

Pharmaceutical needs assessment toolkit

Part 1

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2. Foreword

In 2003 the government set out its vision to reform and modernise community pharmacy to provide patients with greater choice, to help them to get the best from their medicines and to recognise the potential contribution of community pharmacy to public health, as an integral part of the NHS.

The new community pharmacy contractual framework and the reform of the control of entry regulations have been proceeding in parallel to provide the underpinning structure to support this vision and to make it a reality for patients, community pharmacy and the NHS. It is significant, therefore, that the Pharmaceutical Services Negotiating Committee (PSNC) and the Department of Health have reached agreement on the funding for the framework. By the end of November we will know if community pharmacists have voted to accept the offer recommended by the PSNC.

Through the new framework PCTs will have the opportunity to commission more services from community pharmacy. The changes to the control of entry regulations will enable competition and choice to be taken into account when PCTs assess the adequacy of pharmaceutical services and for three of the exemptions PCTs will be able to prescribe the range of services to be provided.

These combined changes provide PCTs with three distinct challenges:

- To make the most of the new flexibility and choice offered by the new framework
- To fully prepare to utilise the reformed control of entry rules
- To integrate more fully community pharmacy commissioning with primary care in general and with the new GMS contract in particular

To do this it is critical that PCTs undertake and regularly review the pharmaceutical needs of their population so that they:

- Understand the pharmaceutical needs of their population
- Take stock of the current community pharmacy services provided
- Consider the potential of community pharmacy in redesigning services
- Take a rational approach to commissioning services from community pharmacy

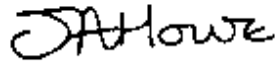
This toolkit provides PCTs with a guide to undertaking a pharmaceutical needs assessment. It has been developed in the light of the experience of PCTs that have attempted to measure and understand the needs of their population and draws on health needs assessment in other areas. We encourage PCTs to work with their Local Pharmaceutical Committee to develop and understand the current provision and in undertaking the pharmaceutical needs assessment.

We expect that the toolkit will develop and grow through the contribution of PCTs and pharmacists undertaking pharmaceutical needs assessment and that this will become a routine component of the wider assessment of needs that PCTs undertake as part of planning services for their population.


The timetable for changes to the control of entry rules and the implementation of the new contractual framework is challenging. This toolkit is here to support you to prepare for these changes and we commend it to you.



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3. Summary

This toolkit was commissioned by NatPaCT in collaboration with the Department of Health, and has been developed by Professor Alison Blenkinsopp at Keele University and Webstar Health. Its aim is to support PCTs by describing how to undertake a pharmaceutical needs assessment.

There are two linked developments which pharmaceutical needs assessment is intended to address. These are:

- The changes to the regulations governing “control of entry” to the pharmaceutical list which introduce new exemptions, tests and conditions which PCTs will need to manage
- The new contractual framework for community pharmacy which will provide PCTs with the opportunity to commission more services for their local population from community pharmacists

A pharmaceutical needs assessment is crucial in order to inform the range of services that PCTs can specify under the control of entry exemptions and to enable PCTs to commission enhanced services from community pharmacy.

It is also an opportunity for the PCT to use this work to inform the development of a long-term community pharmacy strategy that is 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 the section of the toolkit:

Before undertaking a needs assessment, the PCT should

- Appoint a lead to manage the implementation of the new contractual framework and the needs assessment process **(Section 7.1)**
- Identify members of the steering group for the project and among their number a sponsor, internal champion and external champion **(Section 7.1 and 7.2)**
- Agree terms of reference for the steering group and a work plan for the pharmaceutical needs assessment
- Brief the Board and PEC on the new contractual framework and get Board approval for the implementation plan and needs assessment **(Section 7.6)**

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- Ensure that the steering group communicates with patients, pharmacists and other healthcare professionals about the contractual framework and the needs assessment **(Section 7.6)**
 - Undertake a risk assessment in relation to the changes to the regulations governing control of entry to the pharmaceutical list **(Section 7.5)**
 - Ensure that the LDP process identifies funding for community pharmacy services that will be commissioned as part of the new contractual framework
 - Attend the NatPaCT national learning events (see opposite) for the new contractual framework
 - Identify and address training and developmental needs of those undertaking the needs assessment **(Appendix 1)**

