



# Royal Pharmaceutical Society of Great Britain

Helping pharmacists achieve excellence

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23 May 2007

Dear Mr Kealy

## **Royal Pharmaceutical Society of Great Britain – Response to *Commissioning framework for health and well-being***

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis. The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

This response has been prepared in discussion with the Society's English Pharmacy Board. The Board was established to provide strategic leadership and support for pharmacy practice development in England.

The Society welcomes the *Commissioning framework for health and well-being* as a means of joining up care and has made a number of comments below around specific aspects of the proposal. In particular the Society would want to see:

- appropriate scrutiny of services commissioned to ensure that they are the most suitable for the public and reduce the likelihood of conflicts of interest where commissioners also act as providers;
- a breadth of providers from different disciplines operating on a level playing field created through easing market entry;
- building on pharmacy's potential to improve health;
- patient and public involvement in commissioning;
- effective and timely information sharing.

Also enclosed is a copy of the first report from the Health Policy Forum *Making commissioning effective in the reformed NHS in England*<sup>1</sup> which has informed our response.

The Health Policy Forum is a primary care think tank of leading national pharmacy bodies established in 2005. The Forum members are the Royal Pharmaceutical Society of Great Britain, the Company Chemists' Association, the National Pharmacy Association and the Pharmaceutical Services Negotiating Committee. The Health Policy Forum commissions work to inform policy debate amongst pharmacy organisations and the wider policy-making community.

The Forum is interested in the question of what constitutes effective commissioning and realising pharmacy's considerable potential to improve health outcomes through the commissioning of enhanced pharmacy services.

The report concluded that there are four key elements to effective commissioning:

- The identification of need and demand, which will require PCTs to take a more sophisticated approach to research and data analysis in the future;
- Market shaping, which will require PCTs to balance the need to provide choice with market management to ensure that services are provided in a sustainable way;
- Holding the market to account, which requires PCTs to act as local stewards of NHS funding and ensure they achieve value for money from providers; and
- Holding commissioners to account, which is crucial to ensuring that all stakeholders, not least the general public can be satisfied that PCTs are doing a good job.

The RPSGB believes that this report provides a significant and timely contribution to the debate on commissioning policy. It will enable commissioners to benchmark their performance in an informed way, and help those tasked with performance management to do so effectively. The Society was pleased to identify similar themes underpinning the *Commissioning Framework*.

The *Commissioning framework* will facilitate health and social care to work together building on the strategies outlined in *Our health, our care, our say*<sup>2</sup>. Many of the changes proposed in *Our health, our care, our say* required a pro-active commissioning role on the part of commissioners. The Society believes that the *Commissioning Framework* could enable PCTs to become better commissioners and partnership working with the local authorities should secure change at a local level to improve health and well being. Whilst the *Commissioning Framework* has many laudable aspirations, it lacks much of the detail required for implementation.

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<sup>1</sup> <http://www.rpsgb.org/pdfs/hpfeffectcommissreport.pdf>

<sup>2</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH\\_4127552](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4127552)

The aspirations of the White Paper are clearly developed in the *Commissioning Framework* and the Society believes that the introduction of the Joint Strategic Needs Assessment (JSNA) should enable better community health and social care with greater integration between local health and social care organisations. For many commissioners this will represent a significant systems change. If implemented effectively it should provide a mechanism for giving the public greater control over their local services in the long term. We would also encourage the undertaking of a Pharmacy Needs Assessment (PNA) as part of the JSNA.

The Society supports the Impact assessment of the framework which suggests that implementation of the JSNA should not be left to chance but should be supported by guidance.

### **Supporting a breadth of providers**

For community pharmacy the *Commissioning Framework* should further support the development of new roles, as already provided for in the new contract in England that was introduced in April 2005 and through the extension of prescribing responsibilities<sup>3</sup>. It will also provide the opportunity for new roles, particularly where local purchasers perceive a need to develop services.

The Society noted that the framework encourages PCTs and practice based commissioners to take a more flexible approach in their use of NHS funds which can help in providing alternatives to hospital admission or other interventions that may reduce independence. This is welcomed where mechanisms for scrutiny are put in place to ensure that funds are used appropriately. The Health Policy Forum report *Making commissioning effective in the reformed NHS in England* identified a set of immediate priorities for PCTs. These included 'developing and agreeing local rules for competition management in the commissioning of (particularly primary, community and intermediate) care'. It suggested that 'rules should define anti-competitive behaviours and acceptable market penetration by single providers' (p 2). The Society would also encourage a breadth of providers from different disciplines and rather than developing a reliance on a single professional group. However, the providers need to work collaboratively and in a co-ordinated fashion in order to provide seamless care to the patient.

