

Appendix 10- PNA Consultation process, feedback and responses

PNA Process and consultation

The development of the PNA document has taken place over a period of months. The initial meeting included several stakeholders including representatives from all three CCGs, NHS England West Yorkshire team, Community Pharmacy West Yorkshire and Public Health. This meeting aimed to establish what was required to complete the PNA and plan how and when it needed to be completed. Consultation to various stakeholders was carried out after this meeting to obtain such information.

Formal consultation on the draft of the PNA document as required within the regulations began on 18th November 2014 and continued until the 19th Jan 2015. All of the consultees required by the regulations were sent an email with a link to the consultation document, with the option to request a hard document if they couldn't access it. All pharmacists were sent a hard copy of the document by post.

The comments and responses received from this formal consultation are detailed in the PNA consultation feedback section of this appendix, and also attached are the responses to the comments highlighting changes made in the draft PNA as a result of those comments. Only points of clarification and minor amendments have been made to the draft PNA with no substantive changes to the content being made, and therefore no further period of consultation has been required.

The following four questions were asked during the consultation:

Question 1: Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in Bradford District?

Question 2: Do you think that the draft PNA provides enough information to enable Bradford District to make commissioning decisions about pharmaceutical service provision over the next 3 years?

Question 3: Do you think that the service gaps that have been identified in the draft PNA are the right ones?

Question 4: Is there anything that you think is missing from the PNA that should be included or taken into account when reading conclusions about services and need?

Other comments:

Respondent: 1 Pharmacist			
Question1: Yes	Question2: Yes	Question 3: Yes	Question 4: No
Other Comments: N/A			
Public Health Response: N/A			
Respondent: 2 Pharmacist			
Question1: Yes	Question2:Yes	Question 3: Yes	Question 4: No
Other Comments: N/A			
Public Health Response: N/A			
Respondent: 3 Pharmacist			
Question1:No	Question2:No	Question 3: No	Question 4: No
Other Comments: Pharmacy in Haworth offers MUR; Also open until 6.30pm every night during the week and also Saturday mornings 10am-12.30pm. We would be more than happy to offer any services commissioned if we were asked to do so. Promotion of current services is key!			
Public Health Response: The above changes have been made to appendix 8 and appropriate maps.			
Respondent: 4 Pharmacist			
Question1:Yes	Question2: Yes	Question 3: Yes	Question 4: Yes
Other Comments: Appendix 2: Our pharmacy offers Medicines Use Reviews but is not listed as doing so. Appendix 3: Our pharmacy does offer Supervised Methadone, but does not currently have any clients using this service Appendix 4a: Our pharmacy now accepts sharps for disposal.			
Public Health Response: The above changes have been made to the appropriate maps.			
Respondent: 5 Pharmacist			
Question1:Yes	Question2:Yes	Question 3: Yes	Question 4: Yes
Other Comments: N/A			
Public Health Response: N/A			

Respondent: 6 Pharmacist			
Question1: Yes	Question2: Yes	Question 3: Yes	Question 4: No
Other Comments: I think all of the relevant areas has been covered and existing contractor can provide any other services that need commissioning			
Public Health Response: N/A			
Respondent: 7 Pharmacist			
Question1:Yes	Question2: Yes	Question 3: Yes	Question 4: No
Other Comments: N/A			
Public Health Response: N/A			
Respondent: 8			
Question1: Yes	Question2:Yes	Question 3: Yes	Question 4: No
Other Comments: A minor ailments scheme needs to be commissioned in every district. In addition, independent prescribing pharmacists should be allowed to use their prescribing skills.			
Public Health Response: Pharmacy first is the new minor ailments scheme which was originally rolled out by Bradford City CCG; it has also now been rolled out among Airedale, Wharfedale and Craven CCG as part of a one year pilot which commenced in September 2014.			
Respondent: 9 NHS England (West Yorkshire area team)			
Question1: Yes	Question2: No	Question 3: Yes	Question 4: Yes
Other Comments: Section 2- exemption criteria listed are incorrect under the current regulations. For example the 100 hour and one stop primary care centre exemptions no longer exist. Section 4.2- there has been more than one advanced services for a number of years now and this section does not reflect that. Section 4.3- not all of the services listed here are actually enhanced services as described in the regulations. Some are locally commissioned services through CCGs (Pharmacy first). There are also likely to be some pharmacies offering the pharmacy Urgent Repeat Medications Service (PURMS). None of this detail is provided here. Section 5- Introduction- the gap identified by the previous PNA was not filled by the introduction of the 100 hour application exemption, this was already in place when the last PNA was written. It may well have been filled by applicants opening under the criteria however, so you may wish to clarify. Section 5- potential commissioning gaps - no mention is made as to whether these gaps can be filled (and therefore the need met) by current pharmacies or whether new applications should be expected to fill this. General comment- there is a constant reference in the document to community Pharmacy but suspect you may actually be referring to Community Pharmacy West Yorkshire, the local pharmaceutical representative committee. Again, clarity is required. General comment- all of the maps still show the word LEGEND rather than KEY which should be amended in the final version.			

