
- Pharmacists workload balance needs to be addressed.
- Medicine use reviews are under utilised.
- Delivery to rural areas is an issue.
- Analysis of travel time does not seem to take into account other logistics, for example; time to find a parking space and cost.
- Sustainability of delivery of services.
- Pharmaceutical services are sometimes not convenient for those who rely on public transport.

6.2. Public consultation events and themes

During October 2010 patients in Oxfordshire were encouraged to come and ‘have their say’ regarding pharmaceutical provision in the county at the public consultation events that were held in Wantage, Oxford, Henley, Witney and Banbury. Attendees were made up of patients, carers, pharmacists, LINks volunteer group, patient participation groups, Oxfordshire Rural Council, a member of NHS Oxfordshire’s Clinical Executive and the Women’s Institute. Discussions were held around the key priorities that NHS Oxfordshire had outlined in the PNA.

The mutual themes when visiting the different areas in Oxfordshire were; staff in pharmacies need training to advise on general mental health and public health issues, although concern was expressed about pharmacists giving specialist mental health advice. The need to have better national and local publicity about what services community pharmacies provide to enable better self-care and improve access to local services. Home delivery of prescriptions to rural areas needs to be developed further by those providing pharmaceutical services.

When visiting the various venues in Oxfordshire, the majority of patients agreed with the priorities that NHS Oxfordshire had outlined in the PNA. Continuing the expansion of the number of pharmacies delivering stop smoking services, continuation of Emergency Hormone Contraception to be provided by pharmacies for under 18s. The piloting of a free condom distribution services within pharmacies for young people were all rated by those attending the public events as the top priorities within the ten outlined in the PNA. However, concern was expressed that the following were unaware of the services available in community pharmacy:

- People suffering with Alcohol and drug abuse
- People with Obesity
- People who need night shelter accommodation
- Young carers

Concern was expressed about the costs incurred when patients visit their GP for a minor ailment instead of a pharmacist.
6.3 ‘Talking Health’

The online and hard copy questionnaire asked for comments about information contained in the PNA and if it accurately reflected what pharmaceutical services are available in Oxfordshire; access to pharmacy and dispensing services; gaps in services and priorities for developing services within community pharmacies in Oxfordshire.

The on-line survey was completed by 61 respondents and analysis of the consultation findings are outlined overleaf:

1. Has the purpose of the PNA been explained sufficiently?

![Bar Chart]

94% of patients who responded to the on-line survey agreed that the PNA had been explained sufficiently. Although some of the respondents stated that the maps were difficult to read, so an assessment of access is difficult to determine. Likewise there is no table providing pharmaceutical service details by locality.

2. Do you think that the information contained within the draft PNA accurately reflects the current community pharmacy and prescription dispensing services available in Oxfordshire?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>72% (34)</th>
<th>6% (3)</th>
<th>21% (10)</th>
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<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>72% (34)</td>
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<tr>
<td>No</td>
<td></td>
<td>6% (3)</td>
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<tr>
<td>Not sure</td>
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<td>21% (10)</td>
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The majority of responses (72%) felt the information contained within the draft PNA accurately reflected services available in Oxfordshire. Below are some concerns that were highlighted:
“There should be a caveat that pharmacists cannot advise on all treatments. Some illnesses require the use of specialist doctors and nurses.”

“What proportion of pharmacies offer a home delivery service? It is clear for dispensing surgeries but not for pharmacies.”

“Services should be commissioned to support GP services, not compete with them and they should be adequately funded.”

3. Do you think that the needs of the population of Oxfordshire have been accurately reflected within the draft PNA?

65% of respondents felt the Oxfordshire patient needs had been accurately reflected within the PNA. Some of the comments of the 8% who did not agree are below:

“More detail around pharmaceutical services offered by dispensing doctor’s needs to be included, for example opening hours.”

“Home delivery to all rural areas needs to be addressed.”

“I am not sure that the population of Oxfordshire fully understands the changes that are taking place.”

“Minor ailment schemes have never been utilised by Oxfordshire.”
4. Do you think that draft PNA accurately reflects access to community pharmacies and dispensing services in Oxfordshire?

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<thead>
<tr>
<th>Option</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>79% (37)</td>
</tr>
<tr>
<td>No</td>
<td>6% (3)</td>
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<tr>
<td>Not sure</td>
<td>15% (7)</td>
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The majority of patients agreed that the draft PNA accurately reflected access to services in Oxfordshire. However, when responses were made concern was raised regarding access and delivery to rural areas. One of the suggestions highlighted was home delivery to rural areas; this could take the form of delivery to the local community, rather than to the actual home of the customer.

5. Are there any pharmaceutical services currently provided in Oxfordshire that you are aware of which are not highlighted in the PNA which you think should be included?

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<th>Option</th>
<th>Results</th>
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<tr>
<td>Yes</td>
<td>12% (6)</td>
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<tr>
<td>No</td>
<td>76% (30)</td>
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<tr>
<td>Not sure</td>
<td>10% (5)</td>
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78% of respondents did not specify any additional services to be included in the draft PNA. However, 12% who responded (made up of pharmacists and patients) gave their suggestions below:

- “There appears to be no statement concerning the reliance that the PCT places on 100-hour contracts.”
- “Delivery of emergency items and repeat prescriptions rather than extended shop opening hours seems preferable.”
- “Other services not included; vaccination (flu and travel), weight loss, hair retention, erectile dysfunction, cervical cancer vaccination, mole screening, health heart service, bone health service and ear irrigation service.”

6. Is there any additional information that you think should be included in the PNA?

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<tr>
<th>Option</th>
<th>Results</th>
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<tbody>
<tr>
<td>Yes</td>
<td>27% (14)</td>
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<tr>
<td>No</td>
<td>56% (29)</td>
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<tr>
<td>Not sure</td>
<td>17% (9)</td>
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</table>
56% of respondents felt that there was sufficient information in the PNA. Please find below some of the suggestions from the 27% who felt more information could be added:

“More detail around pharmaceutical services offered by dispensing doctors’ needs to be included in the PNA, e.g. opening hours, eligibility of patients serviced.”

“Cancer patients with defective immune systems due to treatment have been omitted from the PNA.”

“Confidentiality and consulting rooms need to be addressed in all pharmacies.”

7. The PNA sets out priorities for developing specific services within existing community pharmacies. To what extent do you agree or disagree that those services outlined in the PNA and below should be given priority for development?

<table>
<thead>
<tr>
<th>Service</th>
<th>Strongly Agree</th>
<th>Tend to Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Continue to expand the number of pharmacies delivering the Stop Smoking Service</td>
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<td>Continue to commission Emergency Hormonal Contraception (EHC) services for under 16s (free at the point of issue)</td>
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<td>Pilot the free condom distribution (e-card) service within community pharmacies for young people</td>
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<td>Evaluate the community pharmacy Chlamydia screening pilot and roll out to other community pharmacies as appropriate</td>
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<td>Develop existing pharmacies as Healthy Living Pharmacies and make services more available in areas with the worst health outcomes, to meet the needs of vulnerable populations</td>
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<td>Provide tailored health promotion and lifestyle advice for people with mental health problems</td>
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<td>Provide advice and support for patients taking anti-depressant medication via their community pharmacist</td>
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<td>Provide improved signposting in community pharmacies to other services particularly those relating to older people, people with mental health problems and vulnerable populations</td>
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<tr>
<td>Extend signposting from community pharmacies to services beyond health care for example, benefits and housing advice</td>
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<tr>
<td>Increase access to Medicines Use Reviews provided by community pharmacies</td>
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The 61 respondents ‘tended to agree’ with the priorities that have been set out in the PNA for developing specific services within existing community pharmacists.
6.4 Written responses

