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**Pharmaceutical needs assessment toolkit**  
**2007**

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## 2. Foreword

PCTs are asked, in the 2007 Community Pharmacy Strategic Commissioning Tests, **how they have considered community pharmacy needs assessments within the PCT Joint Strategic Needs Assessment<sup>1</sup>**.

The Commissioning Framework for Health and Wellbeing (on which consultation ended on May 28<sup>th</sup>) includes primary care (with the exception of the national negotiations around the General Medical Services (GMS) contract), community healthcare, social care, public health, well being and other relevant services, support and interventions. Directors of Public Health, Adult Social Services and Children's Services will be expected to work together to assess the future health and well-being needs of their local populations. Pharmaceutical needs will therefore need to become part of local joint assessments undertaken by PCTs.

All PCTs in England were required to conduct a Pharmaceutical Needs Assessment (PNA) in 2005 in preparation for the new community pharmacy contractual framework (CPCF) and the reform of the Control of Entry regulations. The changes that have taken place since the original version of this toolkit was produced in 2004 make it timely and important for PCTs to revisit their PNA in the wider context of health and social care needs assessment. These changes include:

- Reconfiguration of PCTs that took place in 2006
- Developments in Practice Based Commissioning (PBC)
- Implementation of Care Closer to Home (DH 2006) and the redesign of patient pathways to provide more services in primary care
- Findings of the Galbraith review of the CPCF and of the national evaluation of its implementation
- The forthcoming white paper on community pharmacy services
- New tools in the CPCF with the potential to impact on patient care, particularly the Medicines Use Review/Prescription Interventions (MUR) service
- Changes in pharmacy premises, particularly the increased number with consultation facilities, making services requiring privacy more feasible
- The potential contributions of Pharmacists with Special Interests

The PNA plays an essential role in equipping the PCT to deal with applications to provide pharmaceutical services under the Control of Entry processes and to reduce the associated risk to the PCT.

This revised toolkit provides PCTs with a guide to undertaking and/or updating a pharmaceutical needs assessment. The original version of the toolkit was used by 79% of PCTs in conducting their PNAs<sup>2</sup>.

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<sup>1</sup> Community pharmacy strategic commissioning tests (April 2007). Available at [http://www.primarycarecontracting.nhs.uk/uploads/Pharmacy/april\\_07/cpaf\\_april\\_07/cpaf\\_strategic\\_tests\\_v4.pdf](http://www.primarycarecontracting.nhs.uk/uploads/Pharmacy/april_07/cpaf_april_07/cpaf_strategic_tests_v4.pdf)

<sup>2</sup> Elvey R, Bradley F, Ashcroft D, Noyce P. Commissioning services and the new community pharmacy contract: (1) Pharmaceutical Needs Assessment. Pharm J 2006; 277:161-3

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PCTs may want to build on their revised PNA by undertaking a further local PNA with PBCs who express an interest in developing pharmaceutical services to meet the needs of their population.

We encourage PCTs to work with their Local Pharmaceutical Committees, Practice Based Commissioners and Community Pharmacy Contractors to develop and understand the current provision and in undertaking the pharmaceutical needs assessment.

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### 3. Summary

This toolkit was commissioned by Primary Care Contracting (PCC) together with the Department of Health, and its development has been led by Professor Alison Blenkinsopp at Keele University and Gianpiero Celino at Webstar Health with input from a wide range of stakeholders. Its aim is to support PCTs and PBC by describing how to undertake a pharmaceutical needs assessment.

The toolkit also supports PCTs in the development of a long-term community pharmacy strategy as an integral part of PCT planning mechanisms.

#### **Outline action plan**

This toolkit describes the process for undertaking a pharmaceutical needs assessment in detail. The following summarises the important tasks and milestones that PCTs should seek to address and is cross referenced to relevant sections of the toolkit:

#### **Before undertaking a needs assessment, the PCT should**

- Appoint a lead to manage the needs assessment process and ensure pharmacy is integrated within the Joint Strategic Needs Assessment **(Section 7.1)**
- Identify members of the steering group for the project and among their number a sponsor, a PBC champion and community pharmacy champion **(Section 7.1 and 7.2)**
- Agree terms of reference for the steering group and a work plan for the pharmacy component of the JSNA
- Brief the Board and PEC on the needs assessment and get Board approval for the PNA and a process for the SSDP to incorporate its findings in future plans **(Section 7.6)**
- Ensure that the steering group communicates with patients, pharmacists and other health and social care professionals about the needs assessment **(Section 7.6)**
- Where several PCTs have merged, bring together and review the previous PNAs from the constituent PCTs **(Section 7.5)**
- Ensure that the SSDP process incorporates the PNA findings, considers them and identifies funding for the community pharmacy services that are needed, including new services and the continuation of existing enhanced services.

#### **During the needs assessment, the PCT should**

- Identify and gather sources of existing data which will support the needs assessment process **(Section 8.1-8.4)**

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- Identify gaps in knowledge and seek support and assistance in closing these gaps **(Section 8.4)**
  - Map the priorities for PBCs to the current national and local commissioning of community pharmacy services
  - Review the current provision and future willingness of community pharmacists to provide services **(Sections 9.1 and 9.3)**
  - Review the existing commissioning of enhanced pharmacy services and future plans for these **(Section 9.3)**

Following the needs assessment, the PCT should

- Prepare an action plan and integrate this with the SSDP **(Section 11)**
- Consider developing a long term community pharmacy strategy that is integrated with wider primary care **(Section 11)**

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## 4. Introduction

PCTs are asked, in the new Community Pharmacy Strategic Commissioning Tests, **how they have considered community pharmacy needs assessments within the PCT Joint Strategic Needs Assessment**. This toolkit is intended to support PCTs with planning for future community pharmacy services and it underpins a robust process for considering new contract applications under the control of entry requirements.

This toolkit is structured around five steps which are described in turn through the toolkit, these are:

- Step 1 - Getting started
- Step 2 - Identifying local needs
- Step 3 - Mapping current provision and exploring future provision
- Step 4 - Synthesising data
- Step 5 - Action planning

Further reading, sample tools and resources can be found in the appendices at the end. We also provide examples of tools developed and used by PCTs, example from PNAs undertaken by PCTs and early examples of revised PNAs. These documents are also available on the PCC website at <http://www.primarycarecontracting.nhs.uk/>.

The document is not intended to be a prescriptive guide to pharmaceutical needs assessment. It provides PCTs with choice and flexibility in deciding how to proceed with PNA for their population. Pharmacy needs assessment has to be integrated into the overall process of needs assessment and service planning within PCTs and does not stand alone.

The project team also had support and advice from a core team and an external reference group and would like to acknowledge the help and support of PCTs and individuals who have contributed to the development of the toolkit. We are grateful to them for their support and assistance. Full details of all contributors can be found at appendices 2 and 3.

## 5. Health needs assessment and pharmacy services

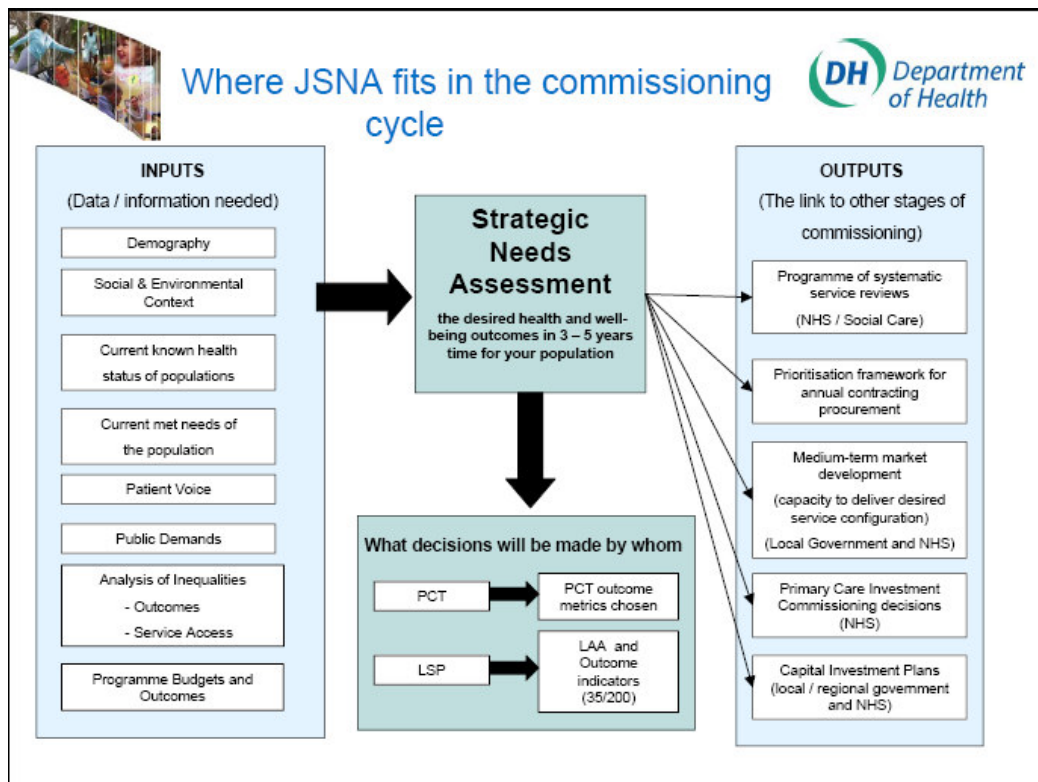
Health needs assessment (HNA) is a well-established approach to planning the deployment of resources in our health system. At its simplest, HNA is a pragmatic approach to determining the priorities for a population through a structured process.

Most health needs assessment involves:

- Researching and describing the characteristics of the population in question
- Identifying their needs
- Measuring the capacity of existing service provision to meet them
- Where gaps exist, identifying new or alternative ways in which needs may be met through service redesign
- Describing the level of resources needed.

This toolkit attempts to guide PCTs through this process, with a specific focus on pharmacy services.

Future pharmacy needs assessments will form part of the local Joint Strategic Needs Assessments and the diagram below shows how needs assessment feeds into commissioning.



The JSNA will focus on the next three to five years for improvements in outcomes/reductions in health inequalities. Its outputs are the information and evidence needed to support other parts of the commissioning process.

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## 5.1 Pharmaceutical needs assessment

### ***Examples of the application of health needs assessment relevant to community pharmacy***

**New Contract Application:** The process of deciding whether to award a contract for a new pharmacy requires that a PCT applies the test of necessity or desirability to the application under consideration; in many ways this represents a very focussed assessment of need.

**New Service Development:** The development of new enhanced services in community pharmacy, for example, the supply of emergency contraception under patient group directions or the decision to commission a minor ailment scheme, is prompted by identification of a local need or priority which the service addresses.

