

Pharmaceutical Needs Assessments (PNAs) as part of world class commissioning

Guidance for primary care trusts

January 2009

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Foreword

Providers of pharmaceutical services have a crucial role to play in improving the health of local people. They are often the first point of contact, especially for those who might otherwise struggle to access health services. More effective use of the skills and abilities of community pharmacists, in particular, working in partnership with other service providers, will play an important part in achieving the strategic goals of the NHS.

The world class commissioning programme is designed to raise the ambitions of primary care trusts (PCTs) and is about delivering better health and wellbeing for the population. So as PCTs across the country take up this challenge, it is essential that they optimise the contribution made by pharmaceutical service contractors in meeting the needs of local people.

PCTs' commissioning priorities are driven by the joint strategic needs assessment (JSNA). The pharmaceutical needs assessment (PNA) is a key component of the JSNA. The PNA must therefore be owned by the PCT's commissioning team as an intrinsic part of the overall assessment of needs for the local community. The PNA is a key tool for identifying what is needed at local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The world class commissioning assurance framework provides an opportunity to fully integrate pharmaceutical services into the work of the wider NHS.

This guidance has been developed by NHS Employers. It sets out why the PNA is important, how it fits into the PCT's planning cycle, and how it can be used to drive intelligent, world class commissioning of pharmaceutical services. Together with a series of 2009 publications that will offer guidance and advice to PCTs, it will help you to deliver a local vision for pharmaceutical services as set out in *Pharmacy in England: building on strengths – delivering the future*. I commend it to you.



Gary Belfield
Director of Commissioning

Introduction

The white paper, *Pharmacy in England: building on strengths – delivering the future*, sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country. For example:

- 50% of patients don't take medicines as intended
- 4% to 5% of all hospital admissions are due to medicines-related problems.

To tackle these and other concerns, the white paper suggests that more must be done by PCTs as they aspire to world class standards of commissioning for their whole population. This is reinforced in the Operating Framework for the NHS in England 2009/10, which states that PCTs should pay due regard to the white paper when developing pharmaceutical services.

The PNA is a key tool in the process of achieving high quality, accessible services, responsive to local needs. The development of robust JSNAs to support planning processes is core to the vision of world class commissioning. PNAs should become an integral part of each JSNA. This will enable PCTs to strengthen their commissioning of pharmaceutical services and best identify and respond to the needs of their local population. It will recognise the public health role of pharmacy beyond simply the supply of medicines.

The PNA is not new. In 2004/05 all PCTs in England were advised to develop a PNA in preparation for the new community pharmacy contractual framework and the reform of control of entry regulations. It was envisaged that the PNA would help equip each PCT to deal with applications to provide pharmaceutical services, as well as feeding into broader health initiatives.

However, *Pharmacy in England: building on strengths – delivering the future* identified considerable variation in the scope and quality of PNAs. In addition, some have not been updated or renewed to take account of changing circumstances. Raising the quality of PNAs should help drive higher standards of pharmaceutical service and improve medicines usage for the benefit of all.

In addition, the white paper indicates a strategic direction of travel where pharmaceutical services will be commissioned by PCTs from community pharmacies on criteria set by PNAs, rather than simply responding to providers' intentions through control of entry arrangements. The Government has consulted on this proposal and this guidance will be revised in light of its eventual decision.

A new category of service under the community pharmacy contractual framework – directed enhanced services – is also proposed, whereby PCTs are directed to commission certain services from pharmacy contractors according to local needs. These too will be informed by the PNA.

Therefore, it is important that PCTs develop structures and processes to support the preparation of comprehensive, well researched, considered and up-to-date PNAs, building on expertise from across the local healthcare community.

This guidance is intended to assist PCTs in preparing new PNAs. It has been developed by NHS Employers' community pharmacy commissioning group, established as part of the implementation of the white paper. A number of stakeholder organisations have also been consulted on the content.

Although the guidance has been designed primarily for PCT commissioners, other groups – including pharmaceutical service contractors, local pharmaceutical committees (LPCs), local medical committees (LMCs), patients and local community groups – will also find it of interest.

This guidance:

- identifies why and how PNAs should be integrated into PCTs' existing business and commissioning cycles
- describes how PNAs fit within the world class commissioning framework
- provides guidance on writing a PNA
- explains how robust PNAs can be used to inform and sustain decisions on applications to provide services, and for workforce development.