Please find below some of the mutual themes expressed by Oxfordshire Local Pharmaceutical Committee, NHS Warwickshire, Warwickshire Local Pharmaceutical Committee, NHS Gloucestershire, Gloucestershire Local Medical Committee, Boots Ltd, Lloyds Pharmacy and the White Horse Medical practice (dispensing):

- Commendation was given for the presentation and detail of the PNA document
- All agreed that the PNA had been explained sufficiently
- Dispensing has been omitted from the list of current services
- There are a number of services that seem to have been omitted from the list of services currently provided by pharmacies in Oxfordshire
- There is not enough clarification as to whether the current opening hours of pharmacies within Oxfordshire is sufficient
- The PNA does not include a complete list of community pharmacies and dispensing doctors in Oxfordshire and where they are located
- There has been no analysis of the need for the medication review service
- It would be useful to assess need of the out of hours service to include data analysing the number of prescriptions dispensed during the current rota arrangements and by analysis of the prescribing patterns of the out of hours GP service
- Indicate what pharmacies are where on maps
- Maps are difficult to read
- The emphasis on the analysis has been on transport difficulties Access to delivery services is not adequately considered
- Need to marry PNA with current health provision
- Further development needed regarding weight management

7. Next steps

Through the development of a PNA we will be able to look at how best to commission or buy the services the public in Oxfordshire need from their pharmacies and prioritise what services are commissioned. This report and the detailed feedback received from stakeholders will be reviewed and recommendations made for making amendments and for incorporating themes into the final PNA. The PNA consultation report will be published on the NHS Oxfordshire’s website: www.oxfordshirepct.nhs.uk

8. Thanks

Thanks is expressed to all those who participated in the consultation which will help to shape service priorities and pharmaceutical service provision in Oxfordshire.
9. Supporting information

Definitions
- Stakeholders – A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided.

Glossary
- NHS – National Health Service
- PNA – Pharmaceutical Needs Assessment
- PCT – Primary Care Trust
- Facebook – Social networking website.
- Twitter – Twitter is a social networking tool aimed at enabling its users to exchange up-to-the-minute news and opinions on specific topics.
- Intranet – A private computer network open to users working within an organisation to share information, news and documents.
- Talking Health – NHS Oxfordshire’s consultation and engagement area on our public website (see https://consult.oxfordshirepct.nhs.uk)
- MUR – Medicine Use Review
- JSNA – Joint Strategic Needs Assessment
10. Appendices

Appendix 1 - Pharmaceutical Needs Assessment Questionnaire

Thank you for taking the time to complete this questionnaire which forms part of the public consultation on the Oxfordshire Pharmaceutical Needs Assessment (PNA). The questionnaire should take about 15 minutes to complete.

What is the Pharmaceutical Needs Assessment?

The Oxfordshire PNA aims to provide a complete picture of current community pharmacy and dispensing services available within Oxfordshire. It reviews both access and services currently provided and how these could be developed further.

Why are we doing this?

To provide a good health service NHS Oxfordshire needs to review regularly what services are available, what our local people need and how things might change in the future. Through the development of a PNA we will be able to look at how best to commission or buy community pharmaceutical services the public in Oxfordshire need. It will also help us to establish if there are any gaps in services, to explore future provision and potential new services. The government has asked all Primary Care Trusts to put a PNA in place by February next year (2011).

What is this questionnaire?

This questionnaire will ask you about information contained in the draft PNA and if it accurately reflects what pharmaceutical services are available in Oxfordshire; access to pharmacy and dispensing services; gaps in services and priorities for developing services within community pharmacies in Oxfordshire.

Filling in the survey online:

You can complete the survey online by visiting our website at: https://www.consult.oxfordshirepct.nhs.uk

Survey:

Please let us know whether you are:

Providing a response as a member of the public [ ]
Providing a response as a health or social care professional [ ]
Providing a response as pharmacist/provider of pharmaceutical Services [ ]
Responding on behalf of an organisation [ ]

If you are responding on behalf of an organisation, please indicate which type of organisation you represent:
Private Health/Independent Sector [ ]
Third Sector [ ]
Regulatory Body [ ]
Professional Body [ ]
Education [ ]
Trade Union [ ]
Local Authority [ ]
Trade Body [ ]
Questions:

*Please note – all your answers will be treated in the strictest confidence*

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<td>Do you think that the purpose of the PNA has been explained sufficiently in the draft PNA document?</td>
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<td>Yes</td>
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<td>If no, please explain why?</td>
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<td>2</td>
<td>Do you think that the information contained within the draft PNA accurately reflects the current community pharmacy and prescription dispensing services available in Oxfordshire?</td>
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<td>Yes</td>
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<td>3</td>
<td>Do you think that the needs of the population of Oxfordshire have been accurately reflected within the draft PNA?</td>
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<td>Not sure</td>
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<td>4</td>
<td>Do you think the draft PNA accurately reflects access to community pharmacies and dispensing services in Oxfordshire?</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>If no, please explain why?</td>
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5. *Are there any pharmaceutical services currently provided in Oxfordshire that you are aware of which are not highlighted in the PNA which you think should be included?*

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<th>Yes</th>
<th>No</th>
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If yes, please let us know which services?

6. *Is there any additional information that you think should be included in the PNA?*

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<th>Yes</th>
<th>No</th>
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If yes, please let us know what should also be included and why?

7. *The PNA sets out priorities for developing specific services within existing community pharmacies. To what extent do you agree or disagree that those services outlined in the PNA and below should be given priority for development?*

Please tick one box only for each row

<table>
<thead>
<tr>
<th>Service</th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Neither agree nor disagree</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
<th>Don’t know/does not apply</th>
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<tbody>
<tr>
<td>Continue to expand the number of pharmacies delivering the Stop Smoking Service</td>
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<td>Continue to commission Emergency Hormonal Contraception (EHC) services for under 18s (free at the point of issue)</td>
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<td>Pilot the free condom distribution (c-card) service within community pharmacies for young people</td>
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<td>Evaluate the community pharmacy Chlamydia screening pilot and roll out to other community pharmacies as appropriate</td>
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<td>Develop Healthy Living Pharmacies and make services more available in areas, with the worst health outcomes, to meet the needs of vulnerable populations.</td>
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<tr>
<td>Provide tailored health promotion and lifestyle advice for people with mental health problems</td>
<td><strong>Strongly agree</strong></td>
<td><strong>Tend to agree</strong></td>
<td><strong>Neither agree nor disagree</strong></td>
<td><strong>Tend to disagree</strong></td>
<td><strong>Strongly disagree</strong></td>
<td><strong>Don’t know/does not apply</strong></td>
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<td>Provide advice and support for patients taking antidepressant medication via their community pharmacist</td>
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<td>Provide improved signposting in community pharmacies to other services particularly those relating to older people, people with mental health problems and vulnerable populations</td>
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<td>Extend signposting from community pharmacies to services beyond health care for example, benefits and housing advice</td>
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<tr>
<td>Increase access to for Medicine Use Reviews provided by community pharmacies</td>
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(Please only complete Q8 if you are a pharmacist or provider of pharmaceutical services)

<table>
<thead>
<tr>
<th>8. Does the PNA give you enough information to inform your own future service provision? (pharmacies only)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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If no, what additional information would you require?

Further comment:

| 9. Would you like to add any other comments? |  |
Personal Details:
We would be grateful if you would provide the following information – it will help us know if we have received responses from a representative group of people.

Age Range
Under 16  □
16-24 □
25-34 □
35-44 □
45-54 □
55-64 □
65 and over □
Prefer not to say □

Gender
Male □ Female □ Prefer not to say □

Ethnicity
White □
Mixed □
Asian or Asian British □
Black or Black British □
Chinese □
Other ........................................
Prefer not to say □

Do you consider yourself to have a disability?
Yes □ No □

Please can you give your full postcode below? This will be used to assess where we are receiving responses from across the Oxfordshire area.