The report *Making commissioning effective in the reformed NHS in England* also explored commissioners working together and the role of patients in defining services. It highlighted how conflicts of interest may be managed where GPs have a dual role as commissioners and as a profit-making service provider (p 36).

There needs to be complete transparency around the whole of the commissioning process from planning to procurement to provision and monitoring of services.

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<sup>3</sup> Contractual framework section of the Department of Health website  
<http://www.dh.gov.uk/en/Policyandguidance/Medicinespharmacyandindustry/Communitypharmacycontractualframework/index.htm>

## Supporting providers to enter the market

The *Commissioning Framework* emphasises the need to help and support commissioners. As the commissioning agenda progresses it is anticipated that Governments will in future have a performance management relationship with commissioners, and not providers, of care. For commissioners to work effectively however commissioning should take account of user and, where appropriate, provider views. This can be achieved through setting up systems to communicate effectively with providers and the recommendation (para 5.5 p 41) to establish local provider forums would help here. We welcome the aspiration of working in partnership with other health and social care providers.

The experience of developing and managing diverse markets in public sectors already exists within the NHS. For example, community pharmacy is an example of the type of market the government is seeking to create in the English NHS. Pharmacy services are delivered by a mix of large and smaller private sector providers, operating under contract to the NHS and alongside an NHS provider sector. In its evidence to the Galbraith review of pharmaceutical services the Society raised concerns about community pharmacists accessing funding from PCTs to provide extended services<sup>4</sup>.

The Society would welcome proactive strategies to ease entry and arrangements to develop providers. These would bring forth a new supply to support the market such as pump priming funds (*Commissioning Framework* para 5.5 p 43) which may enable the development of a niche service for a particular patient group.

Furthermore with service uptake dependent in some markets on patients' choices, and/or the degree to which people are able to access services, commissioners cannot design and award contracts with guaranteed volumes and income streams. Therefore there is a place for risk sharing agreements between commissioners and providers (para 5.6, p 43).

In commissioning to ensure high quality services, providers need to liaise effectively with purchasers, to ensure they are in touch with plans for services and reconfiguration of existing ones. The RPSGB has developed a leadership programme in line with the aspirations of *Our health, our care, our say* and Department of Health strategies. Key pharmacists across various sectors are working to complete an initiative that will help them to support local networks and become innovative clinical and professional leaders.

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<sup>4</sup> <http://www.rpsgb.org/pdfs/pr070313b.pdf>

## Pharmacy for health and well being

The *Commissioning framework* cites examples of innovative practice to deliver improved health outcomes and the Society was pleased to note that the important role that pharmacists have in self care was noted in the *Commissioning framework* (p 20). However figures suggest that commissioning services from pharmacies is currently at a very low level<sup>5</sup>. Community pharmacy contributes to the health and well being of the public in several key areas and has a major role in aiding the delivery of care closer to home. The *NHS plan*<sup>6</sup> suggested that 'patients want to see...an expanded role for GPs and pharmacists'. In 2006 the Society launched its strategy for self care<sup>7</sup> to help pharmacists to meet the needs of people to look after their health. Prime Minister, Tony Blair, recently launched the publication of *Building on progress: public services*<sup>8</sup>, which put pharmacy as one of his top five principles underpinning the next and completing phase to reform public services and recognising that pharmacies are able to reach those parts of society unlikely to use GP services.

*Choosing health through pharmacy*<sup>9</sup> illustrated how community pharmacy will help to address priorities such as smoking and obesity. Community pharmacists occupy an important position in any attempts to address health inequalities as they have the experience and expertise in medicines management and interact regularly and frequently with patients and the public. Pharmacists can also be referred to as 'front-line' practitioners.

Pharmacists throughout the country are developing new ways of working and some examples are given below<sup>10</sup>:

- In Sutton & Merton PCT, pharmacists provide a range of tests (plus stop smoking advice) as part of a healthy living centre scheme, specifically aimed at addressing health inequalities.
- The Pharmaceutical Care for Vulnerable Elderly scheme in Hull and East Yorkshire faxes hospital discharge information to community pharmacists for high risk patients (such as those aged over 75 or on complicated dosage regimens) if hospital admission has been due to medication problems. The community pharmacist visits the patient at home for a medication review, produces a care plan and continues to monitor the patient.

