Results of PNA Consultation NHS Oxfordshire - 6th September to 8th November 2010

Talking Health Responses to PNA Consultation

<table>
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<tr>
<th>Feedback received</th>
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<tr>
<td>Maps were difficult to read</td>
<td>Maps have now been overlaid with Ordnance Survey Maps and the town names highlighted.</td>
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<tr>
<td>No table mapping pharmacies to localities</td>
<td>This is included in the final PNA.</td>
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<td>There should be a caveat that pharmacists cannot advise on all treatments. Some illnesses require the use of specialist doctors and nurses.</td>
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<tr>
<td>What proportion of pharmacies offer a home delivery service?</td>
<td>List of areas with delivery services included in PNA and number of those that responded to survey included.</td>
</tr>
<tr>
<td>Services commissioned should support GP services, not compete with them. They should be adequately funded.</td>
<td>Acknowledged</td>
</tr>
<tr>
<td>More detail around pharmaceutical services offered by dispensing doctors' needs to be included in the PNA, e.g. opening hours, eligibility of patients serviced.</td>
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<td>Home delivery to all rural areas needs to be addressed.</td>
<td>Acknowledged - delivery services are not NHS funded and are the responsibility of pharmaceutical service providers.</td>
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<tr>
<td>Minor aliment schemes have never been utilised by Oxfordshire.</td>
<td>Acknowledged - these are not currently commissioned by Oxfordshire PCT however community pharmacies provide a range of medicines including Minor ailments (Section 6.9).</td>
</tr>
<tr>
<td>There appears to be no statement concerning the reliance that the PCT places on 100-hour contracts.</td>
<td>We require those 100 hour pharmacies to continue to remain open for at least 100 hours. This is now stated in the final PNA.</td>
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<td>Delivery of emergency items and repeat prescriptions rather than extended shop opening hours seems preferable.</td>
<td>Acknowledged - delivery services are not NHS funded and are the responsibility of pharmaceutical service providers.</td>
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<td>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.</td>
<td>Acknowledged - Oxfordshire PCT does not intend to commission these services via Community Pharmacy.</td>
</tr>
<tr>
<td>Cancer patients with defective immune systems due to treatment have been omitted from the PNA.</td>
<td>Noted - This could be considered as part of the development work for cancer pathways.</td>
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<td>Confidentiality and consulting rooms need to be addressed in all pharmacies.</td>
<td>Acknowledged - the PCT has a process to assess compliance of consulting rooms.</td>
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<td>Pharmacies are independent businesses and produce their own promotional material.</td>
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<td>Healthy living concern around the commercial impact, for e.g.; weightwatchers</td>
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<td>This could be incorporated in future editions of the PNA.</td>
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Responses from public consultation events

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<td>Future housing expansion of Grove should be considered</td>
<td>Acknowledged - this is highlighted in section 5.2.3</td>
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<tr>
<td>Suggestion for counter service between Lloyds pharmacy in Wantage to Stanford-in-the-Vale</td>
<td>Acknowledged - delivery services are not NHS funded and are the responsibility of pharmaceutical service providers.</td>
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<td>Transport is a big issue in rural areas</td>
<td>Acknowledged - section 7 details our assessment of travel times including rural areas.</td>
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<td>Educate the public on what services pharmacists provide i.e.; signpost re. out-of-hours</td>
<td>Acknowledged - this was a key finding from public consultation and the PCT will link with the national work being undertaken to address this.</td>
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<td>All pharmacists should provide a leaflet stating all the services they offer</td>
<td>This is part of their contractual requirements.</td>
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<td>Extend pharmacy opening hours for people who work</td>
<td>This is covered by our late opening and 100 hour pharmacies see section 8.2</td>
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<td>All pharmacists should have a consultation room and make sure the rooms are fit for purpose and have adequate privacy provision</td>
<td>Acknowledged - the PCT has a process to assess compliance of consulting rooms.</td>
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<td>Medicine use reviews (MUR's) are very helpful and pharmacists should be pro-active with them</td>
<td>Acknowledged - MUR's are covered in section 1.3</td>
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<td>It is the GPs responsibility to ensure that prescriptions can be obtained</td>
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In the best use of pharmacist's time to give advice and support on mental health issues? Pharmacists could support patients to relevant services

Acknowledged

Health promotion initiatives need to be balanced in conjunction with other health care providers

Noted

Pharmacies should have websites that are kept up-to-date and provide information on all services that are provided

Noted

MUR's are excellent to help prevent wastage

This is a decision for individual pharmacies to make.