Postcode: [ ]

Please return the questionnaire by 8 November 2010 to the FREEPOST address below. No stamp is needed:
FREEPOST RRK-BZBT-ASXU
Josephine Wilkes
Communications and Engagement Directorate
NHS Oxfordshire
5510 John Smith Drive
Oxford Business Park South
Oxford OX4 2LH

Accessibility & other languages
Please let us know if you require this information in another language, audio or Braille by writing to us at the FREEPOST address above or by calling: 01865 334 641.
Appendix 2 - PNA Professional Stakeholder Event 8 September 2010

Q.1. From the responses to our patient survey questionnaire we recognise that some people in Oxfordshire are not getting the best from their medicines. Pharmacies help and support patients to understand their medicines. This reduces the problems associated with taking too much or too little or not getting the best from medicines. The medicines use review (MUR) has the potential to improve understanding and use of medicines particularly in priority areas such as those people taking several medicines and those with respiratory and cardiovascular disease. However, it is underutilised.

- Pick up rate very small
- Patients with home visits would benefit
- Pharmacists not business driven
- Audits – challenge MUR’s
- Patients want medicines quick, do not want to wait
- Patients do not have the right perception of pharmacists
- Culture needs to change
- Training and education important
- Pharmacists and GPs need to improve relationships to help make MUR’s work, so that there is no disconnection
- MUR’s need to be targeted
- Information to patients needs to be targeted
- More co-ordination between GPs and pharmacists
- Successful MUR’s not always a clinical outcome
- Equity of access by patients to MUR’s
- If patients go to different pharmacist they will not benefit. Seeing the same pharmacist each time, helps to improve the patient relationship
- Patients do benefit from MUR’s
- Pharmacists need encouragement and direction
- Audit limited value to documentation received from the PCT
- Pharmacists want to give value for money / workload balance
- Need more clinical review
- Communication and education needs to be addressed for all parties
- MUR’s / way forward consulting rooms have to be improved
- Issue for single pharmacists with patients waiting
- GPs need to target referrals more to Pharmacists
- MUR’s help to change behaviour
- Guidance needs to be given to GPs
- Problem for secondary care
- Patients need to be visited at home, not always pharmacy based
- PCTs need to do more to promote MUR’s, i.e. education and communication with GPs and Pharmacists
- Pharmacists tied to dispensary / time / i.e. commercial point of view
- GP does not always have the time to speak to patients, but can speak to Pharmacists
- Communications link with practice / pharmacy needs to be improved
- Patients attitude needs to change
- The more MUR’s that the Pharmacists do, they can see that they are beneficial to patients
- Suggest for drum/medicine use reviews to be linked
- Education/training re. Pharmacist/GP/dispensing practices needs to be addressed
- Secondary care needs system in place for effective communication
- Commercial aspect problem for the Pharmacists / workload balance
• Improve and promote signage so that patients know exactly what their pharmacy provides

Q.2. Increasing access to a broad range of community pharmacy health services, such as the list below, would make a significant contribution to the health of our population;

• Increase focus on PCT priority groups for MUR’s 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 beyond health care for example, benefits and housing advice

Key points:
➢ Pharmacists welcome having PCT priority groups
➢ Pharmacists in different parts of the county may have different patient priorities, therefore essential for good communication between GPs and pharmacies
➢ Suggest to have a first script MUR, or similar, so that the pharmacist could reinforce the new information given by the doctor

Q 3. Oxfordshire is well served by 100 community pharmacies, together with 29 dispensing doctor practices. The feedback from the patient questionnaire and discussions groups found that pharmacies offer convenient location and extended opening times.

• Agree access to pharmaceutical services is sufficient
• What happens when there is no pharmacy open to match the hours of GPs and there is no other pharmacy in easy reach? Opening times and location do not always fit.
• Should there be more places with extended hours to supply controlled drugs?
• This is also relevant when considering the cover for those who require palliative care and associated medicines.
• Pharmacies will be set up where there is commercial need.
• Must do more to advertise pharmacies more. I.e. the location of the 100 hours pharmacies and out of hours cover.
• Concern over the control over the use of services offered by Pharmacies. The public can go to any pharmacy at anytime to use other services offered. How is this reported back to the GP practices? (link to other question MUR)
• Disagree that pharmacies are in convenient locations and offer convenient opening times. Opinion that in this particular area – if pharmacy was close patient would have to travel a significant distance.
• Longer pharmacy hours would be useful
• Extended hours are not always there to serve the community but business and competition need.
• Extended hours need to be implemented for patient convenience. GP suggested that pharmacies could form clusters and carry out extended hours on a rota basis.
• Convenience is not so much to do with access to pharmacies more the access to stock. Not convenient when pharmacies does not stock what patients require.
• Pharmacy on the high street is an old fashioned model. Not always the most convenient – people use less and less with the arrival of internet shopping etc. Co-located GP surgeries and pharmacies would be preferable and would also improve communications between pharmacists and GPs.
• Hours are not convenient with extended GP hours
• Too few pharmacies are able to dispense drugs needed by those who require palliative care. Not always possible to get the drugs needed quickly – this is exacerbated at night and weekend. Often the case that the District Nurse would have to travel significantly to get what is required.
• Sustainability of delivery services. Will pharmacies/GPs be able to afford to continue this? Questions of liability and access– especially when having to enter security locked houses/facilities to make deliveries.
• Agree number of pharmacies is sufficient at present. However, there is an issue about the viability of opening pharmacies in rural areas where they maybe needed – could PCT commission delivery services to these areas instead?
• Lunchtime openings also and issue – could lunchtimes be staggered in locations where this time is busiest?

Q 4. Oxfordshire is a large and mainly rural county. In Chapter 7 of the PNA the PCT has assessed travel times to pharmaceutical services. How does this match with your patient's experience of travel times to get medicines or pharmaceutical services?

• Travel times for rural areas are a reality of that type of location
• Sometimes patients have no choice of pharmacy – if they do not like the local and most convenient pharmacy there might not be anywhere else to go.
• Analysis of travel time does not seem to take into account other logistics i.e. time to find a parking space, park and cost (example given was Henley). So this does not necessarily reflect the experiences patients have.
• Pharmaceutical services are not convenient for those who rely on public transport
• Home delivery to rural areas needs to be developed further
Appendix 3 - Responses from public consultation events:

NHS Oxfordshire hosted five public consultation meetings in October and visited the following areas in Oxfordshire; Wantage, Oxford, Henley, Witney and Banbury to discuss the draft PNA and the priorities that NHS Oxfordshire have outlined for developing specific services within existing community pharmacies.

Wantage - Key points:
- Future housing expansion of Grove should be considered, currently only has one pharmacist
- Suggestion for courier service between Lloyds pharmacy in Wantage to Stanford-in-the-Vale
- Transport is a big issue in rural areas
- Suggested for delivery to rural areas
- Educate the public on what services pharmacists provide i.e.; signpost re. out-of-hours
- All pharmacists should provide a leaflet stating all the services they offer
- Manage patients expectation of what services pharmacists can provide
- Extend pharmacy opening hours for people who work
- All pharmacists should have a consultation room and make sure the rooms are fit for purpose and have adequate privacy provision
- Medicine use reviews (MUR's) are very helpful and pharmacists should be pro-active with them
- Essential that pharmacists have adequate training for all services that are provided
- Improve signposting of services available
- Home delivery to rural areas needs to be developed further

The delegates in Wantage who attended the event agreed with the priorities that have been set out in the draft PNA in order of preference below:

1. Continue to commission Emergency Hormonal Contraception (EHC) services for under 18s. Pilot the free condom distribution (c-card) service within community pharmacy for young people
2. Evaluate the community pharmacy Chlamydia screening pilot and roll out to other community pharmacies as appropriate
3. Provide improve signposting in community pharmacies to other services particularly those relating to older people, people with mental health problems and vulnerable populations. Extend signposting from community pharmacies to services beyond health care for example, benefits and housing advice
4. Increase access to MUR's provided by community pharmacies.
5. Continue to expand the number of pharmacies delivering the stop smoking service. Develop healthy living pharmacies and make services more available in areas, with the worst health outcomes, to meet the needs of vulnerable populations.

