

# NHS Bedfordshire Pharmaceutical Needs Assessment

## Summary of the outcomes of consultation

### 1.1 Introduction

Between 20 September and 26 November 2010, NHS Bedfordshire undertook a consultation on a draft Pharmaceutical Needs Assessment, undertaken in line with Department of Health guidance<sup>1</sup>. The 60 day consultation enabled local stakeholders to view the draft document and share their comments and views via post, e-mail and online external website ([bedfordshire.nhs.uk](http://bedfordshire.nhs.uk)).

1.2 Patient and public views and experiences were able to inform and influence the development of the PNA via a survey undertaken in July 2010. The results provided details of patient experiences, how and when patients access services and captured patient views of ways in which services could be developed.

1.3 Following the consultation on the PNA, a total of 35 responses were received from a variety of stakeholders. These included local GP's, Pharmacists, Primary Care Trusts, local NHS Trusts and Medical and Pharmaceutical Committees. In addition 205 letters and pre-printed forms were received specifically expressing objection to Recommendation 3.

### 2.0 Summary of the decisions made

Recommendation 1	Does the PNA adequately address the pharmaceutical needs of the residents of Bedfordshire?
<p>Through the feedback forms, a total of 12 (44% of feedback forms received) either <i>Strongly agreed</i> or <i>agreed</i> to this recommendation with a total of 5 (19%) either <i>Disagreed</i> or <i>strongly disagreed</i> which included pharmacists, a GP, PCT and other.</p> <p>All comments, views and recommendations relating to the PNA were recorded and responses to all comments can be found in Appendix A.</p>	

<sup>1</sup> *Pharmacy in England: Building on strengths- delivering the future (March 2010), Chapter 5: Consultation.*

<b>Recommendation 2</b>	Introduction of a performance management programme to ensure the delivery of high quality services by pharmacists and to enable NHS Bedfordshire to monitor and support pharmaceutical services.
<p>A total of 16 (59% of feedback forms received) either <i>Strongly Agreed</i> or <i>Agreed</i> to Recommendation 2, the majority of these were pharmacists. A total of 7 (26%) either <i>Disagreed</i> or <i>Strongly disagreed</i> to this recommendation.</p> <p>A robust programme should be developed by community pharmacies with support from the NHS Bedfordshire and Local Pharmaceutical Committee in line with national guidelines to ensure quality in the way services are delivered. NHS Bedfordshire must ensure that a robust contract management strategy is developed to monitor and support pharmacists in their delivery of contracted pharmaceutical services.</p> <p><b>Recommendation 2 has been included</b></p>	

<b>Recommendation 3 and 4</b>	We have identified a need to improve access to pharmaceutical services in the north of Bedfordshire (towards the border with Northamptonshire and Cambridgeshire) and in the south of Bedfordshire (between Leighton Buzzard and Houghton Regis).
<p>Information received during the consultation from NHS Cambridge, a local GP practice and local residents highlighted that a significant number of Bedfordshire residents living in the villages north of the county received dispensing services from pharmacies and GP practices in Cambridgeshire. As a result of this information, access to services have been remapped and NHS Bedfordshire have concluded that the level of access across the whole of Bedfordshire is deemed “adequate” as the majority of residents across Bedfordshire can access a pharmacy or dispensing doctor within 5 miles on a late evening, Saturdays and Sunday. This provision is reduced in the more rural areas for late evening and Sunday opening.</p> <p><b>Recommendation 3 and 4 have been removed.</b></p>	

<b>Recommendation 5</b> <b>General access to pharmaceutical services</b>	Where enhanced services can be provided by community pharmacies outside of the Bedfordshire borders which are readily accessible to Bedfordshire residents, NHS Bedfordshire should commission services.
<p>A total of 25 (93%) of respondents either <i>Strongly Agreed</i> or <i>Agreed</i> to Recommendation 5. These respondents included one GP, Pharmacists (13), PCT's (2), Acute/Community Health/Foundation Trusts (4), LMC/LPC (3) and Other (3). Only one respondent <i>Disagreed</i> with the recommendation.</p> <p><b>Recommendation 5 has been included</b></p>	

### **Recommendation 6 Pharmacy services and future commissioning**

This consisted of a list of services and recommendation outcome

<b>Enhanced Service</b>	<b>PNA Recommendation</b>	<b>Approved</b>
Smoking Cessation	The majority of pharmacies offering smoking cessation services are currently participating in the voucher scheme for the supply of Nicotine Replacement Therapy. Service already exists however this could be improved by increasing Community Pharmacy uptake.	<b>Yes</b>
Sexual Health Services (Chlamydia screening and treatment, Emergency Hormonal Contraception)	Service already exists, however could be improved by increasing Community Pharmacy uptake and prioritising the localities with high population of young people.	<b>Yes</b>
Substance Misuse service	Service already exists, however could be improved by increasing Needle Exchange service particularly in Dunstable and Supervised administration in the Flitwick area. Further support and training should be given to pharmacists who offer these services.	<b>Yes</b>