GP's and pharmacists need to work more closely

Acknowledged - the PCT facilitates discussion between LMC and LPC to encourage GP's and Pharmacists to communicate better at a local level.

Patients should be aware of cost pressures when they visit GP's over pharmacists

Noted

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**Written engagement PNA responses**

**Feedback received**

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?

With reference to (5.5.3) “the majority of these are delivered through our local primary care services “ 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

Acknowledged and changed in final PNA

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.

Acknowledged and changed in final PNA

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.

Acknowledged and changed in final PNA

We note that dispensing has been omitted from these lists of current services.

Acknowledged and changed from final PNA

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

Acknowledged and changed in final PNA

Other currently provided (albeit not commissioned) services which meet the needs of patients with long term conditions include: palliative care, collection and delivery services

Collection and delivery services are referred to in section 7.4. The PCT commissions a local enhanced service for Specialist On-Demand Drug Service (see section 6.11).

Acknowledged and changed in final PNA in section 5.4.1

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 of Monitored Dosage Systems (MDS). These have not been included in the list of current services.

Acknowledged and changed in final PNA in section 5.6.1

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

Acknowledged and changed in final PNA in section 5.5.9

Current 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.

Acknowledged and changed in final PNA in section 5.6.1

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.

Acknowledged and changed in final PNA

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.

Acknowledged - this is available in final PNA.

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 PDS or through online Dr Assessment. Services include vascular screening, weight management, Chlamydia testing, vaccination services (flu and travel).

We acknowledge that community pharmacies provide a range of services that are available privately these are not commissioned by the PCT and community pharmacies publicise these private services - now included in section 1.3

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

Do not agree consortia are the most logical localities to be used in the PNA. JSNA uses ward data amalgamated to district council level, and practice level amalgamated to PBC consortium. Propose that district council localities would be more appropriate.

Acknowledged and changed in final PNA.

Feedback from focus groups is included in sections; however results from postal questionnaire are not used in the same way. Concerned this stresses unduly on some anecdotal aspects to focus group responses and does not encourage reading of the full balanced results. Such data is not well referenced to the appropriate appendices.

Reference to the appropriate appendices have been referenced in the final PNA.

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.

Acknowledged and changed in final PNA

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

This data is based on the JSNA which reflects both PCT and district council boundaries.

The various population density maps have helped the PCT to identify the population needs compared with the services commissioned. i.e. EHC mapped to teenage conception rates and population density of 16-24 year olds.

In paragraph 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.

Acknowledged - the sentence “make services more accessible to vulnerable population groups” under section 1.4.5 and 5.7.8 has been removed.

In discussing opening hours and travel times, paragraph 5.2 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?

Under section 7.4 areas of note have been identified

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?

Acknowledged that this was unclear and has been removed PNA.

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.

Noted - PCT currently commissions this through GP's in Oxfordshire and has no plans commission this through Community Pharmacies.
### Potential Services to Meet the Needs of Patients with Long Term Conditions

- **Concordance monitoring**
- **Non-prescription supply of Gluten Free Foods**
- **Alcohol interventions**
- **Private Chlamydia testing**
- **Blood glucose testing**
- **Private weight management services**
- **Private vascular screening services (BP, Cholesterol, Blood Sugar)**
- **EHC, DDA adjustments and Clozapine monitoring for vulnerable populations**
- **Implementation of NPSA guidance by assessing lithium compliance/monitoring**
- **Prescription reminder/ordering services**
- **Support for residential homes, both in specialised dispensing and advice on medicines management**
- **Collection and delivery of prescriptions**
- **Support for carers through provision of MDS**
- **Support in taking medicines including reminder charts and MDS**
- **Support for self care**
- **Sale and advice on the use of OTC medicines**