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<sup>5</sup> 'figures released to us by the Department of Health reveal that PCTs are not using the range of services that can already be commissioned from pharmacies, with only a tiny percentage offering additional services. For example, only 0.21 per cent. offer anti-coagulant monitoring and, even worse, only 0.03 per cent. offer services to schools despite advice from the Department of Health' Stephen O'Brien, Fourth Delegated Legislation Committee, Draft Pharmacists and Pharmacy Technicians Order 2007 (transcript <http://www.publications.parliament.uk/pa/cm200607/cmgeneral/deleg4/070130/70130s01.htm> accessed 21 May 2007)

<sup>6</sup> The NHS plan – a plan for investment, a plan for reform, DH 2000

<sup>7</sup> <http://www.rpsgb.org/pdfs/selfcarechallenge.pdf>

<sup>8</sup> [http://www.cabinetoffice.gov.uk/policy\\_review/documents/building\\_on\\_progress.pdf](http://www.cabinetoffice.gov.uk/policy_review/documents/building_on_progress.pdf)

<sup>9</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4107494](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107494)

<sup>10</sup> <http://www.rpsgb.org/pdfs/hpfeffectcommissexecbrief.pdf>

- In Camden, the Greenlight pharmacy provides an outreach diabetes service to the Bangladeshi population with type-2 diabetes. It includes a review of patients' medication, blood-pressure monitoring and group education sessions.

Community pharmacy's role in the care of patients with chronic diseases such as diabetes, asthma and coronary heart disease was also highlighted in a series of reports commissioned by the RPSGB looking at how these services are commissioned in other countries<sup>11</sup>.

Pharmacists can help prevent unscheduled emergency admissions by providing services such as repeat dispensing and Medication Use Reviews. Such services enable patients to be more aware of what their medicines do and how they should be taking them. Pharmacists also have a major role to play in the provision of advice and products in relation to minor ailments, this may be of particular interest when focusing on urgent care.

### **Putting people at the centre of commissioning**

The Society is supportive of measures to enable people to take greater control of decisions about their health and care. Following the recent announcements (11 April 2007) to introduce the NHS choice websites the Society notes that there are advantages to using existing acknowledged information sources such as libraries to bring information on health choices to the wider public however whilst trained library staff may be able to facilitate navigation around the website they will not have the expert knowledge that a health professional can offer.

The Society also believes that patient and public involvement (PPI) is a key requirement of public bodies and bodies with public duties and agreed its own PPI strategy in 2006<sup>12</sup>. PPI is an essential foundation for greater openness and transparency, mutual trust and understanding between such bodies and patients and the public. It is also a way of increasing the effectiveness and accountability of public bodies.

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<sup>11</sup> Long-term conditions: integrating community pharmacy (2006)  
 Executive summary <http://www.rpsgb.org/pdfs/ltcondintegcommphsumm.pdf>  
 Reports 1-3  
<http://www.rpsgb.org/pdfs/ltcondintegcommphrept1.pdf>  
<http://www.rpsgb.org/pdfs/ltcondintegcommphrept2.pdf>  
<http://www.rpsgb.org/pdfs/ltcondintegcommphrept3.pdf>  
<sup>12</sup> <http://www.rpsgb.org/pdfs/coun0612minsopen.pdf>

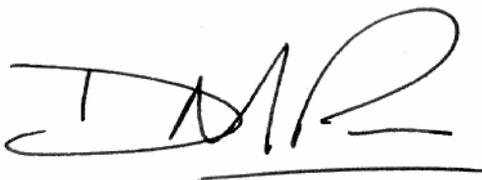
## Information sharing

Effective use and sharing of information collected by commissioners and providers has been cited in studies of contracting and purchasing in healthcare and is explored in *Making commissioning effective in the reformed NHS in England*. Of particular importance to pharmacy is the electronic patient record. In recent written evidence to the Health Select Committee inquiry on the *Electronic Patient Record and its use*<sup>13</sup> the RPSGB suggested that pharmacists should have appropriate role-based access to any electronic patient record. Currently, pharmacists in community pharmacy only have access to the information included on the prescription they dispense and any previous prescription that they have dispensed for the same patient. This makes it difficult to assess the appropriateness of the medicines prescribed or whether they may interact with other medicines that the patient is taking. In turn, it is difficult to advise fully the patient about their medicines without an understanding of what diagnoses have been made. The use of electronic patient records will be key to helping ensure that there is coordinated care across GP surgeries, community pharmacies and hospitals.

In addition, all potential providers need to have timely access to relevant data about the population they serve. This would include economics data, data on secondary care admissions as well as data from the JSNA. Only then will they be able to determine which services are required and what they could potentially provide.

The RPSGB looks forward to working with policy makers to make effective primary care commissioning a reality.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Pruce', with a horizontal line underneath.

David Pruce  
Director of Practice and Quality Improvement

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<sup>13</sup> <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/422/422we42.htm>