**Service redesign:** In many areas the development of new patient pathways for services previously delivered in the hospital setting, for example, anticoagulation services, is or has been considered.

All PCTs are commissioning one or more enhanced services from community pharmacy<sup>3</sup> and almost all conducted a PNA in 2005. However there is evidence that the needs identified in PNAs often were not translated into the commissioning of new enhanced services from community pharmacy. This may be because there was no process in place for the findings to be considered as part of the LDP process or because other items were prioritised.

This is an area of potential risk for PCTs as community pharmacy stakeholders could become disenfranchised from the PNA process if they cannot see a transparent process for how decisions are subsequently made and how the PNA links to the development of community pharmacy services.

The CPCF provides flexibility and choice to PCTs around the commissioning of enhanced pharmaceutical services from community pharmacy. The PCT and practice based commissioners will consider these choices against other priorities for funding. Pharmaceutical needs assessment provides a rational basis for PCTs to evaluate bids for funding and to ensure that these developments are explicitly linked to national targets and local needs. It also provides an opportunity to inform PBCs about the potential of community pharmacy to support them to achieve their objectives in meeting the needs of their population.

PCTs allocate budgets to practice based commissioners which include funding for services for their area. Practice based commissioners will look to actively work with their PCT to commission appropriate services locally. The service agreement will be with the PCT as commissioner but practice based commissioners may develop the business case for the service to be commissioned and will present this to the PCT for approval.

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<sup>3</sup> Keele University & Webstar Health National Survey of PCT development 2007; NHS IC 2006; Elvey/Bradley/ Ashcroft/Noyce 2006.

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## 6. Structure of the toolkit

This toolkit is structured around five steps that make up pharmaceutical needs assessment. These are set out in the box below. Your PCT is likely to have undertaken a PNA in the past. If this is the case, then it will be helpful to use these data in the planning of the next pharmaceutical needs assessment and to draw upon the experience of those who were involved.

### ***Toolkit structure***

- Step 1 - Getting started
- Step 2 - Identifying local needs
- Step 3 - Mapping current provision and exploring future provision
- Step 4 - Synthesising data
- Step 5 - Action planning

The five steps are supported by reference sources and sample tools from the examples provided by PCTs contributing to the development of this toolkit. These can be found in the appendices at the end of the toolkit.

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## 7. Step 1 - Getting Started

There are five key roles in undertaking PNA:

- A lead for the PNA
- A sponsor for the project
- An internal champion within the PCT
- An external champion within the community pharmacy community
- A PBC champion from the PBC network

Together with:

- A stakeholder steering group to guide the process and the development of the action plan

We describe each of these below:

### 7.1 Who should lead the PNA?

Within the PCT the PNA needs to be led from public health or primary care to ensure it is embedded within the JSNA and SSDP. For operational aspects of the work the skills and experience required to lead and manage this work are more closely associated with commissioning than with pharmacy. It may, therefore, be appropriate to appoint a lead with experience of commissioning in primary care and to ensure that they are supported by individuals with pharmacy knowledge.

### 7.2 "Sponsors" and "Champions"

From the outset it is important to secure Board level support for the PNA and to clearly articulate where the outputs from the work will link into the PCT's planning processes and to highlight the potential resource implications<sup>4</sup> for the PCT. The sponsor should be a senior member of the PCT, for example a Director or Non-Executive member.

A "champion" for the process is also needed. Your champion will lead on the day-to-day activity and ensure that there is good communication across the PCT of the pharmacy needs assessment project's aims, objectives and outputs.

Champions for the project within the PCT might include:

- Primary care commissioning manager
- Independent contractor commissioning lead
- Primary care contracts manager
- PEC Chair
- PBC consortia lead
- Community pharmacy facilitator

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<sup>4</sup> Of course it will not be possible to be definitive about the resource implications at the outset, however it is wise to provide the stakeholders at PCT level with a guide at this stage.

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Your internal champion should be supported by sponsors and champions from the community pharmacy network, for example:

- LPC members and executive
- Local pharmacy “movers and shakers”<sup>5</sup>
- Pharmacy Development Group (PDG) member
- PEC pharmacist

These “pharmacy” champions have an important role to play as a voice for community pharmacy within the PCT and a link between the PCT and the wider community pharmacy network.

### 7.3 Stakeholder Steering Group

For PNA to succeed, the right people need to be engaged from the outset. A steering group drawn from a wide range of stakeholders is a good way of ensuring this happens and that those who will be involved in the transition from assessment of need through service commissioning and contracting are involved in the process and share in its findings. It has become clear from evaluations of the implementation of CPCF that local liaison between community pharmacy and general practice may be cursory and it is crucial that general practice is involved in the PNA.

#### ***Stakeholder Steering Group – who should be involved***

Our external reference group proposed a potential list of participants in the steering group:

- Primary and community care commissioning leads
- PCT pharmaceutical adviser / community pharmacy development facilitator
- A GP PEC member
- Service users (minimum of 2)
- Patients forum representatives
- Public health (many of the datasets will be available via public health who may also be able to offer expertise and help)
- Finance
- GMS lead
- PBC manager/facilitator
- PBC consortium representative
- Local authority
- Communications lead
- LPC / local community pharmacy input
- Secondary care

Each PCT will work differently and have its own approach, but broadly the principles that should apply are:

- The PNA should be integrated with the JSNA and SSDP
- The stakeholder steering group should ideally have directorate level input and be “sponsored” by a member of the PCT Board
- The steering group should include “champions” of the process

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<sup>5</sup> “Movers and shakers” - individuals who are locally known to the PCT, have been involved in the development of new services and who have influence within local pharmacy networks.

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- There should be representation from a broad range of stakeholders including GPs.

Identifying the competencies required within the steering group and identifying group members' learning needs (if any) is also an important step. It is likely that initially the group will want to spend some time:

- Reviewing the previous PNA, what has changed and where it could be improved
- Becoming familiar with the concept of HNA and the JSNA if this is their first involvement
- Understanding how a PCT plans the use of its resources
- Developing an understanding of community pharmacy
- Reviewing what has gone well and less well in local implementation of CPCF
- Identifying how the PNA can be refreshed in light of practice based commissioning of services and how both processes can work together to enable effective commissioning of local services

The user representatives on the group are likely to need some support and mentoring to ensure that they can contribute effectively, ie understanding of terms, jargon and health service structures.

There are resources and links to information at appendix 1 to support the steering group with this initial step.

#### 7.4 Links with Practice Based Commissioning

Practice based commissioning (PBC) is a key enabler in the delivery of local NHS services giving clinicians and front line staff greater control over NHS resources and service provision. Community pharmacy can support PBC by informing health needs assessment, helping to redesign services for local populations and by delivering some of those services.

Needs assessment and service redesign are firmly embedded in PBC, PNA can both contribute to and benefit from the work of PBCs, it is important, therefore, that PBC stakeholders are involved in the PNA process and that information is shared by PBCs to inform the PNA.

PBC provides a mechanism to mainstream pharmacy's contribution to reducing hospital admissions, reducing time to treatment, addressing health inequalities, bringing care closer to home and building capacity in primary care. Enabling community pharmacy to support PBC will require active and effective local engagement and communication between stakeholders.

PCTs should use the Strategic Commissioning Tests<sup>6</sup> to review the level of local engagement between PBC and pharmacy and to identify actions to create an

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<sup>6</sup> *Strategic Commissioning Tests for Community Pharmacy*  
(<http://www.primarycarecontracting.nhs.uk/114.php>)

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enabling environment to support local collaboration. The PNA provides an ideal opportunity to do this in a structured way.

PCT's will need to ensure that their PNA is informed by and responsive to the priorities for their PBCs. The stakeholder steering group, which should include a PBC consortium representative, should ensure that work undertaken by PBCs to understand the needs of their population and to set their priorities and plans is used to inform the development of the PNA and not simply duplicated. Needs and solutions that are identified in the course of the PNA should also be used by PBCs to inform their planning and review process.

The potential benefits arising from joined up working between PBC and community pharmacy include:

- Supporting the redesign of patient pathways by contributing to expert advice on medicines and support to patients
- Helping to avoid unplanned admissions by supporting patients with long term conditions
- Reducing time to treatment by releasing capacity and supporting patients to get the best from their medicines
- Reducing workload in general practice to release capacity to deliver PBCing priorities
- Getting best value from NHS resources invested in medicines
- Support the achievement of other key NHS targets (such as 18 weeks) through improved service redesign

### 7.5 Resources for the PNA

The PNA will form part of the JSNA. Identifying and securing the resources that will be needed for the PNA element is a key part of the initial planning. As we have said earlier the PNA needs to be sufficiently robust to underpin both commissioning and the support processes for Control of Entry.

Resources needed are likely to include:

- PCO staff time (meetings, communication with stakeholders, desk research, report writing)
- Distribution and reminders for any postal or email questionnaire
- Data analysis (internal PCO held data)
- Data entry, analysis and write up for any external data collected (eg questionnaires)
- Facilitated meeting to review and agree the findings of the PNA
- Documenting and drafting of the report
- Maintaining the PNA and periodic revision

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In practice much of the work to prepare and undertake the PNA is likely to fall to one or two individuals. Adequate support and protected time will be required to allow them to undertake this work to the necessary standard.

Public health and local authority stakeholders may be called upon to support the mapping of data for the PCT.

PCTs should be alert to conflicts of interest that may occur, for example working with primary care contractors who may wish to expand their business, or who may have a financial interest in an outcome of the PNA and its subsequent implementation.

## 7.6 Communication and marketing

Appointing a member of the steering group to lead on communications will help the group to plan a communications strategy for the project.

The support of some steering group members will be needed during the PNA process to gather data or contribute to the planning process. Identifying these stakeholders and involving them from the outset will improve and speed up the process.

Be realistic about what is achievable through the PNA. Expectations of community pharmacists, the PCT and patients should be carefully managed so as to not unrealistically raise them or to undermine their enthusiasm and commitment to the process.

It would be good practice for PCTs to have, as a minimum, a summary PNA on their website which specifically includes information on the exemptions.

### *7.6.1 Getting stakeholders involved*

It is important to communicate with all the stakeholders with an interest in the PNA and those who may be asked to participate or who may be affected by its findings. Community pharmacy contractors and pharmacists are a key audience - as are the healthcare professionals with whom they work most closely, particularly GPs. You may also want to consider how you should communicate with patients and service users at this stage in the process.

<b><i>Engaging with stakeholders</i></b>	
Community pharmacists	Launch event (Joint with Local Pharmaceutical Committee or Pharmacy Development Group) Letter to contractors
GPs and other HCP	Newsletter and follow up report
Patients and the public	Newsletter and follow up report
PBC Consortia	Newsletter and follow up report

All stakeholders need to be aware that the PNA will need to be completed in a timescale that will enable its findings to be merged with the JSNA. The PCT and LPC need to work together to identify the deadline for completion of the PNA.