Oxford - Key Points:
- Alternative therapies need to be addressed
- Training of pharmacists
- Addiction is extensive in Oxford, therefore pharmacists services need to be signposted
- People in sheltered accommodation are not always aware of pharmacist services. Pharmacist delivery does not meet the need, how could outreach be developed in this area, i.e.; mobile MUR’s?
- Minor ailments have not been identified as a priority. A minor ailment scheme would free up pharmacists time more
Blood pressure monitoring could be undertaken by pharmacist therefore ‘freeing up’ nurses valuable time
Dietary and lifestyle advice very useful
Vital to signpost/promote range of services pharmacists provide
Sources need to be joined up across the county so qualifications can be carried across boundaries and local limitations just need to be listed in the pharmacy
Concern raised with pharmacists giving mental health advice

The delegates in Oxford who attended the event agreed with the priorities that have been set out in the draft PNA in order of preference below:

1. Continue to expand the number of pharmacies delivering the stop smoking service.
2. Continue to commission emergency hormonal contraception (EHC) services for under 18s (free at the point of issue).
3. Pilot the free condom distribution (c-card) service within community pharmacies for young people.
4. Develop healthy living pharmacies and make services more available in areas, with the worst health outcomes, to meet the needs of vulnerable populations.
5. Provide advice and support for patients taking antidepressant medication via their community pharmacist.

**Henley – Key Points:**
- Concern raised regarding access to delivery services
- It is the GPs responsibility to ensure that prescriptions can be obtained
- There is no jurisdiction over what pharmacies can sell
- All staff in pharmacies need training in listening and advise people on mental and public health issues
- Signposting of all services needs to be addressed
- Concern that pharmacies are turning into polyclinic style facilities
- Lack of confidentiality for patients
- Fragmentation of services and geographical areas of Oxfordshire
- Commissioning process should include a responsibility/onus on pharmacies to promote their own services
- Healthy living concern around the commercial impact, for e.g.; weightwatchers
- Concern raised about pharmacists giving mental health advice.
- With piloting the free condom distribution (c-card) concern was raised about certain communities/religions and data management
- Home delivery to rural areas needs to be developed further

The patients in Henley who attended the event agreed with the priorities that have been set out in the draft PNA in order of preference below:

1. Continue to expand the number of pharmacies delivering the stop smoking service.
2. Continue to commission emergency hormonal contraception (EHC) services for under 18 (free at point of issue)
3. Pilot the free condom distribution (c-card) service within community pharmacies for young people.
4. Provide improved signposting in community pharmacies to other services particularly those relating to older people, people with mental health problems and vulnerable populations. Extend signposting from community pharmacies to services beyond health care for example, benefits and housing advice.
5. Increase access to MUR’s provided by community pharmacies.
Witney – Key Points:

- It was suggested that data produced by Oxford Consultants representing rural deprivation to be incorporated into the PNA
- Concern raised about access to morphine by carers in rural areas, for example; if a carer has to leave to pick up morphine they would need cover because they might have to leave the patient for over an hour at a time
- The transport timetable in rural areas may not coincide with pharmacy opening hours
- Concern raised about pharmacists giving mental health advice
- Training of pharmacists
- Improve signposting and keep all information up-to-date
- Concern about pharmacists giving mental health advise, this might prove very time consuming for pharmacists so therefore needs to be addressed as a specialist service

The patients in Witney who attended the event agreed with the priorities that have been set out in the draft PNA in order of preference below:

1. Continue to expand the number of pharmacies delivering the stop smoking service.
2. Continue to commission emergency hormonal contraception (EHC) services for under 18s (free at point of issue). Although the group felt there should be no age limit, free to all.
3. Pilot the free condom distribution (c-card) service within community pharmacies for young people
4. Evaluate the community pharmacy Chlamydia screening pilot and roll out to other community pharmacies as appropriate
5. Increase access to MUR’s provided by community pharmacies

Banbury – Key Points:

- Some patients might prefer to see their GP and ask for a prescription if they had to pay for stop smoking services
- When issuing emergency hormonal contraception (EHC), pharmacists to give contraception advice
- Training of pharmacists
- More education for young people regarding healthy eating and sexual health
- There should be more promotion around young people returning chlamydia kits
- Would existing pharmacies have the capacity to provide healthy living pharmacies?
- Is it the best use of pharmacist’s time to give advice and support on mental health issues? Pharmacists could signpost patients to relevant services
- Health promotion initiatives need to be balanced in conjunction with other health care providers
- Pharmacies should have websites that are kept up-to-date and provide information on all services that are provided
- MUR’s are excellent to help prevent wastage
- GPs and pharmacists need to work more closely
- Transport is a problem in rural areas
- Signposting – public need to be made aware of all services that pharmacists provide
- Concern rose about pharmacists giving mental health advice
- Patients should be aware of cost pressures when they visit GPs over pharmacists
The patients in Banbury who attended the event agreed with the priorities that have been set out in the draft PNA in order of preference below:

1. Increase access to MUR’s provided by community pharmacies
2. Pilot the free condom distribution (c-card) service within community pharmacies for young people.
3. Continue to expand the number of pharmacies delivering the stop smoking service.
4. Develop healthy living pharmacies and make services more available in areas, with the worst health outcomes, to meet the needs of vulnerable populations.
5. Continue to commission emergency hormonal contraception (EHC) services for under 18s (free at the point of issue).

However concern was expressed from delegates at the various venues above that the following groups were unaware of the services available in community pharmacy:

- Alcohol and drug abuse
- Obesity
- Night shelter accommodation
- Young carers
- Minor ailment scheme
- Highlight misuse of services i.e. cost incurred when patient visits GP for a cold instead of a pharmacist
Appendix 4: Written engagement PNA responses

The following responses were received:
Oxfordshire LPC
NHS Warwickshire
Warwickshire LMC
Warwickshire LPC
Berkshire LPC
NHS Gloucestershire
Gloucestershire LMC
Gloucestershire LPC
Boots Ltd
Lloyds Pharmacy
White Horse Medical Practice – Dispensing Practice

1. Do you think that the purpose of the PNA has been explained sufficiently in the draft PNA document?

Oxfordshire LPC - Yes
NHS Warwickshire – Yes
Warwickshire LPC – Yes
NHS Gloucestershire – Yes
Gloucestershire LPC – Yes
Boots Ltd – Yes
Lloyds Pharmacy - Yes

2. Do you think that the information contained within the draft PNA accurately reflects the current community pharmacy and prescription dispensing services available in Oxfordshire?