NatPaCT National Learning Events:

Thursday 2nd December – London
 Tuesday 7th December – Torquay
 Thursday 9th December – Bradford
 Monday 13th December – Manchester
 Tuesday 14th December – Leicester

Book online at: <http://www.natpact.nhs.uk/>

During the needs assessment, the PCT should

- Identify and gather sources of existing data which will support the needs assessment process **(Section 8.2)**
- Identify gaps in knowledge and seek support and assistance in closing these gaps **(Section 8.4)**
- Review the current provision and future willingness of community pharmacists to provide services under the new contract **(Part 2)**
- Review the existing commissioning of enhanced pharmacy services and future plans for these **(Part 2)**

Following the needs assessment, the PCT should

- Prepare an action plan following on from the needs assessment **(Part 2)**
- Familiarise those responsible with the administration of contract applications with the changes to the control of entry rules and in particular the new criteria of “choice and competition” and how these will be dealt with locally **(Part 2)**
- Identify what will constitute a “full and prescribed” range of services that you will require applicants using the three exemptions under the control of entry rules to provide **(Part 2)**
- Consider developing a long term community pharmacy strategy that is an integral part of the PCT planning mechanisms **(Appendix 1)**

4. Introduction

This toolkit has been developed to support PCTs with planning for the changes to the regulations governing control of entry and the implementation of the new contractual framework for community pharmacy.

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

Readers will find further reading, sample tools (Part 2) and resources to support this toolkit in Appendix 1 at the end of the toolkit.

The timetable for implementation of the new contractual framework is challenging and PCTs have been eager to begin the process of preparing for implementation. To provide PCTs with as much lead time as possible we have published this toolkit in two parts.

The first part of the toolkit, which is set out in this document, deals with the first and second steps in the needs assessment process.

The second part of the toolkit will be published later in 2004 and will cover steps three, four and five.

This toolkit has been prepared by drawing together examples of pharmaceutical needs assessment (pharmaceutical needs assessment) undertaken by PCTs in planning pharmacy services and from related examples of pharmaceutical and health needs assessment in other settings. The project team also had support and advice from an external reference group which helped to fill the gaps that existed in the process and to shape the overall structure of the toolkit.

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 pharmaceutical needs assessment for their population. It is important that pharmaceutical needs assessment is integrated into the overall process of needs assessment and service planning within PCTs and does not stand alone.

It is not intended to provide a guide to the new contractual framework or the changes to the pharmaceutical regulations covering control of entry. Readers wishing to find out more about both these should review:

- NHS Confederation (<http://www.nhsconfed.org/pharmacy/>) briefings on:
 - The new community pharmacy contract (available online now)

-
- The changes to the control of entry regulations (expected publication in December 2004)

- Department of Health

www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/fs/en

Finally the project team 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 appendix 3.

5. Health needs assessment and pharmaceutical services

Health needs assessment (health needs assessment) is a well-established approach to planning the deployment of resources in our health system. At its simplest, health needs assessment 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
- Describing the level of resources needed.

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

It is beyond the scope of this toolkit to provide the reader with an introduction to health needs assessment in general. However readers wishing to find out more may find the following resources useful:

Health needs assessment resources and further reading

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.show.scot.nhs.uk/ssipph/public_health_scotland/Out%20of%20hours%20toolkit.pdf

Health care needs assessment, First Series (two volumes) the epidemiologically based needs assessment reviews, Second Edition, Radcliffe Publishing.

This book provides 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://www.radcliffe-oxford.com/books/bookdetail.asp?ISBN=1+85775+890+0>

5.1 Pharmaceutical needs assessment

Health needs assessment for pharmaceutical services may appear to be new to community pharmacy, but it has, in fact, been taking place for many years and forms part of everyday activity for those involved in planning and developing new services.

Examples of health needs assessment in 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 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.

With 98.5% of PCTs commissioning one or more services from community pharmacy¹ and the average PCT commissioning five services from community pharmacy, it is likely that PCTs and those responsible for community pharmacy development will be familiar with identifying needs and the services that community pharmacy can provide to meet them – in other words pharmaceutical needs assessment.