It is the first in a series of documents that are planned for 2009 to support PCTs in commissioning primary care, including a toolkit which will provide PCTs with more detailed recommendations for the content of PNAs. This guidance is not intended as advice on how to commission pharmaceutical services. Further publications in 2009 will describe the commissioning processes in more detail.

Pharmaceutical services

In this guidance, "pharmaceutical services" refers to the provision of pharmaceutical services such as the supply of medicines and advice, support for health and well-being and better medicine taking. This could include services provided by community pharmacies, dispensing doctors, appliance contractors and others including the acute sector. PCTs must recognise the range of providers of pharmaceutical services and the PNA should take account of the resource this represents. The PNA may also identify other services that could be provided by community pharmacies and other providers of pharmaceutical services. PCTs may choose whether or not their PNA should include personally administered (PA) treatments provided by GP practices.

How PNAs fit within world class commissioning

World class commissioning is about delivering better health and well-being for people, improving health outcomes and reducing health inequalities. The world class commissioning framework is designed to raise the ambition of PCTs in achieving these outcomes.

The vision and competencies for world class commissioning concentrate on the importance of assessing and prioritising population needs, focusing on strategic outcomes, procuring services, and managing providers to deliver the desired results. Central to successful commissioning will be an ability to work in close partnership with all local community partners.

The competencies required by world class commissioners are listed in the next section, along with a commentary on which have the closest bearing on the development of PNAs. The process of defining and developing these competencies is dynamic. The expectations within the competencies will sharpen as knowledge grows and experience develops, and commissioners move to operate at world class levels. The preparation of the PNA should reflect the standards that every PCT aspires to across all its planning and commissioning activities. The process requires the coordination of a number of related activities and will require the input of most directorates within the PCT.

PNAs and the commissioning cycle

PCTs are responsible for developing five year strategic plans to improve the health and well-being of their populations. The first of these will be published in early 2009 and will be refreshed every year.

In 2009, the PNA should become a detailed component of the JSNA and be developed following the publication of the strategic plan. In future years the PNA should be refreshed at the same time as the strategic plan, as part of the PCT's annual business cycle. However, PCTs may also wish to update the PNA during the course of the year if there is a significant change in the pharmaceutical needs of a population or in the provision of services.

The world class commissioning competencies are applicable to the work that the PCT undertakes to commission all services. In the first year of world class commissioning assurance, there has been a focus on secondary care services. In 2009 there will be an increased focus on the effective commissioning of primary care and community services. The existing competencies provide PCTs with an excellent structure to ensure that no key requirement is overlooked when constructing or updating their PNA.

The world class commissioning competencies require that commissioners:

1. Are recognised as the local leader of the NHS
2. Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities

3. Proactively seek and build continuous and meaningful engagement with the public and patients to shape services and improve health
4. Lead continuous and meaningful engagement with clinicians to inform strategy and drive quality service design and resource utilisation
5. Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements
6. Prioritise investment according to local needs, service requirements and the values of the NHS
7. Effectively stimulate the market to meet demand and secure required clinical and health and well-being outcomes
8. Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration
9. Secure procurement skills that ensure robust and viable contracts
10. Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes
11. Make sound financial investments to ensure sustainable development and value for money

PCTs will need to employ all these competencies in preparing a PNA that will match the expectations of their population, their board and external stakeholders. Competencies 2, 4, 5, and 7 are particularly important.

Appendix 1 sets out specific criteria and the indicators of performance level for each of these competencies. In summary, their significance is:

Competency 2 – Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities

Whilst this competency alludes to the development of a local area agreement, the principles embedded within this – partnership with stakeholders, clear clinical leadership, active participation in planning – will be of great importance in the development of the PNA.

Competency 4 – Collaborate with clinicians to inform strategy and drive quality, service design and resource utilisation

This competency highlights the importance of working closely with clinicians (including community pharmacists and other providers) to develop the PNA. This process will involve disseminating information about local health needs, and consulting with clinicians on how best to meet those needs.

Competency 5 – Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements.

This is the most significant competency in relation to the development of PNAs. PCTs will want to achieve the highest level in relation to pharmaceutical services and pharmacies' wider public health role. For example:

- to analyse the extent to which previous interventions or developments arising from their PNA have had the desired impact on the accessibility, quality or safety of services
- to undertake benchmarking activity against similar populations and appropriate targets in relation to access to medicines and pharmaceutical services. This benchmarking should be used to drive continuous improvement in terms of the types and range of services PCTs might want to commission for their populations
- to have a view of the unmet needs of disadvantaged localities or populations, and to identify commissioning priorities in line with world class commissioning
- to use predictive modelling to describe current trends in needs and potential future scenarios in order to further define their commissioning intentions.