Minor Ailment Scheme	Could be considered in localities of high deprivation to promote self care by providing advice and support as well as supplying medication where required for minor ailments.	Yes
Gluten Free Food Supply	This service could be commissioned to allow patients with diagnosed gluten intolerance to receive supplies of gluten free food without the need to visit their GP for a prescription each time.	Yes
Care Home Service	Community pharmacists could be included in an integrated healthcare plan for patients and reducing medication errors in Care Homes by providing advice and support in: clinical and cost-effective use of drugs; proper and effective ordering, administration, storage and handling of drugs; medication reviews.	Yes
Home Delivery	Where this is deemed essential for patients (in Domiciliary Care and End of Life) to ensure they have access to their medication in a timely manner.	Yes
NHS Vascular Checks	Community pharmacists could be included in the provision of this service to improve access and increase choice for the public.	Yes
Anticoagulation Service	Community pharmacists could be included in the provision of this service to improve access and increase choice for the public.	Yes
Language Access Service	This service could be considered where a need is identified, requiring the pharmacist or their staff to provide advice and support to patients regarding their medication and health matters relevant to them in a language understood by the patient.  Bedford Borough is one of the most ethnically diverse authorities in the East of England, with over 60 different ethnic groups living within its boundaries.	Yes

### 3.0 Additional recommendations

- To promote and establish plans for patients who will benefit from Medicines Use Reviews, such as those with long term conditions, taking multiple medication or complex therapies and patients recently discharged from hospital.
- To work closely with the Local Pharmaceutical Committee to improve the uptake of Local Enhanced Services and to ensure that quality and effectiveness is demonstrated in the delivery. Services should be regularly evaluated and decommissioned where the agreed standards are not being met.
- To consider the role of community pharmacy in the provision of Local Enhanced Services, including vascular checks, smoking cessation, minor ailments schemes, obesity management, support for alcohol misuse and vaccination programmes.
- To increase the uptake of Repeat Dispensing to support patient safety, free up GP time, and improve stock management and patient satisfaction.
- To support for vulnerable groups e.g. older people, people with disabilities, those with long term conditions and complex therapies such as provision of various physical and compliance aids, adequate sign-posting to other healthcare services and self-care.

### 4.0 What happens next?

Thank you to all the local public, stakeholders and healthcare professionals that gave time to express their thoughts, views and concerns to inform the development of the Pharmaceutical Needs Assessment. The Pharmaceutical Needs Assessment will provide a valuable tool to assess and identify local pharmaceutical needs and service provision across Bedfordshire. The recommendations will inform the future commissioning of pharmaceutical services to meet current and future needs of the patient population of Bedfordshire.

## Appendix A – Full details of comments, views and recommendations received through the PNA consultation

	<b>PNA reference</b>	<b>Comment, views</b>	<b>PCT response/actions</b>
1	General comments	Practice Based Commissioning (PBC) are becoming obsolete and there is no mention of current policy such as the NHS White Paper: Equity and Excellence and/or Public Health White Paper.	PBCs are still in existence and still commissioning healthcare services in Bedfordshire and so relevant for the PNA. The PNA has been revised to include the views of the Government White Paper 2010. This is limited as we are still waiting for more details regarding commissioning of pharmaceutical services under the new proposal which is due to be implemented by 2013.
2	General comments	Pharmaceutical needs in North Bedfordshire are adequately provided for by two dispensing practices and community pharmacies in bordering Cambridgeshire. Relates to Recommendation 3. A number of responses received from public objecting to Recommendation 3 and questioning awareness of PNA outside of Bedfordshire.	Access to the Cambridgeshire services have been remapped to allow us to review pharmaceutical needs in this area.
3	General comments	Choice of localities in the PNA not adequate. One of the comments clearly showed there was poor understanding of the concept of LSOAs. Another was that the population of LSOAs were too small and also that the mapping was such that it was difficult to identify which towns or populations were being referred to. MSAO should be adopted.	The PNA has been revised to improve understanding of the concept of LSOAs. Even though LSOAs represent small populations, this actually gives the most detailed picture of the demography of the area. NHS Bedfordshire chose this approach of defining localities in order to maintain consistency with our Joint Strategic Needs Assessments.
4	General comments	Enhanced services: Needs to be referenced to harmonisation of accreditation for enhanced services between neighbouring PCT's. Also outline reasons for low uptake of Enhanced services by community pharmacies to be explored. Also future funding arrangements.	Harmonisation of accreditation for enhanced services across neighbouring PCTs is being addressed within the EoE region. NHS Bedfordshire is in favour of this project and will support any joint working to implement such a system in this region. Funding for Local Enhanced Services are negotiated with the Local Pharmaceutical Committee (LPC). The PNA encourages joint working with PCT commissioners and the LPC to improve uptake of LES and this will include negotiating a fair level of funding for contractors.
5	General comments	Information required on individual pharmacies. The PNA needs to provide detailed listings of services each individual pharmacy is able and willing to offer". Also new information on opening hours and services to include in PNA	The PNA provides a list of all community pharmacies, indicating those open for extended hours and details of PCT commissioned Enhanced services available at each pharmacy. Where a new service has been recommended in the PNA an indication is given of the level of willingness expressed by contractors to offer these services. The full report of responses from the community pharmacy questionnaire has more details on pharmacy contractors'