In this respect health needs assessment will not be unfamiliar to community pharmacy or those responsible with its development. It is likely, however, that this will be the first time that PCTs have taken a structured approach to mapping the pharmaceutical needs of their population and used this as a basis for deciding which services to commission.

The new contractual framework provides great flexibility and choice to PCTs around the commissioning of enhanced pharmaceutical services from community pharmacy. The PCT will weigh up these choices against its 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.

The changes to the regulations governing control of entry also place responsibility with PCTs for determining what will constitute a “full and prescribed” range of services which applicants will be required to provide² if they wish to use three of the four exemptions being introduced.

Pharmaceutical needs assessment - if undertaken in a structured way - will provide PCTs and pharmacists with the evidence and data to support them as they navigate through the process of implementing the new contractual framework and preparing for the changes to the control of entry rules.

¹ Keele University & Webstar Health National Survey of PCT development 2003

² The three exemptions to which the provision will apply are those applicants using the extended opening hours, primary care centres and large retail development exemptions. See the regulations for more details

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 may have undertaken one or more of these steps in the past. If this is the case, then it will be helpful to use these data in the planning of the 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 parts 1 and 2 of the toolkit.

In this part of the toolkit we will describe the activities required for:

- Step 1 - Getting started
- Step 2 - Identifying local needs

In part 2 we will describe the remaining three steps.

7. Step 1 - Getting Started

In getting the process started it is important that your PCT identifies the right people to lead the process. There are four key roles that need to be undertaken:

- A sponsor for the project
- An internal champion within the PCT
- An external champion within the community pharmacy community
- A stakeholder steering group to guide the process and the development of the action plan

We describe each of these below:

7.1 First steps – “Sponsors” and “Champions”

Deciding to undertake pharmaceutical needs assessment for your population will be the first step in the process for most PCTs. From the outset it is important to secure high-level support for the work and to clearly articulate where the outputs from the work will go and to highlight the potential resource implications³ for the PCT.

To secure high-level support you should identify someone within your PCT to “sponsor” the pharmaceutical needs assessment project. A key task for this individual will be to obtain PCT Board approval for the implementation plan and the needs assessment. Your sponsor should be a senior member of the PCT, for example a Director or Non-executive member.

To support your sponsor you should also identify a “champion” for the process. Your champion will lead on the day-to-day activity and ensure that there is good communication across the PCT of the pharmaceutical needs assessment project’s aims and objectives.

Champions for the project within the PCT might include:

- Primary care commissioning manager
- Independent contractor commissioning lead
- Project manager for the implementation of the contractual framework
- Community pharmacy facilitator

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”⁴
- Pharmacy Development Group (PDG) member
- PEC pharmacist

³ 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.

⁴ “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.

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.

7.1.1 Who should lead on pharmaceutical needs assessment?

The pharmaceutical needs assessment work should be led by the most appropriate person within the PCT. This may be the person that led on GMS commissioning or a manager with experience of working on the other new contracts in primary care.

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.

(See: http://www.pharmj.com/Editorial/20040918/news/news_newcontract.html)

7.2 Stakeholder Steering Group

For PNA to succeed, it is important that the right people are 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 to service commissioning are involved in the process and share in its findings.

Stakeholder Steering Group – who should be involved

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

- Primary and community care commissioning leads
- PCT pharmaceutical adviser / community pharmacy development facilitator
- PEC member
- Service user
- Finance
- GMS lead
- Local authority
- Communications lead
- LPC / local community pharmacy input
- Public health lead / data analyst
- Secondary care

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

- The PNA project should be integrated with the implementation of the new contractual framework for community pharmacy
- The stakeholder steering group should ideally have directorate level input and be “sponsored” by a member of the PCT Board (would miss this out: or PEC member)

-
- The steering group should include “champions” of the process
 - There should be representation from a broad range of stakeholders.

Warrington and Halton PCTs

Warrington and Halton PCTs have a history of working closely together. The two PCTs have established a joint pharmaceutical needs assessment steering group.