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### *7.6.2 Communication within the PCT*

Ensure that your PCT Board and PEC have:

- Been briefed on the relevance of PNA to CoE approvals and exemptions
- Had an opportunity to discuss your plans for PNA and to approve the work plan for implementation.

Areas that you should consider covering include:

- Pharmacy needs assessment
- Work plan, resources required and timetable for Board approval

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## 8. Step 2 - Identifying local needs

The DH has identified a minimum data set for the JSNA process which PCTs will analyse and interpret together with other stakeholders. Pharmaceutical needs have to be considered within this process.



### Minimum Information for JSNA (1)

Demography	Population, births, ethnicity
Social and Environmental	Rural/urban and other characteristics, deprivation, benefits
Current Known Health Status	Illness and lifestyle, teenage conceptions, limiting long-standing illness
Current Met Needs	Social Care (RAP, P1, SWIFT), Primary Care (disease prevalence, DMFT, imms), HES
Service User	Social care (user surveys), Primary and community care (GPAQ, PALS, complaints), Hospital (self-reported health outcomes, satisfaction surveys)
Public Demands	Local Authority (Annual Residents Surveys, Health Scrutiny Reports), NHS (petitions)

To undertake a robust and useful pharmaceutical needs assessment it is necessary to decide the scope and focus of the assessment early in the process. It should be sufficiently broad so as to identify needs which may not necessarily be limited to community pharmacy services, yet sufficiently focussed so as to not overwhelm the team undertaking the assessment with data.

For example, you may decide that you would like to focus on where pharmaceutical services could:

- Improve access and capacity in primary care
- Reduce avoidable admissions and reduce bed days
- Support the effective use of medicines
- Improve access to health promotion and public health messages
- Provide support for prescribers to make more cost-effective use of resources

Ultimately, the areas in which you decide to focus will be a matter for discussion with your steering group.

### 8.1 Understanding priorities for your PCT

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In deciding the scope of PNA you should review key guidance and reports that shape and influence the priorities for your PCT.

Your PCT's priorities are driven by a combination of national and local delivery plans. Some of these are set out in the box below:

***Priority setting documents***

National

National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006 - 2007/2008

Link: [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/PlanningFramework/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/PlanningFramework/fs/en)

The NHS in England: Operating Framework for 2007-8

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_063267](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063267)

Commissioning framework for health and wellbeing

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_072604](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604)

DH Business Plan 2007-08

Specifies seven strategic objectives and sets out work programmes across directorates.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073546](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073546)

NHS Integrated Service Improvement Programme

<http://www.isip.nhs.uk/>

Health and social care outcomes and accountability framework

[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_075267](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_075267)

PCT performance indicators

[http://www.healthcarecommission.org.uk/db/documents/developing\\_the\\_annual\\_health\\_check\\_-\\_2007-2008.pdf](http://www.healthcarecommission.org.uk/db/documents/developing_the_annual_health_check_-_2007-2008.pdf)

Local

All PCTs will have the following documents:

- Latest local delivery plan (LDP)

And if they exist the following local documents:

- Strategic Service Delivery Plan (SSDP)
- Overview and Scrutiny Committee reports
- Annual report of the Director of Public health
- Existing health needs assessment
- Analysis of PCT performance against priorities and targets

GP Patient surveys: your GP, your experience, your say

<http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm>

Common priorities for local PBC Consortia will also need to be considered.

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These documents will provide you with a framework through which you can review the sources of data that are available to you.

### 8.2 Routinely available data sources for pharmaceutical needs assessment

You can minimise data collection by making use of routinely available sources of data. All PCTs routinely review and analyse national datasets that describe their local population. These data will typically be available through the PCTs public health department and the Local Authority's information department.

These datasets include:

#### **Index of Multiple Deprivation (2004)**

[http://www.odpm.gov.uk/stellent/groups/odpm\\_urbanpolicy/documents/page/odpm\\_urbpol\\_028470.hcsp](http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_028470.hcsp)

#### **Census data (2001)**

<http://neighbourhood.statistics.gov.uk/>

How these data are used and presented locally will depend on how your PCT works. All will use these data together with locally collected data on performance and capacity to develop the Strategic Service Delivery Plan (SSDP). You should ensure that your steering group has adequate expertise and support from those who are familiar with these sources of data and what already exists.

#### ***Identifying local needs - resources***

The Centre for Pharmacy Postgraduate Education (CPPE) **offers a 2 day commissioned workshop on *Public Health needs assessment – application and use in practice***

The programme consists of two workshops on public health needs assessment and an open learning component. Further details are available on the CPPE website at [www.cppe.ac.uk](http://www.cppe.ac.uk) or by emailing [info@cppe.ac.uk](mailto:info@cppe.ac.uk)

NB: This educational programme does not train pharmacists to undertake a formal health needs assessment or include information on writing bids for funding

### 8.3 Sources of data used by PCTs in determining local needs:

The table below sets out the sources of data that PCTs told us they had used in describing their local pharmaceutical needs. Using these sources of data requires some familiarity with the way in which the data are collected and prepared in order to understand its limitations.

What sources of data you have and how you use them will be a matter for you and your steering group.

<b>Source</b>	<b>Description</b>	<b>How these data may be used</b>
Index of multiple deprivation 2004	Indices for a range of domains including:	The data set can be used to map pharmacy location against the characteristics of the local population to identify where there may be greater
Available from:	➤ Income	

<a href="http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_028470.hcsp">http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_028470.hcsp</a>	<ul style="list-style-type: none"> <li>➤ Employment</li> <li>➤ Health Deprivation and Disability</li> <li>➤ Education, Skills and Training</li> <li>➤ Barriers to Housing and Services</li> <li>➤ Crime</li> <li>➤ Living Environment</li> </ul>	need or where services should be prioritised.
Census data  Available from: <a href="http://neighbourhood.statistics.gov.uk/">http://neighbourhood.statistics.gov.uk/</a>	The 2001 census gathered key data on the characteristics of the population at that time.	It can be used to map populations with particular needs or characteristics, for example:  Extent of long term illness General health Unemployment Child poverty Overcrowding
Primary care monitoring data	Many PCTs will routinely monitor key performance indicators for their population, for example the monthly access statistics for GP practices.	If available to you these data can be used to map practices that require support against the location of pharmacies that have the capacity and capability to provide a supporting service.
Prescribing data including NHS productivity metrics	Rates of prescribing of drugs in key therapeutic groups e.g.:  <ul style="list-style-type: none"> <li>➤ Lipid regulating</li> <li>➤ Ulcer Healing</li> <li>➤ Antipsychotic</li> <li>➤ Hypnotics and anxiolytics</li> </ul>	These data can be used to identify concentration of disease prevalence around practice populations.  This could be used to prioritise particular services (e.g. Diabetes support) in areas with high incidence of diabetes.
QMAS	Linkage of diagnosis and prescribing	Specific long term conditions and treatment included in GMS QOF
Secondary care admissions	Causes of admissions against key morbidities	Identifies patients who are frequently admitted
A & E usage		Identifies patients who are frequent attenders; identifies scope for diversion of common / minor conditions
OOH usage		Identifies patients who are frequent attenders / users; identifies scope for diversion of common / minor conditions
Health and lifestyle surveys	Many PCTs will have undertaken a survey. This will routinely map the population's health and important risk factors such as:  <ul style="list-style-type: none"> <li>➤ Smoking</li> <li>➤ Exercise</li> <li>➤ Alcohol</li> <li>➤ Drug use</li> <li>➤ General health</li> </ul>	
Health equity audit	Your PCT may have undertaken a health equity audit – this would map a combination of multiple datasets (such as those above) and analysed	Provides a geo-demographic description of the population., its characteristics and health and social status.

	these on a geographical basis.	Identifies gaps between the best and worst localities to help PCTs to target resources to closing this gap.
Social care datasets	Some PCTs have access to social care services datasets which provide information about those receiving support at home and vulnerable populations.	
Statistical bulletins:  Pharmacy statistics available from: <a href="http://www.ic.services.nhs.uk/servicecat/services.asp?g=1">http://www.ic.services.nhs.uk/servicecat/services.asp?g=1</a>  General Pharmaceutical Services in England and Wales 1994-95 to 2004-05  <a href="http://www.ic.nhs.uk/pubs/genphmsvcengwaldecade05">http://www.ic.nhs.uk/pubs/genphmsvcengwaldecade05</a>	Provides data on number of pharmacies, number of prescriptions dispensed, opening and closings by PCT and SHA.  Also provides data on the uptake of MUR and commissioning of enhanced pharmaceutical services	This report also links pharmacy numbers to population density which may provide a measure of access and need for the assessment of applications.  Allows PCTs to benchmark their performance against similar PCTs.
Reports of overview and scrutiny committees	Where there has been an overview and scrutiny report by the local health committee then data will have been collected to support the analysis and recommendations.  These data may be helpful in further describing the needs of the population, particularly across a health economy.	These data may be helpful in further describing the needs of the population, particularly access across the health economy.
PCT data from the monitoring of the CPCF	Most PCTs will have data collected in the course of monitoring the new contract.	These data may be a useful source of information about, for example current and planned facilities

### *8.3.1 QMAS and QOF*

Your PCT will be undertaking visits to GP practices to review the performance in relations to the targets in the QOF. QMAS supports the performance management of the contract by extracting relevant information from the GP clinical system.

These combined sources of data will provide useful information on where there may be links that could be made between GMS and CPCF. They will identify where there are capacity issues in primary care that could be addressed through closer working between GPs and pharmacists locally.

### *8.3.2 Geographical mapping and analysis*

Presenting data in geographical format can be helpful in dealing with complex overlapping sources of data; for example, levels of deprivation with local pharmacies and GP practices.

The PNA should aim to describe pharmacy services and pharmaceutical needs at a sub-PCT level. Most PCTs will have localities, districts or other sub-divisions which they use to plan services. The PNA should reflect these to allow seamless linking to other planning documents.

The example below shows how Ealing PCT charted demographic data with standardised mortality rates for each of its seven localities.