			willingness to offer other services and this is available on request.
6	General comments	<p>Patient and Public engagement – methodology for engagement and number of responses received.</p> <p>The methodology excluded people who do not currently use pharmacies or dispensing doctors in Bedfordshire and so not representative of all of Bedfordshire.</p> <p>The number of responses received is not significant enough to be influence recommendations made in the PNA</p>	The way in which the results of the public engagement work undertaken as part of the PNA will be taken into account by the PNA Project Steering Group. Further patient and public engagement would be required to be undertaken to inform any future commissioning plans or proposals taken forward based on the information provided in the PNA.
7	General comments	<p>That the needs of people with mental health problems have not been addressed.</p> <p>Comments made mainly around supporting self care and appropriate referral or sign posting from pharmacies. Also pharmacies are a well placed to work with other health agencies in programmes (Care home and domicillary care settings) to provide services i.e. MUR's, appliance aids</p>	The PNA has been revised to include this information.
8	General comments	Mapping of pharmacy/dispensing services in bordering other PCT's including Buckinghamshire, neighbouring county areas to be highlighted on maps	The PNA has been updated with the relevant details.
9	General comments	<p>Access to pharmaceutical services in bordering PCTs to be shown on maps.</p> <p>Also informed by NHSC of 2 pharmacies near our border open for 6 hours on Sundays.</p>	The PNA has been updated with the relevant details.
10	General comments	Pharmacy opening hours to state which hours are core or supplementary and include new pharmacies.	The PNA has been revised to include details of four new 100 hour pharmacies that opened following the publishing of the draft document. NHS Bedfordshire have not found it necessary to include the details of the 'core' opening hours of contractors.
11	General comments	Pharmacy hours should match GP opening hours.	GP opening hours in Bedfordshire are changing frequently and may not give a true picture if detailed in the PNA and mapped to pharmacies. The PNA however identifies several pharmacies open across the county late evenings and at weekends and ensures adequate provision to support extended GP opening times.
12		Request to include a glossary of terms and abbreviations.	The PNA has been revised to include this information.
13	General comments	<p>Public health data is at Unitary Authority level which makes it difficult to identify needs in localities.</p> <p>Unitary Authority information regarding prevalence of smoking, heart disease, strokes were not shown in relation to geographical distribution. Also definition of LSOAs and MSOAs requested</p>	<p>Even though health profiles data is at Unitary Authority level, there is further evaluation of needs at Lower Super Output Area (LSOA) level for services provided by community pharmacies.</p> <p>The definition of localities in the PNA has been revised to give more clarity with clear explanation of the concept of LSOAs and MSOAs.</p>