<p>Public Health Response: Section 2- the second paragraph has been amended to reflect the current legislation Section 4.2 added new advanced services to this section and added to appendix 8 and added 3 maps to reflect this. Section 4.3 – pharmacy first moved to locally commissioned service, and added the PURM service to the section, and adding the service to appendix 8 and producing a map to show which services provide the service. Section 5- this has been clarified Section5- the potential commissioning gaps identified within the PNA are from Public Health commissioners, which are desirable commissioning intentions however due to restraints on budgets, and lack of current need as this service could currently be being met by another service provider, there is no current plan to commission this service, this is the same for health checks. General comment- this has been clarified General comment- this has been amended in the final version</p>			
Respondent: 10 on behalf of a pharmaceutical company			
Question1:Yes	Question2:Yes	Question 3: Yes	Question 4: Yes
<p>Other Comments: No Specifics on future funding streams for Pharmacy services. Some good intentions; re; services e.g. alcohol and health checks but no clear idea how to progress.</p>			
<p>Public Health Response: There were no specific gaps identified from the PNA, the potential gaps for the future are more desirable and don't fit a specific need currently in the population, and with the current budget restraints, funding is not available to progress any further at this stage.</p>			
Respondent: 11 Local Medical Committee (LMC)			
Question1: N/A	Question2:N/A	Question 3: N/A	Question 4: N/A
<p>Other Comments: Members of YORLMC Ltd have had the opportunity to consider the above (Bradford PNA) and wish to make the following comments:</p> <ul style="list-style-type: none"> • Members considered it entirely appropriate that all pharmacies should be required to accept sharps • With regard to the Medicine Use Review (MUR), Members note that there is a cap on activity, with each accredited premise being allowed to undertake a maximum of 400 MURs per year. However there is no information provided about how quality is monitored and although reference is made to an accreditation process further information would provide helpful context. 			
<p>Public Health Response:</p> <ul style="list-style-type: none"> • All pharmacists are able to accept sharps if they wish to do so, it is not compulsory and there is currently no monetary incentive to do so. There are however over 70 pharmacies providing this service and if you look at appendix 4a, you will see there is a good distribution of this service. • Pharmacists have to successfully an assessment in order to be able to carry out MURs, there are a number of other quality checks including data collection and procedures in place to deal with issues. This has been amended on the final version of the PNA however more information can be found at http://psnc.org.uk/wp-content/uploads/2013/06/MUR-Guidance-Oct-2013.pdf 			

Respondent: 12 Community Pharmacy West Yorkshire			
Question1:No	Question2: No	Question 3: Yes	Question 4: Yes
<p>Other Comments:</p> <p>Community Pharmacy West Yorkshire is pleased to see that the draft PNA reflects our view that Bradford Metropolitan District has an excellent spread of pharmaceutical services. It is encouraging that respondents also expressed no concerns about the current number or location of pharmacies across the district. We agree that it is the case that there are sufficient pharmacies geographically spread so that there are no gaps in provision for Necessary Services.</p> <p>We also agree with the sentiment expressed in Section 6 that there are no gaps identified in relation to Other Relevant Services either in the mapping exercises undertaken or from stakeholder responses.</p> <p>Community Pharmacy West Yorkshire supports the overall content and sentiment expressed in the draft PNA but have a number of suggestions as to how it could be improved in line with the regulatory requirements.</p> <p>With reference to <i>“The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013”</i>:</p> <p>Schedule 1 – Information to be contained in pharmaceutical needs assessments</p> <p><u>Paragraph 6. How the assessment was carried out.</u> Community Pharmacy West Yorkshire are confident that these points have been taken in to account but do not believe this has been explained clearly enough in the draft PNA. The PNA should include an explanation of how the assessment was carried out, and in particular; how it has determined what the localities are in its area and the differing needs of these localities and how it has taken in to account the different needs of people who share a protected characteristic.</p> <p>The draft PNA clearly meets Paragraph 1 and Paragraph 3 (statements of ‘Necessary services: current provision’ and ‘Other relevant services; current provision’) but is not, in our view, explicit enough when explaining the position taken on gaps in provision. We suggest that terminology from the regulations is used to add to the clarity of the document for one of its significant purposes; market entry. The sentiment of the draft PNA could be summarised with the following statements which we would suggest should be added to the final version</p> <ul style="list-style-type: none"> • “There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board” • “There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board” • “The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.” <p>Part 2 – Pharmaceutical needs assessment</p> <p>Regulation 9(1). Community Pharmacy West Yorkshire also believes that all areas of Bradford have a reasonable choice of pharmaceutical services and we are not aware of any stakeholder views to the contrary. If this is the case then this should be made clear in the body of the PNA to help meet Regulation 9(1)(b).</p> <p>Regulation 9(2). We are not aware of any expected significant changes to demography, population size or changes to the health or wellbeing in the area which would mean, within the life of this PNA, that there would be a future need for additional pharmaceutical services for which there is a planned intention to commission. If this is supported by the PNA we would recommend including a statement to the following effect:</p>			

- “The PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area and the risks to the health and wellbeing of people in the area, has not identified any future needs which are not already met by providers currently on the pharmaceutical list”

Points of accuracy

References are with regards to the draft PNA.