**Ealing PCT Summary of Public Health Data per Neighbourhood (from 2001 census data)**

	Acton	Central Ealing	Hanwell	North NAG	South NAG	South Southall	North Southall
<b>Increase in projected population by 2011</b>	3%	2%	4%	5%	6%	10%	7%
<b>Proportion of over 65s</b>	11%	12.2%	11.4%	12%	12%	7.65%	9.69%
<b>Population under 5s</b>	6.7%	5.89%	6.62%	6.65%	7%	8.19%	6.53%
<b>Deprivation using Multiple Index Deprivation Score</b>	20.8	11.55	19.36	14.4	20.4	36.3	21.36
<b>All cause SMR*</b>	85%	103%	88.2%	87.3%	97.7%	127.5%	142%
<b>SMR for CHD under 75 years</b>	101%	69%	70%	100%	107%	153%	102%
<b>SMR for respiratory disease</b>	86.9%	116.7%	110.4%	95%	115%	162%	218%
<b>SMR for all cancer deaths</b>	77%	78%	80%	91%	87.4%	67.1%	84.9%
<b>SMR for lung cancer</b>	96%	75%	95%	107%	83.3%	44.4%	60.1%

\*SMR = Standard Mortality Rate

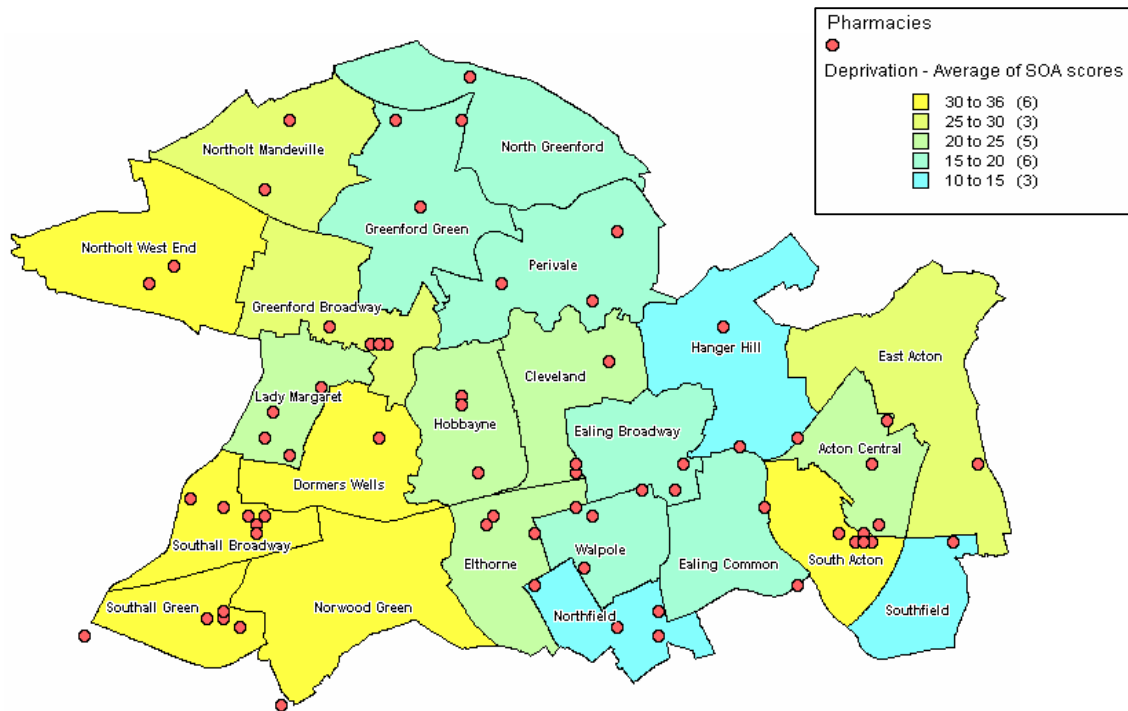
Included with permission of Ealing PCT from their 2007 PNA

[http://www.ealingpct.nhs.uk/content/downloads/PharmaceuticalNeedsAssessment\\_07.doc](http://www.ealingpct.nhs.uk/content/downloads/PharmaceuticalNeedsAssessment_07.doc)

Sophisticated software is not required to undertake mapping - a simple paper map of the local area will help to visualise the data and to support the synthesis steps. Some PCTs will have access to software to undertake mapping. However, if your PCT does not have access to software, a paper-based map can be used to present data.

Ealing PCT mapped the location of its community pharmacy network onto a map on which deprivation levels were shown.

## Deprivation Map with Pharmacy Locations in Ealing PCT



(Source Ealing Pharmaceutical Needs Assessment 2007)

Ealing PCT also calculated the resident and registered population per pharmacy

Neighbourhood	Resident Population	Registered Population	Difference	Number of Pharmacies	Resident Population per Pharmacy	Registered Population per Pharmacy
Acton	53689	56917	3228	13	3835	4208
Central Ealing	66315	77546	11231	15	4421	5170
Hanwell	37873	38142	269	9	4208	4238
NNAG	51884	58077	6193	9	5765	6445
SNAG	26717	26955	238	6	4453	4492
Southall N	25879	57893	32014	5	5176	11578
Southall S	38591	42322	3731	12	3216	3527
<b>Ealing PCT</b>	<b>300948</b>	<b>357852</b>	<b>56904</b>	<b>69</b>	<b>4300</b>	<b>5112</b>

(Source Ealing Pharmaceutical Needs Assessment 2007)

Somerset Coastal PCT analysed access to pharmacies at electoral ward level and data on deprivation.

## Access: No. of pharmacies in “village” wards by deprivation & population density

Wards in Village / Hamlet / Dispersed households	People per hectare	Estimated number of pharmacies (by proximity)	IMD 2004 “full” score rank
Brompton Ralph & Haddon	0.13	0	41
Crowcombe & Stogumber	0.31	1	31
Old Cleeve	0.39	2	22
Quantock Vale	0.40	0	26
West Quantock	0.43	1	37
East Poldens	0.61	0	36
Axe Vale	0.67	2	43
Wedmore and Mark	0.72	2	39
West Poldens	0.86	1	42
King’s Isle	0.87	0	29
Brent North	0.89	0	40
Knoll	0.96	2	38
Huntspill & Pawlett	1.00	2	25

## Access: No. of pharmacies in “urban” wards by deprivation & population density

Urban wards	People per hectare	Estimated number of pharmacies (by proximity)	IMD 2004 score rank
Berrow	1.61	3	18
Sandford	1.63	1	33
Bridgwater Bower	6.96	4	15
Bridgwater Quantock	9.94	4	12
Burnham North	15.52	3	24
Highbridge	15.98	4	4
Bridgwater Eastover	18.64	5	5
Bridgwater Sydenham	40.59	4	3
Bridgwater Victoria	40.74	4	2
Bridgwater Hamp	43.01	4	1
Burnham South	50.55	5	9

Source: Walsh A. Developing community pharmacy services to reduce health inequalities. Faculty of Public Health Annual Scientific Meeting 2006  
[http://www.fphm.org.uk/policy\\_communication/downloads/events/faculty\\_events/2006/ASMPresentations2006/E\\_walsh.pdf](http://www.fphm.org.uk/policy_communication/downloads/events/faculty_events/2006/ASMPresentations2006/E_walsh.pdf)

From these data Somerset Coast PCT concluded:

- There is adequate geographical access to pharmacy dispensing services
- People living in areas without a local pharmacy may be missing out on other community pharmacy services
- Community pharmacies are well located to target action aimed at reducing health inequalities

The PCT will also need to consider other potential providers who could meet the needs of your population. For example where there is a need for smoking cessation advice then there may be specialist counsellors, nurses and GPs who could also provide this service.

### 8.3.3 Identifying information gaps

Bringing together PCT priorities with available routine data enables the identification of gaps, as the example below shows:

<b>Priorities</b>	<b>Routine data</b>	<b>Gaps</b>
NHS Operating Framework priorities	Hospital usage (admissions; outpatients; A & E)	Pharmacists and pharmacies
Care Closer to Home	Referral to Treatment measurement	Service users / public
Choosing Health	Public health data	Healthcare professionals
PCT priorities	Quality management analysis system (QMAS)	Other stakeholders (eg Drug Action Team)
PCT performance indicators	Prescribing data	

Adapted from: Walsh A. Developing community pharmacy services to reduce health inequalities.

In the next section we go on to consider additional data collection to fill the identified gaps.

## 8.4 Information gathering from stakeholders

There are four important stakeholder groups whose views will be important in the development of your pharmacy needs assessment, these are:

- Patients and the public
- Pharmacy contractors and pharmacists
- Health care professionals
- PBCs and their plans

As we describe later in this toolkit you will need to consult with local pharmacy contractors about their current provision and willingness to provide services under the new contractual framework.

In our original work on PNA we found few examples of PCTs who gathered data from patients and healthcare professionals directly. However, those that did were strong

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advocates for this method and in particular for the involvement of patients in service development.

#### *8.4.1 Getting the views of patients and service users*

Before you decide how to get the views of patients and services users for your pharmaceutical needs assessment, you should first find out if any previous work already been done by your PCT in this area. Your Patient Advocacy Liaison Service (PALS) and patient and public involvement team may have access to data previously collected from patients in the development of primary care services and they will have routine contact with patient groups where the views of patients can be gathered quickly.

All PCTs routinely survey their population or host patient forums to inform service development. If a survey is to be conducted as part of the JSNA process, incorporating questions about pharmacy into this routine consultation will provide an effective way to test the views of patients on pharmaceutical needs.

Using local networks including the PPI Forum and PALS is another useful way to get feedback.

#### ***Liverpool PCT***

Liverpool PCT joined forces with Merseyside Council to include five questions about pharmacy in a regular survey of Merseyside households.

The questions covered:

- How often patients used pharmacies and why
- Any difficulties in finding or using a pharmacy
- Use of services in the future
- Problems managing medicines

The PCT reinforced this by going out to speak to voluntary groups about the experience of patients with medicines, their use of pharmacies and their aspirations for the future.

Separately the PCT undertook a "willingness to provide" survey (See Step 3) with pharmacy contractors.

By combining these three sources of data the PCT was able to map patients' needs with pharmacy's willingness to provide.

Peter Johnstone: Peter.Johnstone@liverpoolpct.nhs.uk

Other approaches include self completion surveys specifically undertaken with patients or focus groups of key patient groups to inform pharmaceutical needs assessment.

#### ***East Cambridgeshire and Fenland PCT***

Cambridgeshire and Fenland PCT undertook a needs assessment as part of its Medicines Management Service. This involved developing a survey that was administered through

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patient participation groups and healthcare premises across the PCT. This allowed patients to express their views on a range of pharmacy services.

The PCT also asked healthcare professionals (GPs, practice nurses and district nurses) to comment on existing services and express a preference for particular services in the future.

These data were combined with information collected from pharmacists on the services that they currently provide and services that they would be willing to provide subject to the PCT commissioning.

### **Surrey PCTs – Patient Survey**

The former PCTs making up Surrey PCT commissioned a survey of patients using community pharmacies. The survey was administered by the pharmacy staff and returned to a central point for processing and analysis. Data was analysed on a locality and PCT level to provide an insight into how patients use existing pharmacy services and what services they might like to use in the future.