14	General comments	Poor Gap analysis. One comment was that the Gap analysis was poor however the consultee did not state what the flaws were. They would like to see the approach taken by Luton	NHS Bedfordshire has undertaken a comprehensive Gap analysis is comprehensive which takes into account the areas of priority within the PCT strategy. The needs and priority of Luton and NHS Luton are not identical to Bedfordshire.
15	General comments	Pharmacy Performance management. Disagreement with use of balance score cards and clinical effectiveness programmes	The Steering Group agreed that even though there is a need to develop a robust system for monitoring performance of contracted pharmaceutical services that this falls outside the remit of the PNA. The wording in the PNA has been revised accordingly.
16	General comments	Access to pharmaceutical services in Houghton Regis area was deemed adequate.	2 x 100 hour pharmacies have opened in Dunstable since the draft and it is important to evaluate how accessible these pharmacies are to the population in question.
17	General comments	Services that may not be adequately delivered through community pharmacy; Domiciliary care Anticoagulation	There is a lot of evidence available nationally of how community pharmacies have successfully delivered these services. The PNA raises awareness of the fact that such services can be commissioned from pharmacies. There are other providers who are able to deliver the same service. Offering services from a wider range of providers increases choice for patients. The ultimate decision will come from Commissioners who will choose which providers to use based on the best model available and cost effectiveness.
18	General comments	Services that could be provided by Community Pharmacists. Other services which could be considered, alcohol abuse service, vaccination clinics and travel advice, schools consultation service”.	NHS Bedfordshire acknowledges the fact that there are a host of services that could be commissioned from community pharmacies however the PNA has focussed on areas of priority. Some of these services have been identified in the PNA for future planning.
19	General comments	Electronic Prescribing – no mention of how this may support pharmaceutical needs	Electronic Prescribing is still in Release 1 phase in NHS Bedfordshire. There are no clear guidelines currently available on the timetable for moving on to Release 2 where the service actually goes live. The current status and implications to accessing dispensing services has now been included in the PNA.
20	General comments	There is no mention made of seasonal trends to local needs	There are no significant seasonal trends in Bedfordshire which will affect pharmaceutical needs or provision in the county.
21	General comments	Hospital trusts are not mapped. Also need for joined up working with more specialised pharmacy services in acute and mental health trusts so that patients are support better after hospital admission or to prevent hospital admission.”	The Key map showing all pharmacies and dispensing doctors has been revised to include Hospital Trusts providing primary care, NHS pharmaceutical services in Bedfordshire.
22		Medicine management for homeless in hostels has not been included in recommendation 6.	This information is included in chapter 7 of the PNA – Future Developments.
24		For pharmacists to expand their skills bureaucracy needs to be lightened and protected learning time made available.	It is difficult to determine what this ‘bureaucracy’ refers to, however the details of how services should be delivered fall outside the remit of this

			needs analysis and will be considered during negotiations on individual service specifications.
25		"I would like to make a recommendation for a 24hr Pharmacy similar to one running in Cape Town (M-Kem). See the following website for details. <a href="http://www.mkem.co.za/">http://www.mkem.co.za/</a> "	The need for a pharmacy open for 24 hours has not been identified in this needs analysis.
26		"Carers ought to be identified in the list of people at risk of marginalisation and young carers as a discrete sub-set.	NHS Bedfordshire acknowledges this omission and has amended the PNA to include 'carers' in the list of people at risk of marginalisation.
27		"Extension of LES to dispensing practices e.g. repeat dispensing.	Repeat Dispensing is not a Local Enhanced Service. It is one of the essential services included in the community pharmacy contract.
28		"A remunerable scheme for the management of repeat prescription ordering, monitoring and adjustment should be developed together with a remunerated provision of domiciliary monitored dosage systems on a weekly basis for the increasing number of elderly patients striving to maintain independent living in their own homes."	Use of monitored dosage systems (MDS) should only be encouraged following a careful assessment of patient needs. Practice payments for community pharmacy contractors include a contribution for the provision of auxiliary aids where a patient is eligible under the Disability Discrimination Act. The NHS does not fund auxiliary aids outside of this provision.
29		"Perhaps some reassurance could be provided to commit to the provision of training for pharmacists to provide a Dispensing of Appliances Service. Provision needs to be made for ongoing training to include a MUR plus service, vaccination/travel clinic, and a school's service, amongst many options where our expertise would be put to good use"	Contractors wishing to provide Dispensing Appliance Services are required to obtain the necessary training. The payment for these services should cover training needs. Where the PCT commissions Local Enhanced Services, in house training is provided where necessary.
30		A statement on what localities will be used to assess new applications would be useful	A statement of localities has been made in the PNA.
31		Cambridgeshire and Peterborough LPC would like to be consulted on any changes to pharmaceutical provision in the areas bordering Cambridgeshire and Peterborough.	This request has been taken on board. At this point in time there are no plans to change provision of services in this area.
32		"Local GP's and pharmacists should work together more closely."	The PNA encourages joint working among Healthcare providers.
33		"The Draft PNA does not provide enough specific information on individual pharmacies.	The PNA provides a list of all community pharmacies, indicating those open for extended hours and details of PCT commissioned Enhanced services available at each pharmacy. The requirement of the PNA is to show how best providers can meet the pharmaceutical needs of local residents.
34		"Current service review system is waste of resources. Repeat dispensing system needs better monitoring due to a case of further script requests? Probity issues. "Well written document"	The PNA identifies the need for NHS Bedfordshire to develop robust system for monitoring contracted services.
35		"Clear definition of funding availability for repeat dispensing roll out, availability and funding for training for supply of	Funding for Repeat Dispensing is made to all pharmacy contractors as a monthly payment.