Competency 7 – Effectively stimulate the market to meet demand and secure required clinical and health and well being outcomes

Under this competency PCTs should demonstrate that they have established effective relationships with current and potential providers to ensure that the future pharmaceutical needs of their populations can be met.

Stimulating market capacity should be informed by accurate and locally sensitive demand projections in relation to both medicines supply and a range of clinical pharmaceutical services.

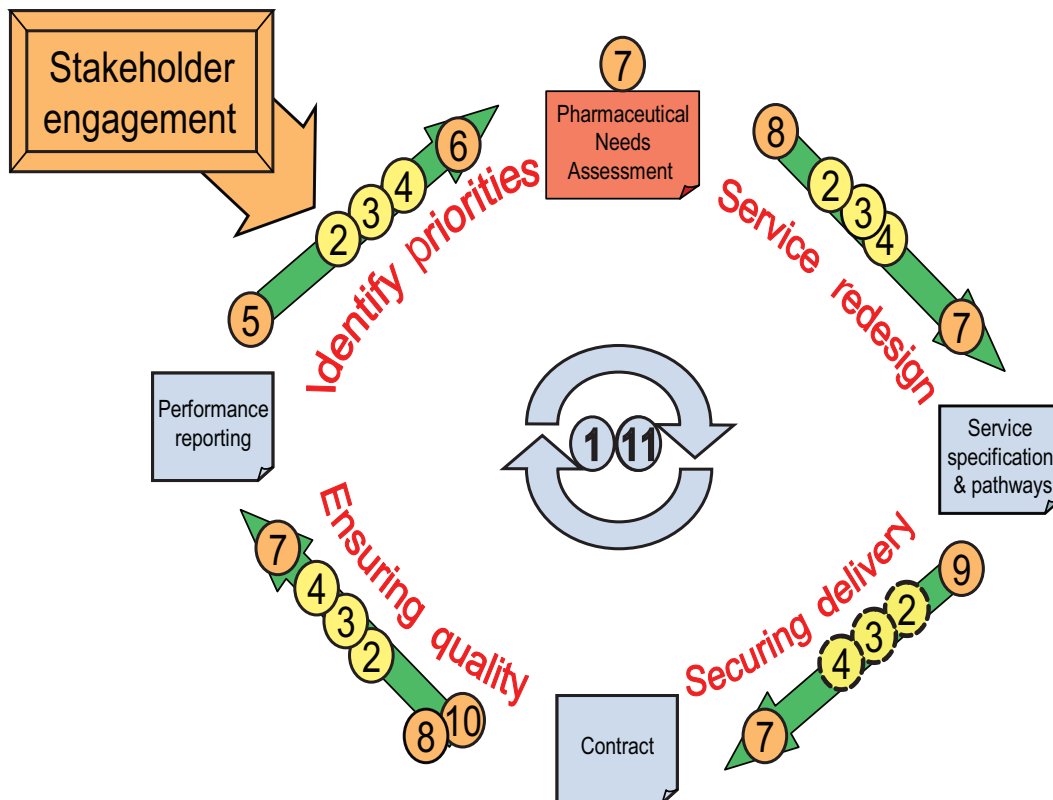
PCTs will need to be clear about the regulatory and commissioning frameworks that they will be required to work with, in order to effectively stimulate the market and develop a range of pharmaceutical services in line with local needs and the commissioning strategic plan.

From 2009, PCTs will need to ensure their PNAs are capable of informing and sustaining decisions on applications to provide services, and also informing the pharmaceutical commissioning intentions within the commissioning strategic plan.

Figure 1 (see page 9) indicates the potential application of each of the world class commissioning competencies in a typical PCT commissioning cycle.

Figure 1

1. Are recognised as the local leader of the NHS
2. Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities
3. Proactively seek and build continuous and meaningful engagement with the public and patients to shape services and improve health
4. Lead continuous and meaningful engagement with clinicians to inform strategy and drive quality service design and resource utilisation
5. Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements
6. Prioritise investment according to local needs, services requirements and the values of the NHS
7. Effectively stimulate the market to meet demand and secure required clinical and health and well-being outcomes
8. Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration
9. Secure procurement skills that ensure robust and viable contracts
10. Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes
11. Make sound financial investments to ensure sustainable development and value for money.