The joint pharmaceutical needs assessment steering group includes:

- Primary Care Commissioning Managers (GMS Leads)
- Finance (both PCTs)
- Non Executive Director (both PCTs)
- Public Health Analyst (shared post)
- Modernisation leads (both PCTs)
- Head of Medicines Management (both PCTs)
- Trust Chief Pharmacist (Single trust covers both PCTs)
- LPC (Single LPC covers both PCTs)
- Local CP movers and shakers
- CP Facilitator (shared post)
- NPA NHS Service Development Manager

Each PCT has a community pharmacy contract implementation group whose members sit on the pharmaceutical needs assessment steering group.

The above example of the group leading the PNA activity in Halton and Warrington PCTs may prompt you to think about who you would have on your PNA steering group.

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:

- Becoming familiar with the concept of HNA
- Understanding how a PCT plans the use of its resources
- Developing an understanding of community pharmacy
- Reviewing what is known about the new contractual framework

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

7.3 Collaboration across PCTs

Some PCTs have a history of collaborating or sharing functions across more than one PCT area. The steering group should reflect on the expertise and effort that is required to undertake the pharmaceutical needs assessment and consider whether this project would lend itself to a joint approach across more than one PCT. This approach may be particularly relevant for PCTs that do not have access to, or lack capacity in, understanding or analysing public health data. (see Step 2 below)

7.4 Linking with the new contractual framework

You will want to ensure that your pharmaceutical needs assessment is linked to the work within the PCT to prepare for the new contractual framework. This may be a good time to embark on an awareness raising exercise within the PCT to ensure that the Board and the PEC have approved the implementation plan that they are familiar with the PCT's work programme, the pharmaceutical needs assessment project and the implementation tasks for the new contractual framework.

New community pharmacy contractual framework– first steps

The Department of Health has published a paper on the new contractual framework which is available at:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4091867&chk=h2R9wL

The PSNC has also published details for pharmacy contractors of the funding arrangements for the new contract and a guide to how funds will be distributed, this is available at:

<http://www.psn.org.uk/index.php?type=page&pid=68&k=11>

The NHS Confederation has recently published a briefing note for PCTs on the first steps that should be taken to prepare for the new contract. This includes guidance on appointing a lead, assembling a group to oversee this task and considering a needs assessment. It is important that the PCT's Board and PEC are briefed on the new contract and that they approve the preparatory work being undertaken.

See: <http://www.nhsconfed.org.uk>

7.5 Preparing for the changes to the control of entry regulations

The changes to the regulations governing control of entry introduce a new test of choice and competition, provide four new exemptions that applicants may use and in the case of three of these exemptions permit the PCT to specify the range of services that must be provided by applicants making use of these exemptions.

These changes are likely to lead to an increased number of applications as these new provisions are tested. PCTs should anticipate this activity and prepare accordingly. This should include:

- Identifying the task of administering the new regulations as a corporate governance risk for the PCT
- Ensuring that the PCTs arrangements for receiving and administering contract applications are robust and transparent
- Ensuring that those responsible are familiar with the changes and how they will impact the PCT

Where the PCT intends to stipulate the range of services that will be required from applicants using one of the three exemptions then they should ensure that the need for these services is based on a robust and defensible assessment of need.

There will be separate Department of Health guidance on the changes to the regulations, which will be made available to PCTs.

7.6 Communication and marketing

Thinking about the communication and marketing of the outcomes from the pharmaceutical needs assessment needs to happen from the outset in order to get the support and trust of the stakeholders involved.

By communicating early with those who are likely to be affected by the outcomes of the pharmaceutical needs assessment you can identify issues and concerns and develop strategies to successfully overcome these.

The member of your steering group, leading on communications will need to help the group to plan a communications strategy for the project.

You will also need the support of some of the members during the pharmaceutical needs assessment process to gather data or contribute to the planning process. By getting these stakeholders involved at the outset you can improve and speed up the process.

You should be realistic about what is achievable through your pharmaceutical needs assessment. 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.

7.6.1 Getting stakeholders involved

It is important to communicate with all the stakeholders with an interest in the pharmaceutical needs assessment 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. You may also want to consider how you should communicate with patients and service users at this stage in the process.

Engaging with stakeholders

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

7.6.2 Communication within the PCT

Just as communicating with external stakeholders is important, ensuring that the PCT Board and PEC are involved is also crucial.