		appliances, which services included in cross border commissioning, funding available for expansion of pharmacist's skills and time allocation for training."	Pharmacy contractors opting to supply appliances in the normal course of their business or as an Advanced Service, will receive an enhanced payment for this service. NHS Bedfordshire supports the development of pharmacy skills through local training events and circulation of information on local protocols and initiatives.
36	Page 2	New pharmacies which have opened since the publication of the draft PNA need to be incorporated	PNA has been updated to reflect this change.
37		Existing providers would be offered choice to provide new services before they are offered to any potential new providers	The PCT acknowledges this point it is important to note however that pharmaceutical services may be provided by others besides Community Pharmacy contractors and a fair tendering process is expected to be followed in commissioning these services.
38		Existing pharmacies are able to offer sufficient choice to their local population but this must be fairly and adequately funded	The PNA encourages joint working with PCT commissioners and the LPC to improve uptake of LES and this will include negotiating a fair level of funding for contractors.
39		There is a contradiction on the PNA on pages 2 and 3b referring to access by patients in North Beds, Northamptonshire and Cambridgeshire.	Access to services in North Bedfordshire has been re-assessed following the consultation.
40	Page 3	The word consider should be deleted from " PCT and PBC groups". (This comment makes reference to commissioning of NHS Health Checks from community pharmacy.)	NHS Bedfordshire has not found it necessary to change the wording in this instance. There are a number of models for providing Vascular Checks in the Community and the PNA asks that PCT commissioners will consider Community Pharmacy as one of these models and goes on to explain the benefits offered by Pharmacy.
41	Page 3	Any reference to CPD should be deleted from the PNA as monitored by the GPhC	The PNA does not recommend monitoring of Continued Professional Development by the PCT. However in as much as it recommends the commissioning of more services from community pharmacy contractors, it is important that pharmacists and their staff also develop the skills they require to deliver these services.
42	Page 3	Amend second bullet point to read "Clinical Effectiveness Programme, in concordance with national guidelines when these are available".	The PNA has been duly amended.
43	Page 8	Reference to DRUM should be deleted as has no relevance	NHS Bedfordshire disagrees with this comment as the regulations for developing PNAs require the PCT to take into account the pharmaceutical services provided by other providers besides community pharmacists.
44		Add "The essential small pharmacy scheme scheme in Bedfordshire (ESP) enables pharmacies to be funded in areas of deprivation"	It has been acknowledged that no mention was made of the benefit of this scheme and this has been addressed in the final document.
45		Information on ESP's, their role and how these will be funded	Details of how ESP pharmacies will be funded fall outside the remit of

		when national funding stops	the PNA. It does however acknowledge the fact the needs of the 2 localities where there are ESPS pharmacies will have to be assessed before the scheme ends in 2013 in order to determine the most appropriate action.
46	Page 14	How will you decide on local boundaries?	Local boundaries have been determined as the LSOA boundaries.
47		Include definitions of LSOAs and MSOAs. LSOA data from 2008 – more current data?	The PNA has been revised to include definitions for LSOAs and MSOAs. The PCT has to rely on statistics available at any point in time, both locally and nationally, and will use the most current data. There is usually a time lag varying between 1 – 4 years depending on the data being sought.
48	Page 17	Pharmacists are able to provide a falls enhanced service which is not identified as a potential commissioned enhanced service	This is covered within the gap analysis, under 'Reducing Emergency Admissions'. The PNA recognises that community pharmacists are able to significantly reduce the incidence of falls by identifying adverse reactions to medication using prescription interventions and MURs.
49	Page 22	Which are the most deprived area in Bedford?	This information has now been included in the PNA.
50	Page 25	Is this the most up to date information regarding drug misuse?	The information on Drug misuse was the most current information at the time of writing the draft PNA.
51	Page 30	Reference to dispensing doctor viability should be removed	This comment has been acknowledged and the PNA has been duly amended.
52		To include information on controlled locations and processes for reviewing patient lists.	NHS Bedfordshire is not required to include a map of controlled locations in the PNA, however, the PCT will be publishing this map on its website.
53		To explain the service limitations of a dispensing practice and information on pharmacy services currently commissioned from dispensing doctors.	The PNA seeks to take into account pharmaceutical services provided by dispensing doctors and not their limitations. Dispensing doctors provide services allowable within their contract. Any other pharmaceutical services required outside of this range should be identified by the PCT and commissioned from other providers.
54		Update the number of pharmacies contractors in Bedfordshire	The PNA has been updated following the opening of new pharmacies since the publication of the Draft PNA.
55		Under "Dispensing Doctors" – delete "where a community pharmacy may not be viable"	The PNA has been duly amended.
56	Page 31	Update to reflect 14 branches of Lloyds	This correction has been made.
57		The need to include information on the geographical location of those pharmacies not responding to PNA questionnaire and implications for missing data.	The response rate for the pharmacy questionnaires was 71% and this deemed to be significantly representative of the whole.
58	Page 32	Location of sinks within consultation rooms can be adjacent or close to.	On reviewing this section NHS Bedfordshire acknowledges that reference should have been made to the consultation 'area' rather than consultation 'room' in line with the wording in the questionnaire. The PNA has been amended to the correct wording of 'consultation area'.