### 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?

- **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 is "no evidence" of need for a Minor Aliments service.**
- **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 is "no evidence" of need for a Minor Aliments 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 of 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.**
- **We were looking particularly at North Oxfordshire – it was difficult to drill down and extract information relating to that specific locality and its needs.**
- **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 in rural locations?**

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

- **Maps appear to show two pharmacies in the vicinity of Charlbury. We are aware of only one.**
- **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.**
- **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.**

### 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?

- **Current Services should be highlighted for all the relevant populations in Chapter 5:**
  - 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
  - Implementation of NPSA guidance by assessing lithium compliance/monitoring
  - EHC, DDA adjustments and Clozapine monitoring for vulnerable populations
  - Private vascular screening services (BP, Cholesterol, Blood Sugar)
  - Private weight management services
  - Private vaccination services (flu and travel)
  - Blood pressure monitoring
  - Blood glucose testing
  - Private Chlamydia testing
  - Potential Services
    - 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.
6. Is there any additional information that you think should be included in the PNA?

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

Noted - to be discussed with Local Pharmaceutical Committee.

No reference has been made to accessibility of services (other than transport links) in Swindon for populations west of Faringdon, and services in Reading for those in the South East

We have mapped the location of community pharmacies located across the border of Oxfordshire and surrounding PCT areas. Patients can choose to access any pharmacy. In the final PNA we have listed the enhanced services provided by those pharmacies across the Oxfordshire boundaries.

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.

See above.

The contribution of MDS filled to support carers (outside of DDA) in supporting patients to remain in their own homes should be noted

Acknowledged - see section 9.3.1.

It should be noted that the Substance Misuse Users Group is involved in evaluating locations for SWOP (needle exchange) pharmacies

Acknowledged - see section 6.10.

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

Listening to groups of local people who are service users and the feedback through a local patient questionnaire plus asking Heads of Service and Development Managers for older people, long term conditions, children and young people, vulnerable communities and mental health services how pharmaceutical services can meet the needs of these groups.

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

The controlled localities mapping must be accurate and appropriate

NHS Oxfordshire is not in possession of maps of those areas which Oxfordshire Family Practitioner Committee (FPC) would have determined as rural in character prior to 1983. The PCT does have maps of areas determined since 2006 and they cover Berinsfield, Brize Norton, Bloxham, Deddington, Long Hanborough, Woodcot, Shipton Under Wychwood including Milton under Wychwood, Wheatley and Littleworth, Yarmton. Due to the size of the task and resources required to undertake the mapping of the remaining controlled localities without maps the PCT has made a decision that determination of controlled localities would only be undertaken should a pharmacy application be received for that area and that the PCT would address these as and when they were received.

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 Wheeley sits; there are practices outside of the Oxford City Council area included in the Oxford City consortium.

This is based on the JSNA which reflects both PCT and district council boundaries.

It would be more helpful to indicate what practices are in each locality and the current practice boundaries for each practice

Acknowledged and in final PNA. However to list the current practice boundaries is too detailed to be included in the final PNA.

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.

Acknowledged.

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.

Acknowledged - this data is based on the JSNA which reflects both PCT and district council boundaries.

In specifying the number of pharmacies, a point in time (14th July 2010) was chosen. For consistency all information should be shown at that date. I.e. changes to the PBC localities should not have been included, or the whole document updated to this point

For the final PNA the point in time chosen is 10th January 2011.

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

PCT has made a decision that determination of controlled localities would only be undertaken should a pharmacy application be received for that area and that the PCT would address these as and when they were received. The rurality determination exercise takes account of development that has taken place and not what development could potentially take place. Following a rurality determination if subsequently any significant development takes place the rurality determination can be redone.

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.

Acknowledged - final PNA has been changed to Potential Opportunities.

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9. Would you like to add any other comments?

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

Section 5 relates directly to the PCT Strategic Plan.

The map in paragraph 5.2.6 does not indicate what the defined areas are – wards or superoutput areas or?