Oxfordshire LPC – No

- With reference to the Childhood immunisation programme the draft PNA states (5.5.3) that “the majority of these are delivered through our local primary care services as a directed enhanced service” The use of “primary care” in this context is inaccurate as it refers only to General Practice. It is not available as a wider enhanced service to all providers of primary care
- Services provided by pharmacies have been mapped to PBC groups (Chapter 6) as of July 2010; however the geography of PBC groups has been mapped (4.1.1) in the light of changes to consortia in August 2010. It is therefore impossible to interpret the service mapping.
- Lists of current services (5.3.2; 5.4.1; 5.6.1; 5.7.8) should indicate whether current services are essential, advanced, enhanced or privately offered.
- We note that dispensing has been omitted from these lists of current services.
- In current services for those with long term conditions (5.3.2) we note that prescription collection and reminder services are not included, although the service user feedback goes on to recognise the value that patients place on these services
• Other currently provided (albeit not commissioned) services which meet the needs of patients with long term conditions include: palliative care, collection and delivery services

• Services currently supporting and promoting independence in older people include: dispensing; prescription collection and delivery services; support in taking medicines through provision of reminder sheets; support in taking medicines through supply in Monitored Dosage Systems (MDS). These have not been included in the list of current services.

• Current services provided for children (5.5.9), young people and their families include: sale and advice on the use of OTC medicine, support for self care; dispensing of prescription medicines.

• Services currently supporting people with mental health problems (5.6.1) include: dispensing; support in taking of medicines including reminder charts and supply of Monitored Dosage Systems (MDS); collection and delivery of prescriptions; Community Clozapine dispensing through registration with the monitoring service; support in dispensing and advice to residential homes; assessment of lithium compliance and levels via NPSA guidance. It is noted that the service users quoted were strongly in favour of prescription reminder services, however these are quoted neither as current nor opportunities for service.

• In paragraph 9.3 it is stated that “no additional services are provided by the Oxfordshire PCT’s medicines management team” however in section 6.15 it states that prescriber support is provided by this team. These conflicting statements must be clarified.

NHS Warwickshire – Not sure
There is no complete list of the names of community pharmacies and dispensing doctors in Oxfordshire and where they are located. We had to contact you for further information so that we could establish which pharmacies are located near to our borders.

Warwickshire LPC - Yes as far as the Warwickshire LPC is aware.

NHS Gloucestershire – Not sure
Have no knowledge of the provision of pharmaceutical and prescription dispensing services in Oxfordshire.

Gloucestershire LPC – Yes as far as the Gloucestershire LPC is aware.

Boots Ltd – Yes

Lloyds Pharmacy – No
Services provided by pharmacies have been mapped to PBC groups (Chapter 6) as of July 2010; however the geography of PBC groups has been mapped (4.1.1) in the light of changes to consortia in August 2010. It is therefore impossible to interpret the service mapping. There are a number of services that seem to have been omitted from the list of services currently provided by pharmacies in Oxford. Including a delivery service, the provision of monitored dosage systems and community dosage systems. There is also no mention of the services currently available privately either through a PGD or through online Dr Assessment. Services include vascular screening, weight management, Chlamydia testing, vaccination services (flu and travel).

----------
3. Do you think that the needs of the population of Oxfordshire have been accurately reflected within the draft PNA?

Oxfordshire LPC – No

- We do not agree that the consortia are the most logical localities to be used in the PNA. The JSNA uses ward data amalgamated to district council level, and practice level amalgamated to PBC consortium. In the light of the changes in consortia and the difficulty of interpreting this data geographically we would propose that district council localities would be more appropriate.

- We are concerned that feedback from the focus groups is included in sections throughout the draft PNA; however the results from the postal questionnaire are not used in the same way. We are concerned that this stresses unduly on some anecdotal aspects to the focus group responses (which may or may not be representative of the wider population) and does not encourage reading of the full balanced results. Such data is not well referenced to the appropriate appendices.

- In paragraph 5.3.2 and 5.4.1 it should be clarified that this Service User Feedback refers to the focus group work with referencing to the appendix which includes full details of methodology, sample numbers etc

- Data in paragraph 5.4 refers to needs identified in Chinnor, which is not within Oxfordshire PCT

- Maps of population density for various populations across Oxfordshire merely reflect the general population densities around the county, and we question whether they add anything to the needs analysis?

- Paragraphs 5.7.8 and 1.4.5 identify a need to “make services more accessible to vulnerable population groups” what is meant by this – which services? – how? It is especially important to qualify who the service users were that gave feedback for this group – Vulnerable groups is a very large and diverse category as described in section 5.7

- In discussing opening hours and travel times, paragraph 1.2 finishes “The assessment we have made is that these are broadly reasonable for a rural county with some noted variations” Where are these variations noted?

- In paragraphs 1.4.4 and 5.6.1 a potential need is identified for “enhanced dispensing of medication for people with schizophrenia”. What is meant by this?

- The need for anti-coagulation monitoring is dismissed in paragraph 6.1 with no evidence or analysis presented to support the assertion that need is met.

- The Medication Review Service has been described in paragraph 6.7, however there has been no analysis of the need for this service

- Out of Hours Services are described in paragraph 6.13. To assess need it would be useful to include data analysing the number of prescriptions dispensed during the current rota arrangements and by analysis of the prescribing patterns of the Out of Hours GP service.

- In paragraph 6.14, data is displayed for the under 18 conception rate. The needs of those in the 18-24 age-groups for convenient access to EHC should also be explored.

- In paragraph 6.16 the Schools Service is described. Need has not been explored, and could be done by a simple recording of the number/location of boarding schools within Oxfordshire, and more comprehensively by a survey of medicines issues arising within schools generally.

- In paragraph 9.3.1, the centrally commissioned supply of MDS is noted, however the needs for this service within and outside of the DDA is not quantified. It has recently been estimated that social services commission medicines assistance from accredited providers for approximately 1000 clients across Oxfordshire. The Shared Care protocol requires these providers to use MDS when assisting clients. These providers and others
also provide assistance with medicines which is not funded and will also insist upon the packaging of medication in MDS for these clients. A recent LPC survey would suggest that approximately 4000 patients are provided with domiciliary MDS across Oxfordshire.

- Where the PNA has used “service user feedback” to support assertions that there is no need for pharmaceutical services such as vascular risk assessment, user feedback in paragraph 5.5.9 which suggests making non-prescriptions medicines available on the NHS from pharmacies is ignored when it is concluded that there in “no evidence” of need for a Minor Ailments service
- It has been stated that non-prescription supply of Gluten Free foods is not commissioned (6.4), however there is no evidence or analysis presented regarding the need for this service – e.g. numbers of diagnosed coeliacs or issues identified by patients in obtaining supplies via prescription route
- The Medicines Assessment and Compliance Support service is described in paragraph 6.8. The growing elderly population and analysis of the needs of Mental Health patients would indicate that a need has been identified for this service. This is not, however, explicitly stated

NHS Warwickshire – Not sure
We were looking particularly at North Oxfordshire – it was difficult to drill down and extract information relating to that specific locality and its needs.

Warwickshire LPC - Yes there is evidence of full patient consultation

NHS Gloucestershire – No

Gloucestershire LPC – Yes there is evidence of full patient consultation.

Boots Ltd – Yes

Lloyds Pharmacy – No
In discussing opening hours and travel times, paragraph 1.2 finishes “The assessment we have made is that these are broadly reasonable for a rural county with some noted variations” Where are these variations noted?

We don’t believe that there is enough clarification as to whether the current opening hours of pharmacies within Oxford is sufficient. This could create confusion in relation to gaps in provision. The PNA states that the 100 hour pharmacies provide a vital service. If this is true the PNA should ensure that the hours are maintained to prevent a reduction in this provision. Although the PNA lists locations and spread of 100 hour contract it does not indicate if this spread is adequate.

There is no mention of a consultation regarding the provision of INR testing in pharmacy. Would this improve access is rural locations?

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4. Do you think the draft PNA accurately reflects access to community pharmacies and dispensing services in Oxfordshire?