You will want to ensure that your PCT Board and PEC have had an opportunity to learn about the new contractual framework, to discuss your plans for pharmaceutical needs assessment and to approve the work plan for implementation. Areas that you should consider covering include:

- Introduction to the new contractual framework
- Changes to the control of entry rules
- Timetable for implementation
- Role of the PCT
- Pharmaceutical needs assessment
- Work plan and timetable for Board approval

8. Step 2 - Identifying local needs

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.

Pharmaceutical needs assessment should not attempt to replicate the health needs assessment, which PCTs would routinely undertake to plan for the needs of their population - nor should it be focussed exclusively on needs that can be met by community pharmacy.

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

- Improve access and capacity in primary care
- Prevent inappropriate admissions
- Support the effective use of medicines
- Improve access to health promotion and public health messages
- Provide support and development of prescribers

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

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

Your PCTs priorities will be 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

PCT performance indicators

Link: www.healthcarecommission.org.uk/InformationForServiceProviders/PerformanceRatings/fs/en

Patient satisfaction survey

Link: www.healthcarecommission.org.uk/InformationForServiceProviders/NHSSurveys/Staff/fs/en?CONTENT_ID=4001420&chk=qM3Fzh

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

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 should seek to minimise data collection where possible by making use of routinely available sources of data. All PCTs will 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_urbp_ol_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 local delivery plan (LDP). 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

Ensure that you either have the skills to complete the needs assessment exercise or involve a local needs assessment expert.

The Centre for Pharmacy Postgraduate Education (CPPE) has launched *Public Health – assessing needs for pharmacy development* which is designed to be delivered at a local level by groups, such as the LPC or PDG, who have some influence on service development.

The training provided by CPPE enables local groups to:

- Put together their own locality profile
- Interpret data to assess need
- Identify gaps in service provision
- Select a suitable service to work up as a project to submit for funding

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.man.ac.uk (then 'NHS Plan' then 'Public Health').

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.

Source	Description	How these data may be used
Index of multiple deprivation 2004 Available from: http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_028470.hcsp	Indices for a range of domains including: <ul style="list-style-type: none"> ➤ Income ➤ Employment ➤ Health Deprivation and Disability ➤ Education, Skills and Training ➤ Barriers to Housing and Services ➤ Crime ➤ Living Environment 	The data set can be used to map pharmacy location against the characteristics of the local population to identify where there may greater need or where services should be prioritised.
Census data Available from: http://neighbourhood.statistics.gov.uk/	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 performance 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	Rates of prescribing of drugs in key therapeutic groups e.g.: <ul style="list-style-type: none"> ➤ Lipid lowering ➤ Analgesics ➤ Ulcer Healing ➤ Antipsychotic ➤ Hypnotics and anxiolytics 	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.

MIQUEST/PRIMIS	Linkage of diagnosis and prescribing	Scale of long term conditions and treatment
Secondary care admissions	Causes of admissions against key morbidities	Where available these data can help you to understand the impact of prescribing and where more support is needed to achieve treatment rates.
Health and lifestyle surveys	<p>Many PCTs will have undertaken a survey. This will routinely map the population's health and important risk factors such as:</p> <ul style="list-style-type: none"> ➤ Smoking ➤ Exercise ➤ Alcohol ➤ Drug use ➤ General health 	
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 these on a geographical basis.	<p>Provides a geo-demographic description of the population., its characteristics and health and social status.</p> <p>Identifies gaps between the best and worst localities to help PCTs to target resources to closing this gap.</p>
Social care datasets	Some PCTs have access to social care services datasets which provide information about those receiving support at home and vulnerable populations.	
<p>Statistical bulletins:</p> <p>Pharmacy statistics available from: http://www.statistics.gov.uk/CCI/nscl.asp?ID=6477</p> <p>General Pharmaceutical Services in England and Wales 1993-94 to 2002-2003. –</p>	Provides data on number of pharmacies, number of prescriptions dispensed, opening and closings by PCT and SHA.	This report also links pharmacy numbers to population density which may provide a measure of access and need for the assessment of applications.
Reports of overview and scrutiny committees	<p>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.</p> <p>These data may be helpful in further describing the needs of the population, particularly across a health economy.</p>	These data may be helpful in further describing the needs of the population, particularly access across the health economy.

