## Moving to World Class Commissioning of Pharmaceutical Services – Self Assessment (September 2009)

<table>
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<tr>
<th>Competency *</th>
<th>Current Evidence</th>
<th>Gaps to Address</th>
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| **Competency 1 – Local leadership**  
- Reputation:  
- Change leader for local organisations  
- Position as an employer of choice | Multi-agency group drafting the PNA  
Mapping undertaken and completed for all pharmacies  
Patient questionnaire planned for November 2009 which will help provide Trust with patient views  
LPC working with Primary Care Trust  
Dedicated resources in Primary Care Trust for pharmacy commissioning  
PCC toolkit and events that team participates in; participation in Trust WCC events  
Contract monitoring programme |  |
| **Competency 2 – Collaborative working with community partners**  
- Creation of a PNA  
- Ability to conduct constructive partnerships | Working collaboratively on PNA – multi-agency group includes LPC, Somerset Community Health, PEC reps, Dispensing Doctors, Primary Care Contracts Managers and Associate Director, Medicines Management Lead, WyvernHealth (PBC) rep  
JSNA used to inform PNA and will be planned to converge  
Commissioning Plan will be drafted once PNA complete and Primary Care Trust will be seeking expressions of interest once needs identified  
Example of constructive action is that when palliative care drugs identified as needed in Burnham a service was commissioned to address | Involvement of other partners, for example Somerset County Council in commissioning pharmaceutical services. |
| **Competency 3 – Continuous and meaningful engagement with the public and patients**  
- Influence on local health opinions and aspirations  
- Public and patient engagement  
- Improvement of patient experience | Patient questionnaire has been designed locally for launch in Nov09 – will be distributed to GP surgeries, pharmacies etc; PPI team have been involved and targeting groups with specific needs (for example elderly people)  
Pharmacy addressed in JSNA and so linked into the Local Authority strategy  
Provision of enhanced services increased through pharmacies and PNA will help to promote further for example Chlamydia screening kits being offered in pharmacies to increase capacity to support achievement of corporate target  
Contract monitoring used to review information provided to | Feedback to patients of results of the survey. |
Complaints and incidents actively monitored and system for reporting from pharmacies to Medicines Management Lead in place.

Medicines Management Lead represents Primary Care Development at PEC and Director of Primary Care at Board level.

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<tr>
<th>Competency 4 – Lead continuous and meaningful engagement of all clinicians</th>
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<tbody>
<tr>
<td>- Clinical engagement</td>
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<td>- Dissemination of information to support clinical decision making</td>
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<td>- Reputation as leader of clinical engagement</td>
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<td>Pharmacies have been surveyed for the PNA and local clinicians have been engaged in the process.</td>
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<td>Clinical Governance events starting in Nov09.</td>
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<td>Training and information provided for pharmacies on key pieces of work for example Safeguarding Children.</td>
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<td>Professional forums in place.</td>
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<td>The DSQS for dispensing practices provides a quality framework for those practices and is subject to audit and verification by commissioning team.</td>
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<td>WyvernHealth.Com sit on the working group and PBC has improved joint working; PBC dashboard provides access to prescribing data and performance.</td>
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<td>Clinical audit carried out and results disseminated through regular newsletters which also covers other quality information such as NICE (SG).</td>
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<td>Engagement of pharmacies in smoking cessation work demonstrates contribution to wider health inequality targets and delivering a VFM service (cardiovascular screening is a future potential development).</td>
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<th>Competency 5 – Manage knowledge and undertake robust and regular needs assessment</th>
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<tr>
<td>- Analytical skills and insights</td>
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<td>- Understanding of health needs trends</td>
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<td>- Use of health needs benchmarks</td>
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<td>Population analysis and profiling is part of PNA and needs of vulnerable groups will be targeted.</td>
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<td>Services are mapped against deprivation and good spread demonstrated in Somerset.</td>
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<td>SG has prescribing data benchmarked and PNA and subsequent contract monitoring will contribute to better benchmarking of performance.</td>
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<td>Incident root cause analysis and dissemination of learning will help to improve clinical governance.</td>
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<td>Board receive performance reports regularly which include prescribing data and updates on pharmacy developments.</td>
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Dissemination of clinical audit results to pharmacists.