Writing a PNA

A PNA should enable the PCT to undertake a number of commissioning and regulatory functions in relation to the provision of high quality pharmaceutical services for its population.

The document should be written for a wide audience, including those within the PCT and external stakeholders, and should integrate with the JSNA and commissioning strategic plan. This will mean that, for most PCTs, the PNA will be substantially different from previous documents.

Subject to the outcomes of the Department of Health's consultation, PCT commissioners should use the PNA to direct their activities, prioritise the commissioning of services, and inform the consideration of applications and letting of contracts to evidence their decisions. The quality and detail of the PNA in relation to each locality or neighbourhood in the PCT, should be of a sufficient standard to withstand the external scrutiny of the NHS litigation authority, health overview and scrutiny committees and the world class commissioning assurance framework.

External stakeholders will look to the PNA in order to understand the needs of local populations and the requirements for pharmaceutical services to meet these needs. Pharmaceutical service contractors will use the PNA to inform their applications to provide pharmaceutical services. Public and patient representative bodies may also wish to access the PNA, so it must avoid the use of acronyms and provide a suitable glossary of terms.

The production of the PNA should be an integral part of the PCT's approach to producing the commissioning strategic plan. Many PCTs have previously relied on the medicines management function to produce the PNA and in some cases to commission pharmaceutical services. Where this is still the case, the PCT will need to ensure that there is appropriate input from public health and the functions that commission other services.

Whilst the PNA is a separate document from the commissioning strategic plan, PCTs will need to consider how to position the PNA alongside the commissioning strategic plan to ensure that the two documents are complementary.

The PNA should address issues of provision of services and identification of needs in neighbourhoods close to their boundaries. PCTs will need to work with their adjacent PCTs in order to fully assess the needs of patients and ensure high quality service provision in these areas.

The PNA should be publicly available. It is recommended that PCTs place it on their website and make it available to contractors providing pharmaceutical services, and their representative bodies.

[Appendix 2](#) gives guidance on the structure and content of a PNA.

Making use of the PNA

A vision of patient-centred service

Lord Ara Darzi's next stage review report *High quality care for all* places quality at the heart of the NHS along with a clear vision of a patient-centred and clinically driven service that reduces inequalities, improves access and delivers services closer to patients' homes.

There is the potential for pharmaceutical service providers to make a very important contribution towards achieving these goals. PCTs should ensure that the PNA addresses the aspirations of this vision.

Market entry and developing new services

PNAs should support PCTs in dealing with applications to provide pharmaceutical services and may drive the commissioning of pharmaceutical services locally.

Strategic planning for the delivery of pharmaceutical services will become an integral part of the business planning cycle. Community pharmacy and other providers of pharmaceutical services also need to be embraced as a potential resource in delivering existing services to more patients (e.g. smoking cessation, intermediate level interventions), or in providing new or innovative services to improve access and reduce inequalities (e.g. minor ailments schemes, vascular checks), or help address other local needs. The white paper points to a vision of community pharmacies as healthy living centres to promote health and help people take care of themselves.

PCTs can use the PNA, JSNA and commissioning strategic plan to determine the nature, location and duration of local additional services (enhanced services) that community pharmacies and other providers might be commissioned to deliver, reflecting the specific needs of their patients. This could be determined at PCT or locality level and should be considered for each service in turn. Each service should be subject to regular monitoring, audit and review.

PNAs should also guide the need for local pharmaceutical services (LPS) contracts and should help PCTs to identify the services to be included in an LPS contract.

It will be useful for PCTs to produce maps that illustrate the locations of all existing providers of pharmaceutical services and general practice surgeries. Standard mapping packages will enable locations to be pinpointed by postcode. Highlighting the need for specific services in this way will enable applications to be measured objectively against the specified range and levels of service required.

If it has not been done already as part of the JSNA, it would be helpful to specify known developments in housing and services so that this can be incorporated into the planning process, anticipating the need for additional services appropriate to local needs.