**Contact Jay Voralia: [Jay.Voralia@surreypct.nhs.uk](mailto:Jay.Voralia@surreypct.nhs.uk)**

If there are particular groups in your locality that are of concern, for example, your PCT has high teenage pregnancy rates, then you will need to talk to these groups directly rather than try to reach them through a survey. It is important to ask questions in such a way that the answers will be the most helpful in deciding on action, for example rather than asking questions like “would you like your pharmacy to be open later”, because most people will probably say yes, it may be better to explore ways of improving access to pharmacy services and see what comes from that discussion.

The GP Patient Survey - Your doctor, your experience, your say (formerly known as the National Patient Experience Survey 2006/7) was administered by IPSOS MORI in the form of a postal survey to around 5 million members of the public, sent between January and March 2007. There are data down to the level of individual practices.

GP Patient surveys: your GP, your experience, your say

<http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm>

The CPCF patient survey includes an open question which may produce helpful data but which is likely to be pharmacy specific. In future years once the survey is embedded into community pharmacy practice it may be possible to add locally agreed questions.

#### *8.4.2 Getting other stakeholders involved*

The views of other healthcare professionals are crucial where possible service developments may impact on them or require their co-operation.

Other healthcare professionals may also be able to identify specific issues for patients that are related to their work. For example, community matrons can provide insight into the needs of patients being cared for in case management for medicine management support.

## 8.5 Beginning to synthesise unmet needs and priorities

Before gathering information from your local pharmacists, you should begin to refine and synthesise the list of unmet pharmaceutical needs that you have identified from the data you have gathered.

You should revisit the areas on which you decided to focus your needs assessment earlier in the process, for example:

- How to increase GP capacity and access to primary care services
- Ways of reducing avoidable hospital admissions and reducing the number of bed days for such admissions
- Ways of improving care for people with long term conditions
- Getting the best use from available resources, including the prescribing budget
- Improving access to health promotion and public health messages
- Optimising the CPCF

### **Example framework for synthesising unmet needs**

This framework is provided as a guide to assist you in synthesising unmet need from the data you have gathered. You should adapt this framework to suit your steering group's approach to the pharmaceutical needs assessment project.

<b>Source</b>	<b>Indicator</b>	<b>Intervention</b>	<b>Geography</b>	<b>Resources</b>
What is the source that has provided evidence of an unmet need?	Describe the unmet need.	What potential service or intervention is needed to meet the need identified	What is the extent of the need?  Is it limited or constrained by demographics or geography?  Are there any PBC priorities that are specific to localities?	What existing LDP resources are available to address this need? (Does it fit within any existing programme or priority)  Should this need to "flagged" within the 2007/08 LDP?  Is there a "risk" to the PCT in 2007/08?
e.g. 24hr/48hr Access rates	Some practices are failing to meet the 24hr/48hr access targets.	Minor ailments could be managed by the local pharmacist taking some workload from the GP practice	Limited to practices that have been identified. They are clustered in the most deprived wards in the PCT	There are resources in the LDP to fund a service redesign team to assist practices. However this is limited.
A & E / OOH usage	The PCT and practices have identified increased usage at weekends	Minor ailments could be managed by local pharmacies on Saturdays	Focused on practices that have identified this need from their usage data	

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This refined list will help to narrow the focus of your information gathering from community pharmacists which takes place in Step 3. It will also identify where more information is required and where it may be necessary to gather data from other stakeholders if you have not done so already.

**Health Inequalities Intervention Tool**

The tool was developed by London Health Observatory and Yorkshire and Humber Public Health Observatory on behalf of the Association of Public Health Observatories for the Department of Health and a revised version was issued in August 2007. The tool was designed to allow Spearhead areas to estimate the potential effect on their life expectancy gap if certain interventions are increased, specifically:

- Interventions to reduce infant mortality
- Smoking cessation
- Antihypertensive prescribing in people without existing cardiovascular disease
- Statin prescribing in people without existing cardiovascular disease

[http://www.lho.org.uk/health\\_inequalities/health\\_inequalities\\_tool.aspx](http://www.lho.org.uk/health_inequalities/health_inequalities_tool.aspx)

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## 9. Step 3 - Mapping current provision and exploring future provision

*Associated tools: Model questionnaire; Sample covering letter – Appendices 4 & 5*

By this stage, you will have identified unmet pharmaceutical need using the data sources that are available to you (Step 2). You will thus have identified potential new pharmaceutical services (or the extension of existing services) that might be needed locally.

In this section we describe Step 3 which includes:

- If not already available from pharmacy contract monitoring, collecting data on current service provision by community pharmacies and other providers.
- Exploring the extent to which community pharmacists might be prepared to be commissioned to provide the services that you have identified
- Considering where Pharmacists with Special Interests might contribute in redesigned patient pathways
- Taking into account planned service provision by other providers (e.g. for smoking cessation, sexual health services)

This section sets out key points in mapping current provision of services by community pharmacists and exploring future provision. This section should be read in conjunction with Appendix 5 which includes a set of model questions for local use or adaptation.

In preparing this section we reviewed recent work by PCTs and the tools that they had developed to map current and future provision.

### 9.1 Current provision of pharmaceutical services

If you are revising and updating a previous PNA you will want to take account of key changes since the introduction of the CPCF including:

- New tools in the CPCF with the potential to impact on patient care, particularly the Medicines Use Review/Prescription Interventions (MUR) service
- Changes in pharmacy premises, particularly the increased number with consultation facilities, making services requiring privacy more feasible

Your PCT will have data from CPCF monitoring during 2005-6 and 2006-7 that will provide a relatively current or recent picture of some aspects of current service provision. Your LPC may already be collecting data, as in the Hampshire and Isle of Wight Registry project.

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### **Hampshire and Isle of Wight Registry Project**

Hampshire and Isle of Wight LPC have set up an innovative database in their Registry Project, consisting of two distinct threads:

- the collection, verification and dissemination of data concerning community pharmacies, their contact details and services they offer; and
- pharmacists working in the community, their accreditations and contact details.

<http://www.hampshirelpc.org.uk/registry.asp>

Some PCTs used a questionnaire survey of community pharmacies in their original PNA to obtain data. The questionnaires covered a broad range of topics and ranged in length from two pages to 40 pages. Some were designed for use as a postal questionnaire and others to be completed by a member of PCT staff during a visit to the pharmacy.

From these examples and using the experience of PCTs a set of model questions have been developed. These model questions are intended to provide a starting point for local discussion, the questions cover four domains:

- Premises and facilities
- Staff and skills
- Current services (basic services + locally-commissioned services)
- Future services

It was clear from the questionnaires that we collected that PCTs had often developed questionnaires with more than one purpose in mind, other purposes included:

- A clinical governance assessment
- The elements of the new contractual framework which PCTs anticipated that they would be responsible for monitoring, in effect a "New Contractual Framework Baseline Assessment"
- A broader demographic and workforce questionnaire designed to understand the training and development needs of the community pharmacy network
- Obtaining or updating basic practice details

The external reference group identified a **minimum** dataset that is required *for the purposes of pharmaceutical needs assessment*. This minimum data set has been developed to focus solely on the information that is required to inform the needs assessment process. You should agree with your steering group the scope and purpose of the questionnaire, this is discussed in more detail in section 5.2 below.

### **Minimum dataset**

<b>Premises</b>	➤ Consultation area
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	<ul style="list-style-type: none"> <li>➤ Are the facilities suitable for the Advanced service MUR / Prescription intervention</li> <li>➤ If not then: <ul style="list-style-type: none"> <li>○ Are the facilities suitable for "some" enhanced services?</li> <li>○ Is there intent to meet the standards for advanced services and by what date</li> </ul> </li> </ul> <p>(Advanced services standards are based on the definition in CPCF: an area with seating for face to face consultation; other people should not be able to overhear the conversation; the area should be clearly signposted)</p>
<b>Information Technology</b>	<ul style="list-style-type: none"> <li>➤ Number of computers</li> <li>➤ Access to internet and email</li> <li>➤ Type of internet connection</li> <li>➤ Access to other software packages</li> <li>➤ Readiness for connection to NHS net</li> <li>➤ Smart card issue</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>➤ Number of pharmacists</li> <li>➤ Participation in CPD</li> <li>➤ Pharmacists with Special Interests</li> <li>➤ Use of skills mix <ul style="list-style-type: none"> <li>○ Second pharmacist cover</li> <li>○ Number of support staff and qualifications</li> </ul> </li> </ul>
<b>Current services provided</b>	<ul style="list-style-type: none"> <li>➤ MUR service</li> <li>➤ Locally commissioned services <ul style="list-style-type: none"> <li>○ Equivalent enhanced and essential services currently commissioned locally</li> <li>○ E.g. Compliance Aids linked to DDA assessment, Emergency Hormonal Contraception, Supervised consumption of methadone</li> </ul> </li> <li>➤ Non-commissioned services (services provided outwith local or national commissioning) <ul style="list-style-type: none"> <li>○ E.g. collection and delivery of prescriptions</li> </ul> </li> </ul>

The area where PCOs might be least likely to have up to date data is on contractors' willingness to provide.

<b>Expressions of interest in providing services in the future</b>	<ul style="list-style-type: none"> <li>➤ Services that pharmacists anticipate will be needed for your population</li> <li>➤ Willingness to provide – subject to caveats <ul style="list-style-type: none"> <li>○ Funding</li> <li>○ Skills</li> <li>○ Facilities</li> <li>○ Equipment</li> </ul> </li> <li>➤ Pharmacists' views on priority services</li> </ul>
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## 9.2 Deciding how widely to draw the scope of your data collection.

Reflecting on the variety of purposes for which the example questionnaires were developed the external reference group felt that by focusing on data that was required solely for the needs assessment process PCTs would achieve a better response rate and a better quality of answer from the respondent.

For every question that is asked in the information gathering exercise the steering group should reflect on the purpose of collecting that data and the use to which it will be put. In many cases the pharmacist and the contractor will be different individuals.

### 9.2.1 Process

It is important to carefully consider how the tool will be used and how you will get the "buy in" of the pharmacists.

- The questionnaire should be agreed by the key stakeholders. Experience in some PCTs shows that services that are currently provided by a pharmacy but not funded by the NHS may be considered an area of commercial sensitivity. In some areas this has led to response rates below 50%. Getting the right stakeholders involved from the outset may help to address this problem, for example, the LPC may be willing to support or assist with gathering the data required.
- The PCT needs to be clear about how each item of information collected will be used and how it fits into the planning process
- The PCT should minimise questionnaire completion time by including 'known' information (e.g. name and address of pharmacy)

#### ***Best practice in gathering routine data from community pharmacy***

Sheffield PCT shared community pharmacy development office maintains a database of local pharmacies. This is updated by way of an annual return which is prepopulated with the previous year's data, therefore the respondent is only required to amend data that has changed and to add any new information required.