This is based on Ward data.

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)

This data is based on the JSNA which reflects both PCT and district council boundaries.

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

Acknowledged and changed in final PNA under section 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”

Acknowledged - the final PNA sections 1.4.1 and 5.3.2 have been amended spirometry has been deleted and this now reads to help people to use their inhalers correctly and to full effect.

In paragraph 1.4.1 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

Acknowledged - the final PNA sections 1.4.1 and 5.3.2 have been amended spirometry has been deleted and this now reads to help people to use their inhalers correctly and to full effect.
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”

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.

The final version of the PNA includes several changes for example we have acknowledged the gap in provision relating to 100 hours opening in the north of the county section 8.2

It was 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.

We note that the NHS Oxfordshire is not in possession of maps of those areas which Oxfordshire Family Practitioner Committee (FPC) would have determined as rural in character prior to 1983. The PCT does have maps of areas determined since 2006 and they cover Berinsfield, Brize Norton, Bloxham, Deddington, Long Hanborough, Woodcote, Shipton Under Wychwood including Milton under Wychwood, Wheatley and Littleworth, Yarnton.

Due to the size of the task and resources required to undertake the mapping of the remaining controlled localities without maps the PCT has made a decision that determination of controlled localities would only be undertaken should a pharmacy application be received for that area and that the PCT would address these as and when they were received.

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.

This data is based on the JSNA which reflects both PCT and district council boundaries.

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 consultations 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.

This is currently commissioned from Lloyds Pharmacy, Sheep Street, Bicester

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.

NHS Oxfordshire is not in possession of maps of those areas which Oxfordshire Family Practitioner Committee (FPC) would have determined as rural in character prior to 1983. The PCT does have maps of areas determined since 2006 and they cover Berinsfield, Brize Norton, Bloxham, Deddington, Long Hanborough, Woodcote, Shipton Under Wychwood including Milton under Wychwood, Wheatley and Littleworth, Yarnton.

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The final version of the PNA includes several changes for example we have acknowledged the gap in provision relating to 100 hours opening in the north of the county section 8.2

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.

NHS Oxfordshire is not in possession of maps of those areas which Oxfordshire Family Practitioner Committee (FPC) would have determined as rural in character prior to 1983. The PCT does have maps of areas determined since 2006 and they cover Berinsfield, Brize Norton, Bloxham, Deddington, Long Hanborough, Woodcote, Shipton Under Wychwood including Milton under Wychwood, Wheatley and Littleworth, Yarnton.

Due to the size of the task and resources required to undertake the mapping of the remaining controlled localities without maps the PCT has made a decision that determination of controlled localities would only be undertaken should a pharmacy application be received for that area and that the PCT would address these as and when they were received.

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.
Section 6: 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; 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.

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 appears to be an element of financial suicide to try to train staff and replicate these services within pharmacy. We note that the term Gold standard was used as a measure of value by members of this focus group and we have amended this in the final PNA to read key value. The comments made regarding the risk to errors being made via phone communication are valid and in the final PNA we have highlighted that a back up system needs to be in place to ensure the checking of repeat prescription requests in order to reduce errors especially in relation to drug names. See section 5.3.2

Section 5: I know 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.

Maps have now been overlaid with Ordnance Survey Maps and the town names highlighted.

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?

We note that the term Gold standard was used as a measure of value by members of this focus group and we have amended this in the final PNA to read key value. The comments made regarding the risk to errors being made via phone communication are valid and in the final PNA we have highlighted that a back up system needs to be in place to ensure the checking of repeat prescription requests in order to reduce errors especially in relation to drug names. See section 5.3.2

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.

Noted - the PCT must apply the NHS Pharmaceutical Regulations when processing applications for new pharmacies.

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 10 hour pharmacy in Faringdon.

Acknowledged - the PCT will look into this matter.

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

Acknowledged and changed in final PNA

Section 9.3 (page 77): 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.

Acknowledged - at the time of the draft PNA there was one small essential Pharmacy in Burford, this is no longer classed as an ESPLPS.