Standards for premises

All pharmacies, both existing and new, should aspire to standards for premises and services that are world class. Chapter 4 of the pharmacy *white paper* describes what these might look like:

| | |
|------------------------------|--|
| Premises | <p>Project a professional image and environment, while taking into account local needs and national standards.</p> <p>Are open, welcoming and accessible.</p> <p>Are of a sufficient standard to enable the provision of all pharmaceutical services and accommodate a safe, secure and private discussion area.</p> |
| Information resources | <p>Easy access to a range of up-to-date, evidence-based information to enable safe, effective decision-making, care and service provision.</p> <p>Pharmacy safely and securely handles all types of information needed to provide safe care.</p> |

PNAs can set out the standards for all pharmacies to aspire to and the support PCTs will give to enable providers to achieve this. PCTs can also stipulate minimum standards for premises in their PNAs which will guide their commissioning decisions about local enhanced services. A PCT must have robust performance management protocols in place to measure delivery against the required standards and should have a clear pathway of support and sanctions available to ensure they are met.

Workforce development

The attributes of world class pharmacy, described in the white paper, include a number of qualities that relate directly to the workforce and the skills they can offer in support of the local population.

| | |
|----------------------------------|--|
| Staff | <p>Provide trusted, professional service.</p> <p>Have a friendly, welcoming, competent and considerate approach.</p> <p>Have up-to-date relevant knowledge.</p> <p>Have good interpersonal skills to help elicit relevant information in a sensitive manner.</p> |
| Centre for healthy living | <p>A primary source of information and advice for healthy living and health improvement.</p> <p>Providers of pharmaceutical services are integrated into public health initiatives, such as stopping smoking, weight management and sexual health services.</p> |

| | |
|--|---|
| Wide range of clinical services | Providers of pharmaceutical services provide services directly or provide space and suitable facilities for others, e.g. minor ailment treatment, support for people with long term conditions, vascular risk assessment, health trainers, immunisation, dermatology clinics. |
| Leadership | Providers of pharmaceutical services are recognised by public and other professionals as local community leaders in medicines and social care matters, e.g. sustainable development. |
| Integrated services | Integrated working with others in the local health and social care team, e.g. joint asthma clinic with practice nurse or consultant pharmacist; undertaking audit with local GPs of repeat prescription requests; medicines training for care home staff. |

Within its competency as local leader of the NHS, each PCT should provide leadership to pharmaceutical service providers on its expectations of workforce development. PCTs should consider if the local JSNA and/or strategic commissioning plans identify components within the compass of the world class pharmacy, and the PNA may then direct the development of the local pharmacy workforce to deliver these.

Appendix 1: World class commissioning competencies of most importance to PNAs – indicators and criteria for each level

Competency 2. Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities.

| | Level 1 | Level 2 | Level 3 | Level 4 |
|---|------------------------------------|---|---|--|
| Creation of a PNA | Does not meet level 2 requirements | <ul style="list-style-type: none"> • The PCT, LPC and LMC agree on the priorities to be addressed in the PNA • PNA integrates with the JSNA • PNA integrates with the commissioning strategic plan • PCT works with adjacent PCTs to identify cross-border needs and services | <ul style="list-style-type: none"> • The PCT, LPC and LMC agree how the priorities in the PNA will be addressed through the commissioning strategic plan • PNA informs some elements within the JSNA • The commissioning strategic plan responds to most of the priorities identified within the PNA | <ul style="list-style-type: none"> • The PCT, LPC, LMC and practice based commissioners agree on how the priorities in the PNA will be addressed through the commissioning strategic plan • PNA widely informs the content of the JSNA • The commissioning strategic plan comprehensively responds to the PNA |
| Ability to conduct constructive partnerships | Does not meet level 2 requirements | <ul style="list-style-type: none"> • Key stakeholders slightly agree that the PCT proactively engages their organisation to inform and drive strategic planning and the design of pharmaceutical services | <ul style="list-style-type: none"> • Key stakeholders agree that the PCT proactively engages their organisation to inform and drive strategic planning and the design of pharmaceutical services | <ul style="list-style-type: none"> • Key stakeholders strongly agree that the PCT proactively engages their organisation to inform and drive strategic planning and the design of pharmaceutical services |