59		Would the PCT fund hearing loops?	The PCT is not obliged to fund hearing loops as the payment for community pharmacy contractors includes a contribution towards the provision of auxiliary aids for the disabled.
60	Page 33	Would training be available for pharmacists dispensing applications?	NHS Bedfordshire cannot commit to training for dispensing applications. However we are committed to supporting the development of local health care providers and will be mindful of this request in future training plans.
61		Under “Enhanced Pharmaceutical Services” delete “take out collection and delivery of prescriptions free of charge”	The comment ‘free of charge’ has been deleted in acknowledgement of the fact that some pharmacies may choose to charge a fee for this service and are not obliged to do it for free.
62		Collection and delivery services should be paid by the PCT.	One of the recommendations made in the PNA is to provide an NHS funded delivery service for vulnerable people such as those in end of life and domiciliary care. Any such scheme will be dependent on availability of funding in the PCT. There are some voluntary organisations in the community who also provide this service for less able local residents.
63		Bullet point 1 – there is no evidence that greater awareness on supporting people with disabilities is needed by community pharmacists.	Para 5.3 in the PNA describes the ageing population of Bedfordshire and highlights the fact that physical disabilities are significantly increased with age. The PNA seeks to make pharmaceutical service providers aware of this increasing need to ensure that our population is adequately catered for.
64		Bullet point 5 – The PCT could offer pharmacies NHS e-mail accounts	The PCT is in the process of creating NHS mail accounts for all contracts. This comment in the PNA actually refers to the fact that not all organisations are set up to provide their staff ‘access’ to email accounts.
65		Remove 6 <sup>th</sup> bullet point as access may depend on pharmacy and staff availability	The PCT is of the view that where pharmacy contractors have provided information on the languages spoken by members of their staff, that they do want this acknowledged by the NHS and the public and that they are happy to make use of these skills. Equally, access to all enhanced and advanced services depend on the availability of accredited staff on the premises on any given day.
66	Page 36	No mention of access to pharmacies in Northamptonshire (text in box)	Access to pharmaceutical services provided by pharmacies in neighbouring counties have been remapped to allow us to review pharmaceutical needs in this area and the PNA duly amended.
67	Page 37	What is the evidence of gaps in pharmaceutical services between Dunstable and Leighton Buzzard	This recommendation took into account the fact that this located is of a relatively high population and deprivation and may find it more difficult to travel longer distances to access pharmaceutical services. Since the publication of the draft PNA two 100 hour pharmacies have opened in Dunstable and may improve access - even though they are not situated