When a questionnaire is sent out the database is used to individualise the questionnaire to each pharmacy based on the information already held. This reduces the amount of information the pharmacy needs to complete and enables the pharmacist to make changes to correct and update their information.

Contact Peter Magirr: [Peter.Magirr@sheffieldpct.nhs.uk](mailto:Peter.Magirr@sheffieldpct.nhs.uk)

- If being sent by post, the questionnaire should be sent to the 'pharmacist in charge' with a clear explanation on front page about why the data are being collected and what will happen to the results (a sample covering letter can be found at Appendix 4)
- The covering letter should be signed by both the PCT and LPC.

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PCTs should bear in mind, when collecting data as part of Pharmaceutical Needs Assessment that might be commercially sensitive, the requirements of the Freedom of Information Act. There is an exemption from the right to release information if:

*"release of the information is likely to prejudice the commercial interests of any person. (A person may be an individual, a company, the public authority itself or any other legal entity.)"*

*"In order to apply the exemption it is necessary to consider whether the release of such information would **prejudice** someone's commercial interests, i.e. it is necessary to apply the test of prejudice. It will then be necessary to apply the public interest test".*

1. Does the information relate to, or could it impact on a commercial activity?
2. Is that commercial activity conducted in a competitive environment?
3. Would there be damage to reputation or business confidence?
4. Whose commercial interests are affected?
5. Is the information commercially sensitive?
- 6) What is the likelihood of the prejudice being caused?

Source: Information Commissioner. Freedom of Information Awareness Act Guidance no. 5: Commercial Interests

[http://www.ico.gov.uk/upload/documents/library/freedom\\_of\\_information/detailed\\_specialist\\_guides/awareness\\_guidance\\_5\\_-\\_commercial\\_interests001.pdf](http://www.ico.gov.uk/upload/documents/library/freedom_of_information/detailed_specialist_guides/awareness_guidance_5_-_commercial_interests001.pdf)

PCTs should therefore consider with care any application for release of any commercially sensitive information gathered as part of the pharmaceutical needs assessment.

### *9.2.2 Role of pharmacy visits*

Some PCTs conduct visits to all of their pharmacies as part of their CPCF monitoring process and this also provides an opportunity to complete the questionnaire face to face (which saves the pharmacist's time in completing it) and gain background or additional data. However the feasibility of visiting all of the pharmacies in the PCT is dependent on the numbers involved. Each PCT will make its own decision based on available resources, existing relationship with community pharmacies and the number of pharmacies involved.

In planning visits to community pharmacies:

- Some PCTs have used members of the pharmaceutical advice / prescribing team only, while others have involved other members of PCT staff, seeing it as an opportunity to enable staff to learn about community pharmacy
- Timing is important – when making an appointment with individual pharmacists, check what they think about the best time to visit that pharmacy
- The pharmacist may need to interrupt the discussion to deal with issues in the pharmacy. Recognising this and enabling the normal business of the pharmacy to continue is important

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### 9.2.3 Current provision (Other providers)

There may be other providers of services which you will want to know about. For example, smoking cessation advice provided by specialist counsellors will need to be mapped to find gaps where additional provision is needed. Community pharmacy would be one possible source of provision in increasing service capacity.

The best source of information on other providers is likely to be the PCT primary care team.

### 9.3 Exploring future provision

Having identified unmet pharmaceutical need the PCT will want to explore how these needs might be met. Community pharmacy will be a key provider and the PCT needs a means to identify:

- Expressions of interest / willingness to provide in principle, and then
- Potential service providers

PCTs also need to bear in mind the potential for new pharmacies to open up using one of the new exemptions from the control of entry test, the services they are to provide and the likely communities that will be taking advantage of them.

#### 9.3.1 Scoping interest and 'willingness in principle' to provide services

Some PCTs have used a questionnaire to the 'pharmacist in charge', asking about a list of possible future services. This type of questionnaire will assess individual pharmacists' willingness to be involved in future services and can also be used to map broad premises/training/equipment needs across a range of potential services. This is helpful and the model questionnaire includes a framework for asking about both current and future services.

However it is important to recognise that it is not always that pharmacist who will make the final decision about service provision. This could be a decision of a Regional or Head Office. Our scoping work with PCTs found few examples of tools used to assess willingness to provide. It is important to ensure that the questions are framed in the context of willingness to provide subject to satisfactory funding.

It is also important to seek the views of key decision makers within the pharmacy companies. As most community pharmacists are employees the Employer / Contractor will need to be involved in responding when the PCT is ready to commission the service and wants to identify potential service providers.

The PCT needs to ensure that in seeking information on willingness to provide it does not create expectations that all of the services asked about will be commissioned in the future.

The PNA can be used to develop and/ or assess applications for any community pharmacy NHS services whatever the contracting route (i.e. including LPS, SPMS etc)

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Full detail in relation to any willing provider status can be found on pages 21 to 24, paragraphs 3.34 to 3.47 of Practice Based Commissioning: practical implementation. This guidance is available at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062703](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062703)

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## Step 4 – Synthesising data

Having mapped current provision and explored future provision, the next step will be to draw together the data into meaningful conclusions that you can rely upon about what services the PCT might want to commission and how. You will also want to consider what you have learned from your needs assessment that can be used in managing the revised control of entry rules.

Synthesising the data that you have collected can be challenging because of the volume of information that you may have collected. It is important to be methodical and to take a structured approach in this step. For this reason it is important to have a framework that you can use to look at the data.

In this section we set out a framework for synthesising the data that you have collected. Your stakeholder steering group can oversee the synthesis of data and development of a plan. As a minimum they should be asked for comments.

### 9.4 Mapping current services to needs and priorities

This is a key step in the needs assessment and requires consensus to be achieved by the steering group. The priorities that you define will be significantly influenced by the scope that you will initially have set for yourselves.

The NHS operating framework for 2007/8 sets out four key priorities for the NHS over the coming year: to achieve the 18-week target from Referral to Treatment (RTT); to reduce rates of health care associated infections; to reduce health inequalities; and to achieve financial health. A potential focus for your work might be to consider where community pharmacy could contribute to local work programmes for the 18-week target and reducing health inequalities. Possible areas might include:

- How to increase GP capacity and access to primary care services
- Ways of reducing avoidable hospital admissions and reducing the number of bed days for such admissions
- Ways of improving care for people with long term conditions
- Getting the best use from available resources, including the prescribing budget
- Improving access to health promotion and public health messages

Having established and agreed what your needs and priorities are you will need to then map the current service provision to these.

From the examples provided by PCTs that had undertaken a needs assessment we were able to identify some practical approaches to undertaking this mapping exercise. We have described two approaches using the tables set out below. You may prefer one approach over another or you may decide to use both, this a process that lends itself to iteration and consultation, your steering group should provide feedback to validate this step.

#### *9.4.1 By identified need or priority*

A first starting point would be to draw up a table of what services are currently provided by community pharmacies and by other providers against the needs that have been identified.

Identified Need	Current Service Provided by Community Pharmacy	Services Provided by Others That Address Need	Gap between need and current provision
Rates of CHD are higher than average in the xxx Locality which is the lowest ranking ward in the PCT in terms of deprivation	Smoking cessation services from 3 pharmacies in the locality	Counsellors working from GP practices in target localities	There is limited provision of the service for patients from minority populations, particularly in their own language.

The table is prepopulated with one example. To use the table begin at the left most column by describing the need that you have identified, then populate the second column with details of any current services provided by community pharmacy, the third column with services provided by other providers. Finally populate the last column with a description of the gap that exists between the need identified and the current provision.

Somerset Coast PCT mapped the potential community pharmacy contribution against the priorities of "Choosing Health". It would be useful to have another example based on Care Closer to Home but none of the reference group were able to find one.

## Example of how community pharmacy services could be developed to support “choosing health” priorities

Target / priority	Community pharmacy contribution
Targeting areas & groups with worst health outcomes & highest needs	<ul style="list-style-type: none"> <li>• Signposting to services to: improve housing / improve income among poorest</li> <li>• Target healthy lifestyle services in health action zones</li> <li>• PCT investment in pharmacies in areas with worst indicators</li> <li>• Needle exchange programmes, methadone supervision</li> <li>• Sexual health services (EHC, Chlamydia screening as part of integrated service)</li> </ul>

### 9.5 By locality

A second starting point for mapping current provision would be to address areas where deprivation or health inequalities are most significant in your PCT. It is likely that your work in Step 2 will have identified needs and the localities that are most affected.

Locality	Need identified	How many pharmacies service the specific locality	What services are currently provided by community pharmacy that explicitly meet the identified need	How could community pharmacy meet the needs if not already doing so
Anywhere neighbourhood (Specifically Anytown Estate)	Access to GP services is limited due to retirement and ill health. There is a small but significantly deprived population on the estate.	None within the neighbourhood, the pharmacy on the estate closed in 1998	None – the existing pharmacy closed 6 years ago. The nearest alternative pharmacy over one mile away, up a steep hill and across a large parkland area.	The estate appears to lack sufficient provision of pharmaceutical services.  Consider calling for providers to apply for a new contract on the estate using the new control of entry rules.

The table is prepopulated with one example. To use the table begin at the left most column by describing the locality, in the second column describe the need(s) that you have identified, the third and fourth column should be used to describe the current service provision. Finally populate the fifth column with a description of the intervention or service that may address this need.

Somerset Coast used the following headings:

Need	Geography	Pharmacies already involved	Current service provision	Gaps identified

By undertaking a systematic analysis using one or more of the frameworks set out above you will begin to identify where there are gaps in current provision that need to be met in the future.

The example below shows the analysis of community pharmacy based smoking cessation services by locality in Ealing from their 2005 and 2007 PNAs together with their CHD mortality data.

**Coronary Heart Disease (CHD) and smoking cessation provision in pharmacies (Source Ealing PCT PNA 2005 & 2007)**

<b>2005</b>	Acton	CE	Hanwell	N South	S South	SNAG	NNAG
SMR for CHD under 75 years	101%	69%	70%	102%	153%	107%	100%
No. of pharmacies providing a <b>Smoking Cessation Advisor (PGD Supply)</b>	1	0	1	1	2	2	3
No. of pharmacies providing a <b>Smoking Cessation Advisor</b>	1	3	1	1	3	2	5

<b>2007</b>	Acton	CE	Hanwell	N South	S South	NNAG	SNAG
SMR for CHD under 75 years	101%	69%	70%	102%	153%	100%	107%
No. of pharmacies providing a <b>Smoking Cessation Advisor (PGD Supply)</b>	6	10	2	2	5	5	4
No. of pharmacies providing a <b>Smoking Cessation Advisor</b>	6	10	2	2	4	4	3

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## 9.6 Mapping future provision to current gaps – Prioritising development

You need to then decide how to address any gaps that you might have identified and in what order.