Competency 2 continued

| | Level 1 | Level 2 | Level 3 | Level 4 |
|--|------------------------------------|---|--|---|
| | | <ul style="list-style-type: none"> The PCT has worked with partners to produce a PNA which identifies the pharmaceutical needs of the population | <ul style="list-style-type: none"> The PCT has worked constructively and effectively with partners to produce a PNA which identifies the pharmaceutical needs of the population | <ul style="list-style-type: none"> The PCT has worked constructively and effectively with partners and the public to produce a PNA which identifies the pharmaceutical needs of the population |
| Reputation as an active and effective partner | Does not meet level 2 requirements | <ul style="list-style-type: none"> Key stakeholders slightly agree that the PCT is an effective partner in delivering health objectives The PCT has a track record of effective working with pharmaceutical providers | <ul style="list-style-type: none"> Key stakeholders agree that the PCT is an effective partner in delivering health objectives The PCT has clear success stories of delivering effective pharmaceutical services | <ul style="list-style-type: none"> Key stakeholders strongly agree that the PCT is an effective partner in delivering pharmaceutical objectives |

Competency 4. Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality service design and resource utilisation.

| | Level 1 | Level 2 | Level 3 | Level 4 |
|----------------------------|------------------------------------|---|--|---|
| Clinical engagement | Does not meet level 2 requirements | <ul style="list-style-type: none"> • The PCT can identify several non-PEC clinicians that have made substantive contributions to pharmaceutical strategy, planning and policy development • Clinicians regularly participate in PCT pharmaceutical meetings. • The PCT seeks views of a broad range of clinical groups on pharmaceutical matters • The PCT has delegated authority to clinicians as required to drive the pharmaceutical agenda | <ul style="list-style-type: none"> • Pharmaceutical engagement includes clinicians that represent all healthcare and well-being delivery methods, e.g., local social care and allied health practitioners • The PCT ensures active clinical leadership across the pharmaceutical agenda • The PCT facilitates links between primary and secondary care clinicians to support the commissioning of pharmaceutical services | <ul style="list-style-type: none"> • All engagement groups actively drive pharmaceutical planning and service development, and support the setting of the strategic direction for the pharmaceutical agenda • Clinical engagement supports ongoing improvement of patient outcomes in pharmaceutical services |

Competency 4 continued

| | Level 1 | Level 2 | Level 3 | Level 4 |
|---|------------------------------------|---|---|---|
| Dissemination of information to support clinical decision making | Does not meet level 2 requirements | <ul style="list-style-type: none"> • Quality of pharmaceutical care, quality and safety information is regularly shared with clinicians • The PCT proactively solicits and disseminates status updates and pharmaceutical quality improvement ideas from all clinicians on a regular basis • The quality, format and frequency of pharmaceutical information is perceived as appropriate by PBCs | <ul style="list-style-type: none"> • Pharmaceutical quality reports include recent clinical evidence and benchmarks • The PCT has taken steps to reduce unacceptable clinical variations in pharmaceutical services | <ul style="list-style-type: none"> • Pharmaceutical quality reports include recent clinical evidence, benchmarks and changes in clinical practice • The PCT can calculate the return on investment in pharmaceutical services |
| Reputation as leader of clinical engagement | Does not meet level 2 requirements | <ul style="list-style-type: none"> • Key stakeholders slightly agree that the PCT pro-actively engages clinicians to inform and drive strategic planning and service design of pharmaceutical services • The PCT has a track record of implementing initiatives to redesign pharmaceutical care | <ul style="list-style-type: none"> • Key stakeholders agree that the PCT pro-actively engages clinicians to inform and drive strategic planning and service design of pharmaceutical services | <ul style="list-style-type: none"> • Key stakeholders strongly agree that the PCT pro-actively engages clinicians to inform and drive strategic planning and service design of pharmaceutical services |

Competency 5. Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements.

| | Level 1 | Level 2 | Level 3 | Level 4 |
|---------------------------------------|------------------------------------|---|---|---|
| Analytical skills and insights | Does not meet level 2 requirements | <ul style="list-style-type: none"> • The PCT conducts annual PNAs and can collect clear outputs and conclusions • A consistent methodology is used to identify gaps in pharmaceutical services and drivers of performance • The PNA identifies current and future pharmaceutical needs, both met and unmet | <ul style="list-style-type: none"> • The PCT has a consistent and validated methodology for producing the PNA • The PCT analyses progress towards reducing pharmaceutical gaps and identifies the key causes of variance from expectations • The PCT has clear, robust segmentation of the population's pharmaceutical needs | <ul style="list-style-type: none"> • The PCT analyses the effectiveness of past interventions to further improve pharmaceutical services • The PCT analyses progress towards reducing pharmaceutical gaps and identifies the key causes of variance from expectations and develops solutions • The PCT has proactive population risk stratification, in order to identify populations at risk and to intervene promptly with appropriate pharmaceutical services |