Section 1 – Executive Summary.

Paragraph 1. Supplementary statements can only be made about the provision of pharmaceutical services. They cannot be used to describe changes in the need for pharmaceutical services. The Health and Wellbeing Board is only required to consider a revised assessment if there is a significant change to the need for pharmaceutical services. This should be clarified in the final version of the PNA. It is correctly defined in Section 2.

Paragraph 2. There is not an exception for applications for needs not foreseen in the PNA. ‘Exceptions’ has a particular regulatory definition in this context and this is not included. There is a regulatory test called ‘unforeseen benefits’ but this is not an excepted application.

The quotation used “Health Lives, Healthy People” is now five years old and has been superseded by the formation of Public Health England. Its effectiveness here is limited.

Section 2 – Background and Introduction

Paragraph 2. This paragraph is now out of date. Exemption criteria no longer exist. The only ‘exception’ still in force from those listed is that for distance selling premises applications.

Section 4.2 – Advanced Services

There are currently four advanced services:

- Medicine Use Review
- New Medicine Service
- Appliance Use Review
- Stoma Appliance Customisation

Further details can be found here <http://psnc.org.uk/services-commissioning/advanced-services/>

Section 4.3 – Enhanced Services

The term ‘Enhanced Services’ when used to describe pharmaceutical services only refers to those which are commissioned by NHS England. The only ‘enhanced services’ in Section 4.3 are:

- Palliative Care
- Medication Administration Record

All other services are Locally Commissioned Services but should not be referred to as ‘enhanced services’. We suggest it would be useful for the commissioning organisation of each service to be made clear with the PNA.

Pharmacy First – Self Care

The Pharmacy First service is not ‘managed’ by Community Pharmacy West Yorkshire. It is ‘administered’ by Community Pharmacy West Yorkshire. It is commissioned by NHS Bradford City CCG and NHS Airedale, Wharfedale and Craven CCG.

The purpose of this service is to provide the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments; releasing capacity in general practice or other health care environment (i.e. A&E or Out of Hours service).

Patients are provided with advice from a pharmacist, given printed information where appropriate and, where necessary, supplied medication from a defined formulary. Medication supplied will be free of charge to those exempt from prescription charges.

The conditions are managed, not treated (medication is not always supplied)

Twelve conditions covered, Cough, Cold, Earache, Sore throat, Threadworms, Teething, Athletes foot, Thrush, Hay fever, Fever, Blocked nose, Sprain or Strain

Emergency Hormonal Contraception

The description of who can provide this service is not correct. Pharmacies are commissioned to provide the service. The service can only be provided from commissioned pharmacies. For the commissioned pharmacy to provide the service there must be a pharmacist who has completed the required competency assessments.

There are two distinct services (EHC and EHC Plus – where the service must be available throughout the whole opening times of the pharmacy)

Chlamydia Testing

This service is currently only commissioned through pharmacies who are already providing the EHC Plus service.

Supervised Methadone Consumption

There is no required training to deliver this service. Pharmacists must be competent to deliver it and must complete a competency assessment before doing so.

The number of pharmacies delivering each of these services listed in the PNA does not match the records we hold:

Service	Numbers of Pharmacies from PNA	Numbers of Pharmacies from CPWY Info
Stop Smoking	25	24
EHC	39	40
Supervision	135	136
Supervision Active	105	127
Needle Exchange	45	43
Sharps Disposal	76	100
Frontline Staff Flu	44	40

Section 5 – Identified Gaps in Service Provision

The first sentence of the last paragraph is unclear.

Appendices

Appendix 5f is missing from the draft document.

Public Health Response:

Schedule 1- Changes made to paragraph 5 of Executive Summary to reflect these comments.

Suggested statements added to the document

Part 2- Pharmaceutical Needs Assessment

Regulation 9 (1) Additional comment to paragraph 2 of section 4.1 to add clarification.

Regulation 9 (2) Suggested statement added to the end of section 3.1

Points of accuracy

Section 1 Executive Summary

Paragraph 1: clarified

Paragraph 2: removed exception criteria and added information on unforeseen benefits.

Out of date quotation removed

Section 2 Background and introduction

Paragraph 2: amended to fit current guidelines.

Section 4.2 Advanced Services

Added to section 4.2

Section 4.3 Enhanced services

Relevant services moved to section 4.4 Locally enhanced services, and changes made to reflect this on appendix 8.

Pharmacy first- changes made to definition of service.

Emergency Hormonal Contraception, Chlamydia testing and Supervised Methadone Consumption- definitions changed to reflect comments.

The number of pharmacies providing each service was checked against CPWYs current list, relevant changes were made to section 4, appendix 8 and related maps.

Section 5 – clarification made to first sentence.

Appendices

Appendix 5f has been added to the final appendices.