Monitoring of clinical effectiveness needs improving.  
Predictive modelling needs development.
### Competency 6 – Prioritise investment according to local needs
- Predictive modelling skills and insights
- Prioritisation of investment to improve population’s health
- Incorporation of priorities into strategic investment plan

PNA defines the needs of population
Opening of market to all providers
The strategic framework will be written once PNA is complete and include pharmacy developments - Board will approve strategy in due course
Contracts awarded to reflect VFM

### Competency 7 – Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes
- Knowledge of current and future provider capacity and capability
- Alignment of provider capacity with health needs projections
- Creation of effective choices for patients

Dispensers assessed through DSQS; acute managed in secondary care
PROMS limited currently to complaints and incidents – survey will improve knowledge for commissioner
Cardiovascular being piloted in Bridgwater – example of a care pathway being analysed
PNA will provide opportunity to use patient experience data
Patient choice stimulated by enhanced services; choice available through the wide range of pharmacy providers; will test views of patients on choice through survey
Prevalence data used to support decision making

### Competency 8 – Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration
- Identification of improvement opportunities
- Implementation of improvement initiatives
- Collection of quality and outcome information

PBC analysis of pathways will lead to innovative practice potentially
Infrastructure developments have led to integration of general practice and pharmacies on some sites (examples required)
Enhanced services in place for Chlamydia screening, methadone, smoking cessation, minor ailments, palliative care, needle exchange and EHC) – these can demonstrate how uptake can be increased and hard to reach groups also reached more effectively
Medicine use reviews are carried out by pharmacies and fed back to GPs which improves health outcomes

### Competency 9 – Secure procurement skills that ensure robust and viable contracts
- Understanding of providers’

Scorecard for contract monitoring in place
Some disease groups such as diabetes addressed through contracts
Current contracting limited to the respective regulations

Need to increase involvement in disease care pathways
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<th>economics</th>
<th>SLAs in place for enhanced services and performance monitoring linked to this. Contract monitoring in place for pharmacies and action plans monitored by Primary Care Trust where appropriate to ensure improvement where needed.</th>
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**Competency 10 – Effectively manage systems and work in partnership with providers to ensure contract compliance**
- Use of performance information
- Implementation of regular provider performance discussions
- Resolution of ongoing contractual issues

Contract monitoring addresses this area.

- Use contractual discussions to target any poor performance for example work with pharmacy companies to improve performance of individual pharmacists when concerns identified.
- Use PCC to promote best practice among providers.
- Responsibility is defined with the commissioning team for performance and professional advice available to deal with and escalate any issues of poor professional conduct.
- PPV and anti-fraud monitoring in place.
- Controlled drug inspection process in place with audit carried out and specific incidents investigated.

Consider what information could be published to inform patients.
Pharmacies with Enhanced Services 2009: Chlamydia screening by Population density at Lower Super Output Areas
Pharmacies with Enhanced Services 2009: Emergency Hormonal Contraception by Population density at Lower Super Output Areas

- Pharmacy with service
- Population density: people per hectare
  - 50 to 96
  - 25 to 50
  - 5 to 25
  - 1 to 5
  - 0 to 1

Locations: Bridgewater, Taunton, Yeovil
Pharmacies with Enhanced Services 2009: Methadone consumption by Population density at Lower Super Output Areas
Pharmacies with Enhanced Services 2009: Needle exchange by Population density at Lower Super Output Areas

Pharmacy with service
Population density people per hectare
50 to 96
25 to 50
5 to 25
1 to 5
0 to 1

Bridgewater
Taunton
Yeovil
Pharmacies with Enhanced Services 2009: Palliative Care by Population density at Lower Super Output Areas
Pharmacies with Enhanced Services 2009 : Smoking Cessation by Population density at Lower Super Output Areas

Population density
people per hectare
- 50 to 96
- 25 to 50
- 5 to 25
- 1 to 5
- 0 to 1