Competency 5 continued

| | Level 1 | Level 2 | Level 3 | Level 4 |
|---|------------------------------------|---|--|---|
| Understanding of health needs trends | Does not meet level 2 requirements | <ul style="list-style-type: none"> The PCT has a fact-based list of the major health risks and priorities facing its local population by demographic and disease group, as identified in the JSNA The PCT can identify over time trends in major health and well being issues The PCT has gathered key insights from public, patients and clinicians to supplement JSNA findings | <ul style="list-style-type: none"> The PCT has a view of unmet pharmaceutical needs for its local population and can disaggregate to locality/ward level The PCT has identified key pharmaceutical needs gaps The PCT analyses progress and identifies any gaps towards achieving improvement targets | <ul style="list-style-type: none"> The PCT has identified unmet pharmaceutical needs and gaps in care for disadvantaged subgroups and the opportunities to improve services for these populations on an ongoing basis The PCT uses predictive modelling and analytical tools to discuss and describe trends in pharmaceutical needs, create future projects and identify variants from expectations |
| Use of health needs benchmarks | Does not meet level 2 requirements | <ul style="list-style-type: none"> The PCT benchmarks pharmaceutical services across individual localities The PCT has developed plans to improve pharmaceutical services The PCT disseminates needs information to providers | <ul style="list-style-type: none"> The PCT regularly benchmarks pharmaceutical services across individual localities The PCT has implemented plans to improve pharmaceutical services The PCT effectively disseminates reports to providers and the public | <ul style="list-style-type: none"> The PCT regularly benchmarks pharmaceutical services with neighbouring PCTs The PCT has widely implemented plans to improve pharmaceutical services The PCT effectively consults with providers and the public to calibrate pharmaceutical benchmarks |

Competency 7. Effectively stimulate the market to meet demand and secure required clinical, and health and wellbeing outcomes.

| | Level 1 | Level 2 | Level 3 | Level 4 |
|---|------------------------------------|---|--|---|
| Knowledge of current and future provider capacity and capability | Does not meet level 2 requirements | <ul style="list-style-type: none"> The PCT has analysed all current community pharmacy contractors, any dispensing doctor contractors and all acute contractors, and identified the pharmaceutical services provided by each The PCT has conducted analysis to assess the relative accessibility and quality of providers to ensure services in place meet the needs of users The PCT uses patient feedback to gain an understanding of commissioned pharmaceutical services | <ul style="list-style-type: none"> The PCT has analysed all current community pharmacy contractors, any dispensing doctor contractors, all acute contractors and any cross-border providers, and identified the pharmaceutical services provided by each. The PCT has conducted analysis to assess the relative accessibility and quality of all providers to ensure services in place meet identified needs The PCT uses patient feedback to gain a richer understanding of commissioned pharmaceutical services | <ul style="list-style-type: none"> The PCT has analysed all current and other regional community pharmacy contractors, any dispensing doctor contractors and all acute contractors, and identified the pharmaceutical services provided by each The PCT has conducted analysis to assess the relative accessibility and quality of all providers to ensure services are in place to meet identified needs The PCT uses patient reported outcomes measures to gain a richer understanding of commissioned pharmaceutical services |

Competency 7 continued

| | Level 1 | Level 2 | Level 3 | Level 4 |
|---|------------------------------------|--|---|--|
| Alignment of provider capacity with health needs projections | Does not meet level 2 requirements | <ul style="list-style-type: none"> The PCT uses demand projections, demand management assumptions and population needs to project required pharmaceutical access and capacity, and matches this with provider capacity The PCT has identified gaps in the pharmaceutical market and has mitigation plans | <ul style="list-style-type: none"> The PCT indicates in the PNA the specific changes required to provider capacity to address gaps in provision The PCT models demand and supply scenarios that can be varied and tested The PCT is forecasting potential as well as current risks and has adequate mitigation plans, particularly where the impact is broader than within pharmaceutical services | <ul style="list-style-type: none"> The PCT takes demand projections and incorporates demand management assumptions from the strategic plan (e.g. pathway redesign) to identify the required pharmaceutical capacity by locality and by care/patient pathway The PCT implements specific changes to provider capacity driven by needs modelling, including long-term structural changes and forecasts based on actual risk analysis |
| Creation of effective choices for patients | Does not meet level 2 requirements | <ul style="list-style-type: none"> The PCT regularly reviews the pharmaceutical marketplace and identifies potential providers The PCT has a strategy for creating more choice when specific localities lack credible pharmaceutical alternatives | <ul style="list-style-type: none"> The PCT uses patient experience data to develop the specification of pharmaceutical services and the choices available The PCT has clear investment and disinvestment processes for pharmaceutical services | <ul style="list-style-type: none"> The PCT uses patient experience data and patient input into prioritisation to develop the specification of pharmaceutical services and the choices available |