			in the said localities. It is recommended that further work is undertaken to ensure that the needs of this population is being addressed.
68		Please correct opening and closing times of pharmacies (pg 93-101)	This has been addressed.
69		Insert sentence "They are however covered by pharmacies in neighbouring PCT's" after sentence "There are however some gaps in the north of the county"	Access to pharmaceutical services provided by pharmacies in neighbouring counties have been remapped to allow us to review pharmaceutical needs in this area and the PNA duly amended.
70	Page 37	Figure 11 did not have figure numbers	This has been addressed.
71	Page 38	Text missing in box on right of page	This has been addressed.
72	Page 39	"which compensates for the fewer number of pharmacies" should be deleted as irrelevant.	This point has been acknowledged and taken out of the PNA.
73		A high number of dispensing doctors does not compensate for fewer number of pharmacies re: essential, advanced and enhanced services	
74	Page 40	There is no evidence for the need for pharmaceutical services after 4pm on a Sunday	The PNA does not suggest a need for pharmaceutical services at this time. Instead it acknowledges that fact that the Out of Hours Services in Bedfordshire are equipped to provide emergency medication to patients requiring this service outside normal opening hours of community pharmacies and dispensing doctors.
75		Amend sentence to read "The areas outside of this buffer zone are actually covered by pharmacies close to our border within the Cambridgeshire, Luton, Northamptonshire and PCT areas."	NHS Bedfordshire apologises for the omission of Northamptonshire and has amended the document.
76		Training programme is required for doctors working OOH in new areas for dispensing and prescribing arrangements of OOH palliative care, guidelines and contacts	This recommendation will be passed on to the medicines management team at NHS Bedfordshire for actioning.
77		There is an out of hours service in a community pharmacy in Olney and a walk in centre in MK accessible to Bedfordshire residents.	Further details of this provision have been included in the PNA.
78		Care UK needs to carry OOH Diamorphine in cars	This recommendation will be passed on to the medicines management team at NHS Bedfordshire for actioning.
79	Page 42	Are there plans to re-launch the Repeat Dispensing scheme?	There is ongoing promotion of the Repeat Dispensing Scheme by NHS Bedfordshire and this is highlighted in 'Recommendation 6' made by the PNA.
80		"BCHS welcomes the LES developments in progress on access to palliative care drugs. BCHS has reported incidents when pharmacies were out of stock of agreed medicines, causing increased workload for District Nurses, absence of carers away from patients at end of life and delays in	A LES allowing access to palliative care drugs was strongly recommended in the PNA even though specific incidents reported experienced by District Nurses were not included in the document. The PNA has also now been revised to reflect the fact that a LES has been implemented since the publication of the Draft PNA.

		medicines treatment. This is not reflected in the PNA.”	
81		Setting out a LES to encourage pharmacists to stock palliative care drugs in office hours seems reasonable but not extending the OOH rota.	The PNA does not recommend an enhanced service for access to palliative drugs outside normal pharmacy opening hours as this is adequately provided by the Out of Hours services.
82		Fully support the relaunch of repeat dispensing.	
83		Experience of duplication of scripts (between GP’s and pharmacists) for patients receiving repeat prescriptions.	The PNA recommends a robust system for monitoring services provided by community pharmacy contractors and this will include the Repeat Dispensing Service which is an essential service.
8 4	Page 43	MUR - Replace “essential service” with “valuable service”	NHS Bedfordshire acknowledges that the use of the word ‘essential’ in this context can be misleading and have amended the PNA accordingly.
85		No estimation of number of MUR’s required and impact on current capacity.	MURs are an ‘advanced service’ under the Pharmaceutical Services Regulation and pharmacy contracted are not obliged to offer this service. The Department of Health also limits each pharmacy to a maximum 400 MUR consultations each year and pharmacy contractors will not receive payment for MURs conducted in excess of this number.
86		Disputing the view that MUR’s improve patient compliance or outcome.	Evidence from a local survey carried out in Bedfordshire in 2008-09 and from national surveys show that this service is beneficial to patients.
87		Managing patient’s medicines after discharge from hospital is not adequately addressed.	The PNA (ref 6.5) acknowledges high level of incidents reported locally and nationally regarding medicines management post discharge and recommends that pharmacists target these patients for MURs.
88		Patients do not need to be on multiple medicines or have a long term condition for the pharmacy to carry out an MUR	The PNA actually makes reference to MURs being valuable for patients on ‘regular and multiple medicines’.
89		No information on referral pathways for MURs	There are no referral pathways currently for MURs although the PCT is looking to explore this further with the Local Pharmaceutical Committee and other healthcare professionals.
90	Page 44	Check and update data - 47 out of 62 pharmacies (excluding internet) are authorised to provide a MUR.	This was a typographical error which should read 57 and not 47. The PNA has now been amended.
91		Replace “directing” with “recommending” in third paragraph	The PNA has been amended accordingly.
92		Link to data not working	This has been addressed.
93		Replace “79% of MURs were targeted” to read “completed”	The PNA has been amended accordingly.
94	Page 45	Amend the definition of MUR to match service specification	The section on MURs has been revised to improve clarity.
95		Remove top bullet point and replace with “Community pharmacists are not obliged to provide advanced service of carrying out MURs”	The wording of the PNA has been revised to reflect that fact that pharmacists are not obliged to provide advanced services.
96		Amend last sentence of first paragraph to read “it is important that pharmacists and GPs work together to realise the full potential of MURs”	
97	Page 49	Please amend sentence to read “this costs the customer	This comment has been taken on board.