Where a gap is identified, it is important to determine whether community pharmacy can help address this need or whether another provider would be more appropriate

The data from community pharmacy (Step 3) will support this analysis. This will tell you if there is a willingness by community pharmacies to address the identified need. Consideration then also needs to be given as to whether community pharmacy can provide the service and what support is needed for this to happen.

The prioritisation matrix below provides a framework for this. By working through this matrix with your steering group you should be able to prioritise the developments that you want to take forward.

### Prioritisation framework

<b>Incidence / prevalence</b>	How common is the problem/need?
<b>Capacity to benefit</b>	Will the proposed service benefit few or many patients?
<b>Inequalities</b>	How does the proposed service address health inequalities?
<b>NHS priorities</b>	Which NHS priorities does the service address, and how?
<b>Time to benefit</b>	Will the proposed service provide a 'quick win' or is there an associated lag time?
<b>Fit with wider PCT work programme</b>	How does the proposed service fit with overall priorities within the PCT?
<b>Effectiveness; cost-effectiveness; VFM</b>	What is the evidence to support service provision by different providers?
<b>Risk assessment</b>	What is the risk to the PCT associated with not proceeding with the service?

## 9.7 List of priorities and needs established

Once you have prepared your list of priorities it might be useful to ask yourself the following questions before preparing your action plan (Step 5) for example:

- Is there a plan already in place that is tackling this need?
- Does it involve community pharmacy?
- If community pharmacy is not being used can it contribute towards meeting this need?
- Are there other healthcare professionals that are being commissioned to meet this need?

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If you are not familiar with the potential services in this area then call on your steering group to critically review your synthesis and prioritisation work.

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## 10. Step 5 – Action planning

By this stage you will have identified where there are unmet pharmaceutical needs, the current and future capacity of the community pharmacy network and a prioritised list of service developments or interventions that will address these unmet needs. Your needs assessment is nearing its conclusion and all that remains is to document your action plan before beginning to implement the changes that you are proposing.

Having started this needs assessment process with the approval of your Board and / or PEC you will now need to complete the cycle by returning to them with your plan for action.

### 10.1 Action Plan

You should now prepare an action plan that clearly sets out what you plan to achieve and by when, the contingencies and dependencies that may exist and the level of resources required to deliver.

The prioritisation matrix set out in Step 4 will provide you with the evidence and supporting information to back up your action plan.

Your action plan should clearly set out:

- The needs that you have identified
- How these fit within the wider PCT priorities and planning
- What development you are proposing the PCT undertakes to address these needs
- The risks and resources associated with each development
- Who will lead on the work
- Milestones and indicators of success

Your plan will need to be agreed by the PCT Board prior to circulation to key stakeholders. You will also need to agree, within the PCT, how the plan will be used in decision making and planning.

### 10.2 Communication

In Step 1 you will have ensured that local stakeholders and community pharmacists in particular were made aware of the needs assessment process. Now that you have your action plan you will need to communicate this to the full range of stakeholders to secure their support for the PCTs plans.

### 10.3 Developing a community pharmacy strategy

You may decide that you want to take this opportunity to produce or revise a community pharmacy strategy for your PCT. Having just completed a needs assessment is an ideal time to do this.

The key steps to scoping, writing and implementing a community pharmacy strategy are, for an appointed implementation lead to:

- Understand national NHS and local priorities, and how community pharmacy fits in.
- Understand the big picture for community pharmacy.
- Perform a pharmaceutical needs assessment to inform the strategy and engage key stakeholders.

- 
- Consider the workforce development issues both within the PCT to support such a strategy, and for community pharmacy.
  - Write the strategy.
  - Seek endorsement of the strategy by the PCT and all local stakeholders.
  - Begin to implement the strategy.
  - Regularly review progress with strategy implementation.

A robust community pharmacy strategy:

- Is based on a needs assessment.
- Has involved the public.
- Has buy-in and endorsement from all key stakeholders.
- Contains a realistic action plan with timed milestones for delivery.
- Links to wider PCT policy and priorities such as the LDP and the SSDP, or equivalent, and other PCT strategy documents.
- Describes the long term vision for community pharmacy.
- Considers the role of all primary care professionals and their future professional development (eg PhwSI)

*Appendix one highlights the resource *Implementing a community pharmacy strategy: A practical toolkit for primary care organisations*. This toolkit has been written by NPA, in conjunction with Keele University and Webstar Health. This is a practical toolkit to help the appropriate PCT staff (e.g. primary care contracts managers, new pharmacy contract implementation leads, pharmacy teams, etc) scope, write and start to implement a PCT community pharmacy strategy based on the experience of established strategies. The toolkit provides useful guidance, practical tips and lessons learnt from NHS organisations that have started the process of scoping, writing and implementing a community pharmacy strategy.*

## **Summary**

- Produce action plan
- Submit action plan to PCT Board for agreement
- Circulate agreed plan to key stakeholders
- Ensure the PNA data and action plan are fed into the JSNA

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## Glossary

**CPCF** Community pharmacy contractual framework. The new “contract” for community pharmacy introduced in April 2005.

**ISIP** Integrated Service Improvement Programme

**JSNA** Joint Strategic Needs Assessment

**LAA** Local Authority Agreements are agreements struck between government, the local authority and its partners in an area (working through the local strategic partnerships) to improve public services. See <http://www.idea-knowledge.gov.uk/idk/aio/4619987>

**LIFT** Local Improvement Finance Trust

**LINKs** Local Involvement Networks

**LPC** Local pharmaceutical committee, the local representative body for pharmacy contractors, recognised in statute.

**LMC** Local medical committee

**LSP** Local Strategic Partnership

**MUR** Medicines Use Review. The first advanced service introduced under the new contract.

**PBC** Practice Based Commissioning

**PBCers** Practice Based Commissioners

**SPB** Strategic Partnering Board

**SSDP** Strategic Service Development/Delivery Plan

Development plan - covering development of premises/settings for primary care and community services. Including modernisation of general practice premises, Primary Care Centres (serving 15-20,000 people) and One Stop Primary Care Resource Centres to improve access, integrate services, relocate some services to act as a hub for primary care and community services.

Delivery Plan - a strategic framework for local health and social care organisations to achieve service objectives through effective investment in community based health and social care facilities, use collective resources to the best effect and in particular to maximise the use of available sites, and seize opportunities to work collaboratively with other agencies where this achieves better results for the population served.

**SSDP** Strategic Service Delivery Partnership

**SSP** Strategic Service Plan

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**VCS** Voluntary and Community Sector

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## **Appendix 1 - Other resources**

### **NHS Primary Care Contracting (PCC)**

The PCC website contains a range of resources including a Pharmacy section which includes information and tools for commissioning and contracting; clinical governance, public health and Pharmacists with Special Interests. In addition to extensive information about the CPCF the commissioning and contracting section includes material on PBC and pharmacy.

<http://www.primarycarecontracting.nhs.uk/88.php>

PCC PBC Bulletin: Building Capacity through Pharmacy

[http://www.primarycarecontracting.nhs.uk/uploads/Pharmacy/sept\\_07/psc\\_bulletin\\_building\\_pbc\\_capacity\\_through\\_pharmacy.pdf](http://www.primarycarecontracting.nhs.uk/uploads/Pharmacy/sept_07/psc_bulletin_building_pbc_capacity_through_pharmacy.pdf)

### **Community Pharmacy Policy**

*Pharmacy in the future: Implementing the NHS plan A Vision for Pharmacy in the New NHS*

[www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/fs/en)

### **The CPCF**

*Briefings for PCTs are available from the NHS Confederation*

[www.nhsconfed.org.uk](http://www.nhsconfed.org.uk)

*The PSNC has details of the funding for the new contract available at:*

[www.psn.org.uk](http://www.psn.org.uk)

### **Community pharmacy strategy**

Implementing a community pharmacy strategy: A practical toolkit for primary care organisations in England, National Pharmaceutical Association (Nov 2004)

Available on the NatPaCT website at:

[http://www.natpact.nhs.uk/uploads/2004\\_Nov/CommunityPharmacyStrategyToolkit.pdf](http://www.natpact.nhs.uk/uploads/2004_Nov/CommunityPharmacyStrategyToolkit.pdf)

### **Skills to undertake needs assessment**

The Centre for Pharmacy Postgraduate Education (CPPE) **offers a commissioned workshop** *Public Health needs assessment – application and use in practice*. The programme consists of two workshops on public health needs assessment and an open learning component. Further details are available on the CPPE website at [www.cppe.ac.uk](http://www.cppe.ac.uk) or [info@cppe.ac.uk](mailto:info@cppe.ac.uk)

### **Pharmacists with Special Interests**

Implementing care closer to home - providing convenient quality care for patients: A national framework for Pharmacists with Special Interests

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4138868](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138868)

The Accreditation of General Practitioners and Pharmacists with Special Interests Directions 2007

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_074792](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_074792)

### **Resources and guides to needs assessment**

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*Toolkit for assessing pharmaceutical needs of populations: Out of hours pharmaceutical services, Health Education for Scotland 2003.*

This toolkit provides readers with an introduction to health needs assessment and then goes on to apply this approach to identifying the pharmaceutical needs of populations out of hours.

[http://www.ssipph.scot.nhs.uk/public\\_health\\_scotland/Out%20of%20hours%20toolkit.pdf](http://www.ssipph.scot.nhs.uk/public_health_scotland/Out%20of%20hours%20toolkit.pdf)

Health needs assessment: a practical guide. NICE 2005  
<http://www.nice.org.uk/page.aspx?o=513203>

*Health care needs assessment (Revised): the epidemiologically based needs assessment reviews, Radcliffe Publishing.*

This book provides, in three volumes, an in depth description of the need of patients with specific diseases and the types of service which may be used to address these.  
<http://hcna.radcliffe-oxford.com/>

### **Further reading**

Porteous. Novel provision of pharmacy services to a deprived area: a pharmaceutical needs assessment. *IJPP* 2003 11 47-54.

Williams. A pharmaceutical needs assessment in a primary care setting. *BJGP* 2000 50 95-99.