8.3.1 QMAS and QOF

Your PCT will be undertaking and planning to undertake visits to GP practices to review the performance in relations to the targets in the QOF. The QMAS system is intended to support 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 the new GMS contract and the new community pharmacy contractual framework. 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.

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.

Croydon PCT

In Croydon the PCT has undertaken a survey of local pharmacy contractors mapping environmental and professional factors for each premises. This information is being combined with data from:

- Index of multiple deprivation
- MIQUEST for CHD, Diabetes, Asthma and other chronic diseases

The combined data will be used to map the needs of the population to the community pharmacy network.

You should also 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.

8.4 Information gathering from stakeholders

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

- Pharmacy contractors and pharmacists
- Patients and the public
- Health care professionals

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.

The project team found very few examples of PCTs who gathered data from patients and healthcare professionals directly. However, those that did were strong advocates for this method and in particular for the involvement of patients in service development.

Section 11 of the Health and Social Care Act requires PCTs to involve patients and service users in the design of services. There are many ways in which you can do this and your PCT will have in place structures set up and relationships in place to do this.

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 work has already been done by the 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 the timing is right, incorporating questions about pharmacy into this routine consultation may provide a quick and effective way to test the views of patients on pharmacy issues.

North Liverpool PCT

North 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 has undertaken "willingness to provide" survey (See Step 3 in Part 2 of the toolkit) with pharmacy contractors.

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

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 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.

8.4.2 *Getting other stakeholders involved*

The views of other healthcare professionals are important where the service development 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, district nurses may provide insight into the needs of housebound patients for medicine management support. (see example from East Cambridgeshire and Fenland above)

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 (See beginning of this section on page 18), for example:

- Improve access and capacity in primary care
- Prevent inappropriate admissions
- Support the effective use of medicines
- Improve access to health promotion and public health messages
- Provide support and development of prescribers

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.

Source	Indicator	Intervention	Geography	Resources
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?	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 2005/06 LDP? Is there a "risk" to the PCT in 2005/06?
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.

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.

9. What to expect in Part 2 of the toolkit

Part two of this toolkit is in development and we expect to be publishing this by the end of November 2004.

Part two will provide you with guidance and advice on how to undertake Steps 3, 4 and 5 of the pharmaceutical needs assessment process.

9.1 Step 3 – Mapping current provision and willingness to provide

Step 3 will set out how PCTs can go about mapping the current provision of pharmaceutical services, future plans and willingness to provide services under the new contractual framework. This will include how to collect and prepare the data required.

9.2 Step 4 – Synthesis data

Step 4 will set out how to draw together the data collected in Steps 2 & 3 and to identify the themes, issues and tasks that are required to implement the new contract and prepare for the new regulations.

9.3 Step 5 – Action planning

Finally Step 5 will set out how to take the tasks identified in Step 4 to create an action plan that takes account of the priorities and resources of the PCT.

Ideally this should be the development of a long term community pharmacy strategy that is an integral part of the PCT's planning mechanisms.

10. Appendix 1: Other resources

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

The new contract for community pharmacy

*Briefings for PCTs are available from the NHS Confederation
www.nhsconfed.org.uk*

*The PSNC has details of the funding for the new contract available at:
www.psn.org.uk*

The changes to the regulations governing control of entry

*Proposals to reform and modernise the NHS (pharmaceutical services) regulations 1992
www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/fs/en*

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/cms/301.php>.

Skills to undertake needs assessment

CPPE workshop – Public Health – assessing needs for pharmacy development.
This workshop can be commissioned from January 2005. Contact info@cppe.man.ac.uk
for further information.

Resources and guides to needs assessment

*Pharmaceutical needs assessment Toolkit (Out of Hours services)
www.show.scot.nhs.uk/ssipph/public_health_scotland/Out_of_hours_toolkit.pdf*

CPPE Website: www.cppe.man.ac.uk

Further reading

Hooper & Longworth. Health needs assessment workbook. Health Development Agency 2003. www.hda-online.org.uk/.

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.

11. Appendix 2: External Reference Group & Project Managers

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

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12. Appendix 3: Acknowledgements:

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Jane Moffatt	Brighton and Hove PCT
Rotherham LPCs	Rotherham PCTs