Competency 7 continued

| | Level 1 | Level 2 | Level 3 | Level 4 |
|--|---------|--|---|--|
| | | <ul style="list-style-type: none"> The PCT involves patients in creating pharmaceutical choices, particularly those with long term conditions | <ul style="list-style-type: none"> The PCT involves patients in creating pharmaceutical choices, including those with long term conditions and those in defined at risk groups | <ul style="list-style-type: none"> The PCT has clear investment and disinvestment processes for pharmaceutical services which have improved the choices available to patients across several localities The PCT explicitly tests the acceptability of the pharmaceutical choices available with patients, on a regular basis The PCT involves patients in creating pharmaceutical choices, including those with long term conditions, those in defined at risk groups and hard to reach populations |

Appendix 2: PNA – structure and content

General guidelines

The PNA should reference the needs assessment data from the JSNA, but it does not need to be repeated unless required to explain the more detailed analysis.

Cover

The cover should include an issue date and a review date.

Executive summary

The executive summary should contain some background information and highlight the PNA's key points and recommendations. It should be a condensed version of the most important information in the PNA. Many stakeholders may look at this section when deciding whether or not to read the full report; it is worth spending time to create a polished executive summary.

We suggest that the executive summary should be no more than three pages in length.

Introduction

The introduction should outline the purpose of the PNA and its links to the PCT's wider commissioning processes. It should also contain a summary of the key benefits of pharmaceutical services and what they can contribute to wider provision of public health services.

Process summary

This section should describe the process undertaken by the PCT to develop the PNA. This should outline methods of stakeholder engagement, public consultation, data evaluation and research methodology.

This section should also outline how expertise from across the PCT has been incorporated into the final document including links to other teams and other documents.

Summary of main health needs and how providers of pharmaceutical services could meet these needs

This section should provide a high level snapshot of the PCT's health profile and needs of the population.

It should begin to identify how providers of pharmaceutical services can meet the needs of their local population and may also include anticipated changes to health needs based on population growth and other factors. Mapping existing (and proposed) providers of pharmaceutical services and GP surgeries against other indices, such as disease prevalence and average patient commute time to receive pharmaceutical services, may also be beneficial.

Current need – How pharmacy could meet the current needs of the PCT. This should include a more in depth interpretation of data from the JSNA.

Current provision – Identifying areas to be improved with particular reference to the white paper.

Development objectives – the objectives for pharmaceutical services and the impact on other parts of the commissioning strategy.

Needs assessment by area

This section should contain an overview of the key health indicators for a defined geographic area, including:

- wards
- number of community pharmacies
- number of other providers of pharmaceutical services
- access to current services
- demographic information
- deprivation indicators
- health indicators
- other primary care services
- identification of potential pharmaceutical needs

This section is useful in defining and acting as the foundation for tailoring pharmaceutical needs to meet localised and regional requirements which may vary across the PCT.

Services review

This section should give an evaluation of services currently being offered against health and deprivation indicators by area. From this section the PCT should be able to identify particular service gaps and potential for future developments and alterations.

Decommissioning/exit strategy

There should be a clear exit strategy for areas of the PNA which:

- are no longer necessary
- have not been effective
- are not delivering or are not up to standard
- have new priorities.

Recommendations

This section should contain the key health priorities and findings arising in the PNA. The recommendations may be in the form of a case study, suggestions to improve the local workforce or service development.

Acknowledgements

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Stakeholder organisations consulted

- Company Chemists' Association
- Department of Health
- English Pharmacy Board
- General Practitioners Committee, British Medical Association
- Guild of Healthcare Pharmacists – Unite Amicus Section
- National Pharmacy Association
- Pharmaceutical Services Negotiating Committee
- Pharmacists' Defence Association
- Royal Pharmaceutical Society of Great Britain
- United Kingdom Clinical Pharmacy Association

NHS Employers

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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
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