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## 11. Appendix 2 - External reference group & project team

### Internal project team members:

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*We are grateful to the members of our external reference group for their time, energy and enthusiasm.*

**Nigel Barnes**, West Midlands Strategic Health Authority

**Pat Brookhouse**, Practice Manager

**Alastair Buxton**, Pharmaceutical Services Negotiating Committee

**Georgina Craig**, Company Chemists Association

**Dr Chris Cutts**, Centre for Pharmacy Postgraduate Education

**Mike Holden**, Hampshire and Isle of Wight PCTs

**Peter Johnstone**, North Liverpool PCT

**Maggie Marum**, National Association of Primary Care

**Tonia Morton**, National Pharmacy Association

**Steve Morris**, National Prescribing Centre

**Trish O’Gorman**, Improvement Foundation

**Barbara Parsons**, Pharmaceutical Services Negotiating Committee

**Sarah Smith**, Patient representative

**Liz Stafford**, Rowlands Pharmacy

**Heidi Wright**, Royal Pharmaceutical Society of Great Britain

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## **12. Appendix 3 – Acknowledgements:**

We are grateful to the following people who shared their experience and materials.

Alice Walsh	Somerset Coastal PCT
Beryl Bevan	Ealing PCT
Clare Moss	North Liverpool PCT
Peter Magirr	Sheffield PCTs
Sally Greensmith	Guildford & Waverley PCT
Jonathan Mason	City and Hackney Teaching PCT
Julie Morgan	Bradford & Airedale Teaching PCT

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### **13. Appendix 4 – Model covering letters**

*Adapted with permission from Croydon PCT*

The Pharmacist in charge  
<<Pharmacy>>  
<<Street>>  
<<Town>>  
<<County>>, <<Postcode>>

<<Date>>

#### **Community Pharmacy Service Questionnaire**

##### **WHAT THIS SURVEY IS ABOUT**

Thank you for helping <<PCT name>> Primary Care Trust by agreeing to answer this short survey. It should take about 30 minutes. We would like to find out:

- What your local operational environment is like
- What services you currently provide
- What services you would be willing to provide in the future
- Human resource capabilities and training requirements

##### **WHY WE ARE DOING THIS SURVEY**

The PCT is undertaking a/revising its pharmaceutical needs assessment. <<PCT name>> PCT needs to build an accurate account of Community Pharmacy in <<PCT name>> to guide and inform this needs assessment and the organisation in developing appropriate services.

##### **WHAT WILL HAPPEN WITH THE INFORMATION THAT IS COLLECTED?**

The questionnaire answers will be collected and analysed by the PCT, with non-anonymised data held by the <<Job Title>>. These data will be kept completely secure and confidential and used for service development planning in <<PCT name>>. Anonymised data will be used by the PCT and LPC in undertaking the analysis and in preparing any published reports of the needs assessment.

##### **HOW WILL THIS BENEFIT YOU?**

The pharmaceutical needs assessment will help us to identify an unmet need among our population. This survey will tell us where community pharmacy may be able to help us meet the needs of our population.

##### **WHO SHOULD YOU CONTACT IF YOU HAVE ANY QUESTIONS**

The project is being managed by <<Name and job title>> on a day-to-day basis. If you have any questions about the survey or the needs assessment in general then please contact <<name>> on <<number>> (email: <<email@address.co.uk>>).

Yours sincerely

*[Ideally the letter should be co-signed by the LPC and the lead for the needs assessment]*

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## 14. Appendix 5 – Model community pharmacy questions

This model questions have been developed from questionnaires currently being used by PCTs. They are intended to provide a starting point for local discussion, the questions fall into four categories:

- Premises
- Staff
- Current services (basic services + locally-commissioned services)
- Future services

The external reference group identified a **minimum** dataset that is required ***for the purposes of pharmaceutical needs assessment.*** This minimum data set has been developed to focus solely on the information that is required to inform the needs assessment process. You should agree with your steering group the scope and purpose of the questionnaire.

The following model questions cover this minimum dataset

## Premises

### Consultation area (Adapted from Warwicks PCTs/LPC)

Criteria	Yes	No	Planned for 2007-8	Not planning to do this
There is a separate area or room within the pharmacy for consultations with patients and customers.				
The consultation area/room is clearly signposted as a private consultation area within the pharmacy				
Conversations in the consultation area/room cannot be overheard when talking at normal speaking volumes by other patients and staff.				
Seating is available for patients and staff within the area				
There is a sink within the area				

### Information Technology (Adapted from Croydon PCT)

The following questions are designed to help us assess the information technology infrastructure that presently exists across the community pharmacies in the PCT. It is hoped over the coming years this information will contribute to the implementation of an enhanced IT infrastructure

How many computers are in the pharmacy? (please write): \_\_\_\_\_

	0	1	2	3	4	5	All
How many computers are in the pharmacy? (please tick)							
How many laser printers are in the pharmacy?							
Which operating system (e.g. windows) and version is installed on each computer?							
How many computers have access to email (please tick)							
How many computers have access to the Internet during store opening hours? (please tick)							
How many computers have access to the Internet out of store opening hours? (please tick)							
Work email address (please write): _____							

Can we contact you about work related matters on this address? (Delete where appropriate)	Yes	No
Does the store have a Broadband Internet connection?(Delete where appropriate)	Yes	No
Software available (e.g. Word, Excel, Access, Acrobat)		

**Staff** (Adapted from Preston PCT)

<b>Pharmacists</b>			
	Full time	Part time	Regular Locums
How many pharmacists practice in the pharmacy in total? (please write)	-----	-----	-----
Approximately how many hours per week would there be two or more pharmacists available? (please write)			-----
How many have undertaken and recorded a satisfactory amount of CPD? (please write)	-----	-----	-----
How many are planning to be accredited to conduct Medicines Use Review in 2005-6? (please write)	-----	-----	-----
Does the pharmacist/s have any areas of special interest? (eg drug misuse; specific clinical areas)			

**Pre-registration trainees**

Are the premises registered as a pre-registration training site? Yes / No  
 If so, is there a pre-reg tutor? Yes / No

<b>Dispensing Assistants</b>	
How many Dispensing Assistants.....	Quantity
Are employed by the pharmacy?	-----
Hold an NVQ level 2 or equivalent, or are declared competent? (please write)	-----
Are working towards such a qualification? (please write)	-----
Would like to commence training on an NVQ level 2 or equivalent? (please write)	-----
Who already hold an NVQ level 2, would like to commence training on a pharmacy technician NVQ level 3? (please write)	-----

<b>Pharmacy Technicians</b>	
How many Pharmacy Technicians....	Quantity

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Are employed by the pharmacy?	
Hold an NVQ level 3 or equivalent? (please write)	-----
Are working towards such a qualification? (please write)	-----
How many are intending to join the pharmacy technicians register (voluntary from Jan 2005)?	-----
Would like to commence training on an NVQ level 3 or equivalent? (please write)	-----
Who already hold an NVQ level 3, would like to commence training on a accuracy checking technicians course? (please write)	-----

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**Current service provision** (Adapted from Exeter PCT questionnaire)

**Does your pharmacy provide any of the following non-commissioned services?**

	<b>Yes</b>	<b>No</b>
<b>Medicine delivery service (please tick one)</b>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many deliveries/day? (please write)		<input type="text"/>
Do you charge for this? (please tick one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this to a specific patient group? (please tick one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, specify	<input type="text"/>	

	<b>Yes</b>	<b>No</b>
<b>EHC through OTC sales (please tick one)</b>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>
<b>Prescription collection service from GP practices (please tick one)</b>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you charge for this?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How often do you collect prescriptions from the practices? (please tick one)	Daily <input type="checkbox"/>	

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	More than once daily	<input style="width: 50px; height: 25px;" type="checkbox"/>
	Less than weekly	<input style="width: 50px; height: 25px;" type="checkbox"/>
	Weekly	<input style="width: 50px; height: 25px;" type="checkbox"/>
	If not daily, is this on the same day(s) each week? (please tick one)	Yes <input style="width: 50px; height: 25px;" type="checkbox"/>
		No <input style="width: 50px; height: 25px;" type="checkbox"/>
<b>Repeat prescription collection service (please tick one)</b>	Yes	No
	<input style="width: 50px; height: 50px;" type="checkbox"/>	<input style="width: 50px; height: 50px;" type="checkbox"/>

**Does your pharmacy provide any of the following commissioned services?**

	Do you participate?		If no, would you be willing to participate?	
	Yes	No	Yes	No
<b>Service/description goes here</b>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<input style="width: 50px; height: 25px;" type="checkbox"/>
<b>Service/description goes here</b>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<input style="width: 50px; height: 25px;" type="checkbox"/>

**Future service provision**

We provide below two approaches to assessing future willingness to provide services. The first adapted from the Exeter PCT tool allows the PCT to quantify which services community pharmacists would be willing to provide if commissioned.

The second adapted from the Keele University/West Midlands tool also captures information on the barriers to provision for the provider.

For both a list of potential services will need to be populated. This list should be drawn from the initial synthesis undertaken by the PCT in Step 2.

**Services Not Currently Commissioned by the PCT** (Adapted from Exeter PCT tool)

If commissioned, would you be willing to participate? (please tick one in each column)

---

	Yes	No
<b>Service/description goes here</b>	<input style="width: 100%; height: 30px;" type="checkbox"/>	<input style="width: 100%; height: 30px;" type="checkbox"/>
<b>Service/description goes here</b>	<input style="width: 100%; height: 30px;" type="checkbox"/>	<input style="width: 100%; height: 30px;" type="checkbox"/>

**Services Not Currently Commissioned by the PCT** (Adapted from Keele University/West Midlands tool)

To develop community pharmacy we need your views about the possible services that could be introduced or extended. Assuming that funding is available to develop new services, please tell us which ones you would be willing to provide now; those that you would be willing to provide in the future if training and premises changes were supported, and those that you would not want to be involved in. The results will be used in the development of our local plans. The information you give us is confidential and will not be disclosed to anyone else.

**A - Please tick the columns that apply for each service.**

Service/description	Could do now and would be willing to do now	Could do and would be willing to do...			Would not want to do this	Not sure
		...with further training	...with changes to premises	...with appropriate equipment		
<b>Service/description goes here</b>						
<b>Service/description goes here</b>						

**B -Assuming some funding was available, what would be your top 3 priorities?**

(Either the introduction of a new service or expansion of an existing one)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Medicines Use Reviews**

Does your pharmacy provide Medicines Use Reviews? Yes / No / Unsure

If No, do you plan to start the service? \_\_\_\_\_

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List of potential future services:

- Anticoagulant monitoring
- Minor ailment scheme
- Disease-specific medicines management
- Blood glucose monitoring / Diabetes screening
- Diabetes monitoring / support
- Blood pressure measurement
- Hypertension monitoring
- Cholesterol/lipid measurement
- Domiciliary assessment
- Clinical medication review
- CHD screening / healthy living
- Head lice management
- Gluten free food supply
- Services to schools
- BMI measurement
- Weight management
- Benzodiazepine withdrawal support
- Instalment dispensing for mental health
- Osteoporosis testing
- Pregnancy testing
- Monitored dosage system dispensing
- Training for care home staff
- Palliative care support
- Trial prescription service for specified patient groups