Oxfordshire LPC – No

- Maps appear to show two pharmacies in the vicinity of Charlbury. We are aware of only one.
- It would be useful to indicate what pharmacies are where on the maps.
• Superimposition of dispensing practices on pharmacies gives a misleading impression in some areas.
• Map annotation in paragraph 8.2.1 should make clear that the yellow diamond is Out of Hours MEDICAL Service
• The emphasis on the analysis has been on transport difficulties. Access to delivery services is not adequately considered, although it should be noted that these are not commissioned

**NHS Warwickshire** – Not sure
See answer to question 2.

**Warwickshire LPC** - Yes as far as the Warwickshire LPC is aware

**NHS Gloucestershire** – Not sure
The maps are difficult to read, when downloaded from the internet. Why has the map for delivery of essential service 1, been separated from the maps delivering essential services 2, 3, 4, 5, 6 & 8? My understanding is that all community pharmacies must provide all essential services.

**Gloucestershire LPC** – Yes as far as the Gloucestershire LPC is aware.

**Boots Ltd** – Yes

**Lloyds Pharmacy** – No
It would be useful to indicate what pharmacies are where on the maps. Superimposition of dispensing practices on pharmacies gives a misleading impression in some areas.

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5. Are there any pharmaceutical services currently provided in Oxfordshire that you are aware of which are not highlighted in the PNA which you think should be included?

**Oxfordshire LPC** – Yes
• Current Services should be highlighted for all the relevant populations in Chapter 5:
  o Sale and advice on the use of OTC medicines
  o Support for self care
  o Dispensing of prescription medicines and appliances
  o Support in taking medicines including reminder charts and MDS
  o Support for carers through provision of MDS
  o Collection and delivery of prescriptions
  o Support for residential homes, both in specialised dispensing and advice on medicines management
  o Prescription reminder/ordering services
  o Implementation of NPSA guidance by assessing lithium compliance/monitoring
  o EHC, DDA adjustments and Clozapine monitoring for vulnerable populations
  o Private vascular screening services (BP, Cholesterol, Blood Sugar)
  o Private weight management services
  o Private vaccination services (flu and travel)
• Potential Services
  o Alcohol interventions
Many pharmacies would be happy to provide MUR in patient homes given PCT approval and adequate funding

- Non-prescription supply of Gluten Free Foods
- Potential services to meet the needs of patients with long term conditions also include: concordance monitoring; point of care testing (INR clinics); flu vaccination

**NHS Warwickshire** – Not sure

**Warwickshire LPC** - not aware of any such services

**NHS Gloucestershire** - Not sure
Not familiar with the pharmaceutical services provided within Oxfordshire.

**Gloucestershire LPC** - not aware of any such services.

**Lloyds Pharmacy** –

- Sale and advice on the use of OTC medicines
- Support for self care
- Dispensing of prescription medicines and appliances
- Support in taking medicines including reminder charts and MDS
- Support for carers through provision of MDS
- Collection and delivery of prescriptions
- Support for residential homes, both in specialised dispensing and advice on medicines management
- Prescription reminder/ordering services
- Private vascular screening services
- Private weight management services
- Private Vaccination service (travel and flu)
- Blood pressure monitoring
- Blood glucose testing
- Private Chlamydia testing

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6. Is there any additional information that you think should be included in the PNA?

**Oxfordshire LPC** –

- Anti-coagulation services at the southern boundary are of concern to pharmacists dispensing warfarin who are aware of patients routinely not within target range for INR
- No reference has been made to accessibility of services (other than transport links) in Swindon for populations West of Farringdon, and services in Reading for those in the South East
- No consideration has been given to services such as Supervised Consumption which may be more conveniently accessed across borders, but where contracts currently limit the clients’ choice of pharmacy relative to the prescriber and appropriate DAAT.
- The contribution of MDS filled to support carers (outside of DDA) in supporting patients to remain in their own homes should be noted
- It should be noted that the Substance Misuse Users Group is involved in evaluating locations for SWOP (needle exchange) pharmacies

**NHS Warwickshire** – Yes
More detailed Maps of the localities and a list of community pharmacies and dispensing practices and their locations.
Warwickshire LPC - are of the view that the determination of the localities should be reviewed and clarified. Members found it difficult to understand the determinations and their relationships.

NHS Gloucestershire - could not find a gap analysis, and as such how were the key opportunities for pharmaceutical services identified? How were the opportunities identified?

Gloucestershire LPC - is of the view that the determination of the localities should be reviewed and clarified: Members found it difficult to understand the determinations and their relationships.

Boots Ltd – Yes
More detail around pharmaceutical services offered by dispensing doctors e.g. – opening hours, eligibility of patients serviced

Lloyds Pharmacy – Yes
Information regarding service availability across county boundaries. Will have an effect of gaps in provision of service.

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7. To what extent do you agree or disagree that those services outlined in the PNA and below should be given priority for development?

Warwickshire LPC - Members are of the view that the recommendations reflect the service provision and service development issues identified in the document

NHS Gloucestershire – there does not appear to be a gap analysis, so it is difficult to identify whether a particular service is required.

Gloucestershire LPC – Members are of the view that the recommendations reflect the service provision and service development issues identified in the document.

7a. Continue to expand the number of pharmacies delivering the Stop Smoking Service

Oxfordshire LPC – Strongly agree

NHS Warwickshire – Tend to agree

Boots Ltd – Strongly Agree

Lloyds Pharmacy – Strongly Agree

7b. Continue to commission Emergency Hormonal Contraception (EHC) services for under 18s (free at the point of issue)

Oxfordshire LPC – Strongly agree

NHS Warwickshire – Tend to agree

Boots Ltd – Strongly Agree

Lloyds Pharmacy – Strongly Agree
7c. Pilot the free condom distribution (ccard) service within community pharmacies for young people

**Oxfordshire LPC** – Strongly agree  
**NHS Warwickshire** – Neither agree nor disagree  
**Boots Ltd** – Strongly Agree  
**Lloyds Pharmacy** – Strongly Agree

7d. Evaluate the community pharmacy Chlamydia screening pilot and roll out to other community pharmacies as appropriate

**Oxfordshire LPC** – Strongly agree  
**NHS Warwickshire** – Tend to agree  
**Boots Ltd** – Strongly Agree  
**Lloyds Pharmacy** – Strongly Agree

7e. Develop existing pharmacies as Healthy Living Pharmacies and make services more available in areas, with the worst health outcomes, to meet the needs of vulnerable populations.

**Oxfordshire LPC** – Strongly agree  
**NHS Warwickshire** – Neither agree nor disagree  
**Boots Ltd** – Tend to Agree  
**Lloyds Pharmacy** – Strongly Agree

7f. Provide tailored health promotion and lifestyle advice for people with mental health problems

**Oxfordshire LPC** – Strongly agree  
**NHS Warwickshire** – Neither agree nor disagree  
**Boots Ltd** – Neither agree nor disagree  
**Lloyds Pharmacy** – Strongly Agree

7g. Provide advice and support for patients taking anti-depressant medication via their community pharmacist

**Oxfordshire LPC** – Strongly agree  
**NHS Warwickshire** – Neither agree nor disagree  
**Boots Ltd** – Tend to Agree  
**Lloyds Pharmacy** – Strongly Agree
7h. Provide improved signposting in community pharmacies to other services particularly those relating to older people, people with mental health problems and vulnerable populations

Oxfordshire LPC – Strongly agree

NHS Warwickshire – Neither agree nor disagree

Boots Ltd – Tend to Agree

Lloyds Pharmacy – Strongly Agree

7i. Extend signposting from community pharmacies to services beyond health care for example, benefits and housing advice

