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**Health and Well Being Board 5<sup>th</sup> October 2011**

**Report from Dudley Local Pharmaceutical Committee**

**Pharmaceutical Services in the Dudley Borough – An overview**

**Purpose of Report**

1. To establish a good working relationship with the new committee by raising awareness and understanding of the services available to the general public provided by our community pharmacies. This relationship would be enhanced through regular dialogue.
2. To inform members about the challenges for the future regarding the need to encourage the public to manage their health (self care). This will need to be achieved whilst also reducing the cost on the health economy.
3. To provide the committee members with an overview of the work currently being undertaken by Dudley Local Pharmaceutical Committee (LPC).

**Background**

1. Community pharmacy services in their current form came into being in 2005 with the government's announcement of the new pharmacy contract. This contract was divided into three main areas which we highlight below
  - **Essential services**
    - a. routine dispensing
    - b. repeat dispensing
    - c. disposal of unwanted medicines
    - d. Health Promotion
    - e. Signposting
    - f. Self care.
  - **Enhanced services** –commissioned locally by the current PCT
    - a. Smoking Cessation service (Nicotine Replacement Therapy[NRT] plus Champix via Patient Group Direction[PGD])
    - b. Emergency Hormonal Contraception
    - c. Chlamydia Screening Service, Chlamydia Treatment via PGD
    - d. Addiction Services, Needle Exchange
    - e. Alcohol Brief Intervention & Referral
    - f. Care Homes Advice Service
    - g. Young People "Think Pharmacy" campaign
    - h. Influenza vaccination and NHS Health Checks (pilot studies from Oct 2011).
  - **Advanced services**
    - a. Medication Use Reviews

b. New Medicines Service (from 1<sup>st</sup> Oct 2011).

This contract will remain in the commissioning province of the NHS National Commissioning Board except for the public health element. It will however be influenced by input from both the Health & Well Being Board and the Clinical Commissioning Group to address specific local issues.

2. The LPC and PCT work very closely together and have created a unique joint funded post of Community Pharmacy Development Officer in February 2007. The aim was to grow the involvement of community pharmacy by providing services to the public that would benefit them and address the issues raised by the JSNA and other health economy reports. You can see from the breakdown of services above that the majority fit into the arena of public health and its promotion. In addition we have recently been successful in applying for pathfinder status to progress at least 10 of our current list of 70 community pharmacies to become "Healthy Living Pharmacies". This will involve training pharmacy colleagues to become a Health Trainer, who will then lead the promotion of self care within that community pharmacy. The majority of services to be provided in this umbrella service are already being commissioned and funded in community pharmacies. The aim will be to raise the quality and delivery of those services thus improving the outcomes for patients, whilst keeping costs of provision down.
3. If we are able to engage the public to manage their health concerns earlier and be more involved in their treatment, then the evidence shows that we can keep them out of secondary care longer and significantly reduce the costs of those interventions to the health economy.
4. At the recent Local Government Association meeting with representatives from Pharmacy Voice, Ian Facer (Chairman Pharmacy Voice) said "*Government plans to transfer responsibilities for public health into local government, and new arrangements for local authority oversight of health commissioning, mean that ties between councillors and healthcare professionals such as pharmacists are set to grow. and that the "new formal responsibilities for Pharmaceutical Needs Assessment and commissioning Public Health services will require detailed knowledge of the pharmacy sector."* This was also echoed by Graham Jones, leader of Berkshire Council who said "*Community pharmacies straddle the ground where the local authority and NHS worlds meet. They are an integral part of the NHS, a vital local service and a community facility. As a councillor and a practicing community pharmacist, I see the synergies daily.*" I think these comments emphasise the need for pharmacists to be consulted and involved in the proposals Health & Well Being boards are going to be making on the future of local services.

### **Finance**

5. The enhanced services already commissioned are currently funded by the PCT from various budgetary sources as there is no dedicated community pharmacy budget. We anticipate that we will need to seek some further funding for the training of each Health Trainer (approx £160) to achieve qualification and also to promote the concept to the wider public. A source has not currently been identified but is just starting to be progressed with the PCT.

## **Law**

6. All the above services, especially those connected to a PGD, will need to comply with the relevant Health Acts as amended from time to time by Government.

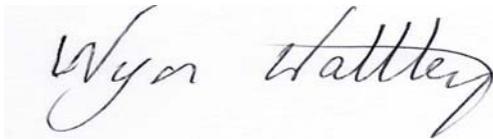
## **Equality Impact**

7. We would anticipate that if the Local Authority were to maintain or enhance the services, indicated above, we should be able to help reduce the inequality gap that now exists in the local Health Economy. Community pharmacy is ideally placed to offer these services, as many can be accessed without a prior appointment and over a range of operating times. Current opening times range from 07.00 to 23.00 six days per week (see PNA appendix 2 Page 62) and are better than other health professionals' provision.

## **Recommendation**

8. It is recommended that:-

the Health and Well Being Board give consideration to maintaining and improving those services available through Community Pharmacy that improve public health and encourage self care.



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## **List of Background Papers**

*Joint Strategic Needs Assessment 2009*

*Dudley Pharmaceutical Needs Assessment Feb 2011.*

Patients' problems with new medication for chronic conditions. Barber N et al. Qual Saf Health Care 2004;13:172-175

Patient-centred advice is effective in improving adherence to medicines. Clifford S et al. Pharm World Sci 2006;28:165-170