		about £26 which is expensive and maybe prohibitive, in particular for young people”	
98	Page 52	HMP Bedford's pharmaceutical needs are not addressed by the PNA except for smoking cessation	NHS Bedfordshire acknowledges the fact that provision of Pharmaceutical services at HMP Bedford has not been adequately addressed and have revised the PNA accordingly.
99	Page 56	Need to include cross border providers of substance misuse services	Has now been addressed.
100		Are needle exchange schemes offered by Addaction in Bedford and Dunstable, late evenings, weekends and bank holidays?	Opening hours of Addaction have now been included in the PNA. The needs analysis carried out by B:DAT did not identify a need for access to needle exchange late evenings, weekends and bank holidays. However community pharmacies will improve access generally by offering this service.
101	Page 59	There is no gap analysis of disposal of medicines no longer needed.	This is an essential service available from all community pharmacies and accessible to all patients.
102	Page 60	Advise caution in drawing conclusions from such a small response rate from patient survey.	NHS Bedfordshire is conscious of the small response rate from the patient survey and conclusions drawn were not solely based on the responses from this survey. The views of the patients who responded have however been considered in the need analysis along with other sources of evidence.
103		A copy of the patient questionnaire could be included in appendices.	This will be included for reference.
104	Page 61	The figure of 6 pharmacies providing needle exchange in Luton and Northamptonshire is significantly understated	This figure was based on information provided by the respective PCTs and takes into account pharmacies located within 2.5miles of Bedfordshire. More details of pharmacies providing enhanced services in all the neighbouring counties have now been obtained and the PNA has been amended to reflect this.
105	Page 62	NHS Vascular checks – will these be available to dispensing practices?	This service is currently being commissioned from GPs in Bedfordshire including dispensing doctors.
106	Page 63	Pharmacy contractor – Keen ‘to work with PCT to enhance service provision to Care Homes and see the value in supporting care home services with enhanced MUR service.’	
107	Page 64	Beneficial if further recommendations for future developments were considered	The PNA has focused on areas of priority for NHS Bedfordshire. The PNA is required to be kept updated and revised where a PCT identifies significant changes to pharmaceutical needs or provision of pharmaceutical needs in its area.
110	Page 73	Replace the phrase “performance manage” with “working together”	It is important that the PCT has a robust system in place for monitoring and evaluating the delivery of service commissioned from various providers. It has been acknowledged however that how the details of such a system does not fall within the remit of the PNA and the

			document has been amended to reflect this.
111		Update reference to total number of pharmacies and those providing MURs	This has been done following the opening of new pharmacies since the publication of the draft PNA.
112	Page 74	No. 8 – remove the word “consider”	NHS Bedfordshire has not found it necessary to change the wording in this instance. There are a number of models for providing Vascular Checks in the Community and the PNA asks that PCT commissioners will consider Community Pharmacy as one of these models and goes on to explain the benefits offered by Pharmacy.
113	Page 75	Under Care Home Service amend “could” to “should”	NHS Bedfordshire has not found it necessary to change the wording in this instance. There are a number of models for providing a medicines management service in Care Homes and the PNA asks that PCT commissioners will consider Community Pharmacy as one of these models.
114		There is a potential conflict of interest between a community pharmacist conducting MURS in care homes and dispensing for the same care home	The PNA does not recommend offering MURs in Care Homes.
115		Agree with the Gluten Free scheme and has been set up successfully in other PCT’s	Acknowledged.
116	Page 76	Enhanced services such as: minor ailment scheme, phlebotomy, targeted medication reviews, vaccinations, obesity management, LTC management and falls prevention should be identified as gaps in the commissioning of pharmaceutical services	The PNA has focused on areas of priority for NHS Bedfordshire. The PNA is required to be kept updated and revised where a PCT identifies significant changes to pharmaceutical needs or provision of pharmaceutical needs in its area. Some of these services have also been highlighted under ‘Future Developments’.
117	Page 77	A bank holiday enhanced service needs to be commissioned	An enhanced service for Bank holidays is currently in place in NHS Bedfordshire.
118	Page 92	Please check and update pharmacy opening hours	The PCT has revised the presentation of this data which was included as an appendix for information. The PNA has been amended to identify pharmacies offering extended opening hours in the evening, on Saturdays and Sundays. This approach has been taken to ensure that people don’t rely on the hours published in the PNA as contractors may choose to apply to change their core hours or notify the PCT of changes to their supplementary hours at any time. The PCT website will provide up to date opening hours for all contractors. Specific opening hours of individual pharmacies have not formed the basis for any of the recommendations made in the PNA.