Oxfordshire LPC – Agree

NHS Warwickshire – Neither agree nor disagree

Boots Ltd – Tend to Disagree

Lloyds Pharmacy – Strongly Agree

7j. Increase access to Medicines Use Reviews provided by community pharmacies

Oxfordshire LPC – Strongly agree

NHS Warwickshire – Tend to agree

Boots Ltd – Strongly Agree

Lloyds Pharmacy – Strongly Agree

8. Does the PNA give you enough information to inform your own future service provision? (pharmacies only)

Oxfordshire LPC – No

- The controlled localities mapping must be accurate and appropriate
- The descriptions of the PBC consortium localities are not sufficiently accurate or well defined to be of use. Contrary to the statement in 4.1.1 the West Oxfordshire Locality Group does not cover the whole District Council area; the description of South East and others does not make it clear where Wheatley sits; there are practices outside of the Oxford City Council area included in the Oxford City consortium.
- It would be more helpful to indicate what practices are in each locality and the current practice boundaries for each practice
- The map showing consortium localities boundaries is not sufficiently detailed to allow for good analysis of pharmaceutical services. To clarify, major conurbations and roads should also be shown.
- Population information and needs analysis is presented at Ward Level seven times, at District Level five times but at PBC consortium level only once. Provision of pharmaceutical services is described by PBC consortium. This does not make sense. The consortia are not appropriate localities for this document
In specifying the number of pharmacies, a point in time (14th July 2010) was chosen. For consistency all information should be as known at that date. I.e. changes to the PBC localities should not have been included, or the whole document updated to this point.

There is predicted population growth to be concentrated around Oxford, Bicester, Eco-Bicester, Banbury, Didcot and Wantage. There is also predicted development in Witney and Carterton. Mapping of likely land for development is important as this may have implications for rurality determinations.

Paragraph 5.3.2 and all similar sections in Chapter 5 Headings need to be better worded to clarify that these are areas for commissioners to consider service development. We are concerned that the current wording could create an application loophole for speculative contract applications offering to fulfil these “opportunities” despite no commissioning of services.

**NHS Warwickshire – N/A**

Warwickshire LPC – only concern is in relation to determination of the localities and the lack of information in relation to that process.

**Gloucestershire LPC** – concern is in relation to determination of the localities and the lack of information in relation to that process.

**Boots Ltd** – Yes

**Lloyds Pharmacy** – No

The controlled localities mapping must be accurate and appropriate.

Population information and needs analysis is presented at Ward Level seven times, at District Level five times but at PBC consortium level only once. Provision of pharmaceutical services is described by PBC consortium. This does not make sense. The consortia are not appropriate localities for this document.

Paragraph 5.3.2 and all similar sections in Chapter 5 Headings need to be better worded to clarify that these are areas for commissioners to consider service development. We are concerned that the current wording could create an application loophole for speculative contract applications offering to fulfil these “opportunities” despite no commissioning of services. We as contractors would be happy to fill these gaps in provision of service.

9. Would you like to add any other comments?

**Oxfordshire LPC** – Yes

- In paragraph 5.1.3, the direct quotation from the Strategic Plan about the commissioning of care pathways is not obvious as a quotation and is confusing when read in the context of the PNA.
- The map in paragraph 5.2.6 does not indicate what the defined areas are – wards or superoutput areas or?
- Ward data regarding needs in Chinnor is reported on a number of occasions. This ward is not within Oxfordshire PCT (however it is noted that the PNA for Buckinghamshire does not highlight these issues).
- It would be useful to reference the data on smoking prevalence by locality (p56) when the risks of smoking are discussed in paragraph 5.3.1.
- We note that vascular screening is listed as a potential service to meet the needs of people with Long Term Conditions. However this group is likely to be...
already diagnosed or will access such screening during routine GP appointments. Community Pharmacy is an excellent point for screening in those populations less likely to access GP surgeries. This is less likely to be the case with this group, and targeting this group could be a case of “setting up to fail”

- In paragraph 1.4.4 and 5.3.2 the definition of spirometry is inaccurate and misleading. Spirometry is a diagnostic tool for use in differentiating between different lung conditions and giving an objective measure of disease progression. Its use does not help in correct use of inhalers. There is much that pharmacists can do to help support inhaler use, including the use of devices such as AIMS or two-tone. Some pharmacists may be able to run more complex respiratory clinics which may involve the use of spirometry in diagnostics, however it is important not to confuse the two

- We note that a supplementary statement would be made concerning the opening of new pharmacy premises. Under what other circumstances – e.g. commissioning of enhanced service – would a supplementary statement be made?

- We are concerned that in the relevant sections of Chapter 5, “Opportunities for pharmaceutical services” appeared to imply that Community Pharmacies should be developing proposals around such areas. Some of these services are already being delivered through private or goodwill arrangements. We feel that the lack of commissioning rather than a lack of willingness to provide was not well communicated

- The poor grammar in paragraph 5.4.1 makes the statement hard to understand: “Older people were not very enthusiastic about the options for extended services in the pharmacy, as many of them had long-term conditions or saw a doctor regularly so they did not consider it necessary to access wellness checks in their pharmacy. This said Medicines Use Reviews (MURs) are a highly valued service where older people are on multiple medications, with varying dosages, potential interactions and side effects – they value the assistance provided to deal with these”

- Reword example: “In focus group discussion, older people were not very enthusiastic about the options for extended services in the pharmacy. Many of them saw a doctor regularly and did not consider it necessary to access wellness checks in the pharmacy. That said, they highly value the assistance provided through Medicines Use Reviews (MUR) to deal with the multiple medicines they take – varying dosages, potential interactions and side effects

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**NHS Warwickshire** – The PCT felt that the PNA did not clearly indicate a view on gaps in provision of services to address the pharmaceutical needs of Oxfordshire PCT – conclusions were lacking. NHS Warwickshire reviewed NHS Oxfordshire’s PNA in relation to the impact that it will/may have on the population of Warwickshire. They reviewed their Epact data (Financial year 09/10) and established that the following pharmacies in NHS Oxfordshire were accessed to a significant level (dispensing of over 120 items) by Warwickshire registered patients:

- CROSS CHEMIST 10 HORSEFAIR BANBURY OX16 0AH
- BOOTS UK LIMITED 12-14 CASTLE QUAY BANBURY OX16 5UH
- COX & ROBINSON SOUTH BAR HOUSE SOUTH BAR BANBURY OX16 9AD
- ROWLANDS PHARMACY 58 ORCHARD WAY BANBURY OX16 0EN
- FROSTS PHARMACY LTD HARDWICK SHOPPING CENTRE FERRISTON BANBURY OX16 1XE
- SAINSBURY’S SUPERMARKETS LTD 642 OXFORD ROAD BANBURY OX16 9XA
- KNIGHTS CHEMIST LTD UNIT 2, BURCHESTER PLACE GRIMSBURY BANBURY OX16 7WT
Warwickshire LMC - No comments to be added.

Berkshire LPC - We do not believe that the localities have been defined except to show where consortia are and therefore would ask the PCT to rectify this in their PNA so that localities that will be used for market entry determination are clearly defined. We also feel that there is only limited ward level data and would expect the PCT to include more information in the final PNA.

We do not believe the PCT has adequately assessed the pharmaceutical need as it has not reviewed whether services that are not commissioned or are commissioned elsewhere could be delivered by community pharmacy. Utilising the community pharmacy network could improve access, provide better patient choice or offer a financially more appropriate solution and we believe the PCT should have conducted this assessment for all services.

We would like to commend the PCT on its decision to develop Healthy Living pharmacies in deprived areas but would ask that they consider extending this to all pharmacies to gain the maximum benefit for the population of Oxfordshire. We also note the PCT's other intentions related to service improvement and agree with their recommendations.

We note that there is no controlled location map in evidence in the PNA nor has the PCT defined the controlled localities in its PNA. We believe that this should be done and we commend the PCT's commitment to work with their LPC and LMC to review the existing controlled localities and whether they remain appropriate in light of current pharmacy provision and improvements in public transport.

We note the high levels of patient satisfaction and also the low levels of awareness of services or the availability of consultation rooms and would ask what plans the PCT has to improve public awareness in these areas.

We note that the PCT operates a central MDS service but there is no information available on who actually operates this service. If the service is run by the PCT then we believe this is contrary to World Class Commissioning guidelines as the PCT should not act as a commissioner and a provider. The recent CHUMS report recommends that care homes have a regular contact with a local pharmacist and that this relationship helps to reduce medication errors and improves quality of medicine administration in the homes.

The PCT states that it wishes to retain the existing seven 100 hour pharmacies but does not appear to consider the lack of access to extended hours in Banbury and Bicester and we would be interested to hear how the PCT plans to deal with this issue.

Finally, we note that the PCT's findings are based on a public response of only 0.2% of the population of Oxfordshire. Whilst we commend the PCT for engaging with focus groups as a part of the consultation we would recommend that the PCT does not make any further decisions regarding services or contracts without ensuring it has an improved engagement with its population.

Gloucestershire LMC - ask the following:

- Have the individual dispensing practices in their area been given a copy of the part of the county map of controlled areas covering their practice area:
That practices have been given a chance to check whether, as at 1st April 1983, they had any dispensing patients in any area marked ‘not determined’ on that map.

That is there were such then those areas have now been reclassified as ‘controlled’.

Otherwise content for Gloucestershire LPC to comment on the draft.

**Boots Ltd** - Generally regarding opening hours, we believe that our pharmacies opening hours should match up with their local surgery hours so that patient needs are fully met. If there is a requirement for us to make any changes then we would be pleased to discuss this further. We also intend to open the majority of our pharmacies throughout lunchtime to provide an uninterrupted pharmaceutical service wherever possible. Again please discuss with us any particular areas of need for lunch-time opening in our pharmacies.

It is our opinion that 100-hour pharmacies provide a useful extended hour pharmaceutical service to patients. Boots would be happy to discuss the distribution of 100-hour pharmacies in the PCT and would welcome any discussions regarding opportunities to increase the 100-hour service provision.

Regarding section 6 Advanced and Enhanced Services MURs. - We support and encourage all our pharmacists to give great patient care by completing MURs with their patients. Patient feedback is very positive and patients appreciate spending quality time with a pharmacist who can also answer their queries and concerns. Our pharmacies all have more than 400 patients each who could benefit from this service – however if there are specific patient groups with a clinical need who the PCT feel would benefit from MURs then we would be happy to work with you to provide this as a further enhanced service.

Regarding service provision in the County – We fully support and would wish to be involved in all existing enhanced services, and are committed to delivering these to high standards. We note the PCT is running pilot schemes including Chlamydia Screening and Treatment, and Condoms on the NHS for young people. We can see the benefit of extending these services across the city and would be happy to discuss how we can support this.

We are happy to work with you to expand the Stop Smoking Service and EHC PGDs, and are committed to training as many of our colleagues as possible to deliver these services, to allow for continuity of service provision in our stores and across the County.

We feel there may be an opportunity for a Gluten-Free supply scheme and a Minor Ailments Scheme. We feel that these enhanced services would be of great benefit to patients and also help to reduce GP workload, and these services have been set up successfully in other PCTs. We would be glad to support these in our stores, and we have delivered successfully elsewhere.

Although not mentioned in the PNA Boots do deliver a number of additional pharmaceutical services. More detail is available on request.

**Private Services:**

- Flu Vaccination service (Selected Sites)
- Weight Loss programme (Selected Sites)
- Hair retention programme (Selected Sites)
- Erectile Dysfunction Programme (Selected Sites)
Cervical Cancer Vaccination service (Selected Sites)
Boots Health Clinics (Selected Sites)

Services include
- Mole Screening Service
- Health Heart Service
- Bone Health Service
- DEXA scanning service
- Travel Clinic
- Health Check
- Expert Skin Check
- Ear Irrigation Service

In summary we feel that overall this is a useful document. We hope that you will consider our comments and concerns as expressed above and look forward to working together to improve the health and the pharmaceutical care of the population of Oxfordshire.

Lloyds Pharmacy - We feel there could be further service development around weight management. There was not enough emphasis on the fact that pharmacies are willing to provide service but there is a lack of commissioning of services.

Lloyds Pharmacy is committed to providing all necessary services within the PCT. Should the PCT feel that there are any gaps or additional services they would like to be provided we would be willing to meet those requirements and we would invite the PCT to discuss this with us where they consider appropriate.

Lloyd’s pharmacy wishes to continue to fully engage with the PCT in providing a comprehensive delivery of services and also to develop and innovate new services to the benefit of the population within the PCT.

White Horse Medical Practice – Chapter 1: May I above all commend this document for its detail and excellent presentation. In particular, I think Chapter 5 represents an extremely concise yet comprehensive summary of the public health issues as they stand within primary care and I would like to pass on my thanks to those who prepared this.

Paragraph 1.4: I think it is important when looking at the pharmaceutical needs assessment that we marry this with the current primary health provision. In particular, I can see little point in pharmacists duplicating the current services for areas such as vascular screening and spirometry. Even in primary care, many have trouble understanding and interpreting spirometry traces and I am sure that a large component of education would be needed were this to be extended to pharmacy. The consultation rooms in pharmacy are usually greatly inferior to the provision if any such facilities within a general practice and given the current financial climate, it would appear to be an element of financial suicide to try to train staff and replicate these services within pharmacy. There is already a well-staffed and accessed Falls prevention service running and the current GP contract requires practitioners to review patients after stroke. Similarly, information on healthy weaning and nutrition for the under fives is well provided by the Health Visitor Network. Please do not let us duplicate services when we can barely afford those which we currently provide.

Section 5: I think it would be valuable to study this section in connection with the reference to Geographical areas. Districts/wards/consortia/towns are all referred to and, as one who is deeply ingrained in commissioning; even I found it rather confusing to know which areas some wards and districts referred to. I think there needs to be either an explanation of the wards and districts referred to or else the areas need to be described more simply in terms of the geography.
Section 5.3, point 2 (page 26): I am interested to see that the “Gold Standard” for users was the ability to order repeats via the phone. I would value the PCT’s opinion on this. When we looked into this area within our dispensing practice, we became aware that in dealing with the public (and elderly people especially) a lot of drug names are easily confused and phone communication can be fraught with errors, some of which can be quite dangerous. We have always pursued a policy of ensuring that we have written details available from patients requesting their drugs and I would note that this is in a context where we have access to the full patient record and know them well, unlike some situations in a community pharmacy. Is it really safe to allow patients to telephone requests to pharmacies regarding prescriptions?

Section 6: Please avoid duplication of services in primary care and in pharmacy especially in small communities. The current health economy cannot afford it. Only those services that are really needed should be provided in pharmacy.

Section 6 (page 48): I would be grateful if, as part of the PNA, the provision of palliative care drugs could be looked at within the Vale and, in particular, the Faringdon area. We have recently had difficulties with these when they are requested out of hours despite us having a 100 hour pharmacy in Faringdon.

Section 7.4 (page 62): Our general practice, via its dispensary, provides deliveries to the villages in Buckland, Buscot, Charney Bassett, Duxford, Eaton Hastings, Fernham, Gainfield, Goosey, Great Coxwell, Hatford, Hinton Waldrist, Kingston Lisle, Longworth, Pusey and Shellingford. These are not referred to in the list in the PNA.

Section 9.3 (page 71): I wonder if the one essential small local pharmaceutical service is the pharmacy in Stanford in the Vale in Oxfordshire. If so, it has shut.