

NHS Croydon
Pharmaceutical Needs Assessment

Annex B - PNA Process and Consultation

Version 1

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Contents – Annex B

Page Number

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1. Process Summary

This section describes the process undertaken by NHS Croydon to develop the PNA.

1.1 Stakeholder Engagement

NHS Croydon invited representatives from key stakeholder groups from within the NHS and from patient representation. The stakeholder Steering Group was formed and had its first meeting on 1 April 2010. Membership of the group and the sub-committees can be found in Appendix 1 - Stakeholder Steering Group

The group agreed a communications and engagement strategy see Appendix 2 - Communications & Engagement Strategy. On 28th April an Information evening was held to explain the purpose of the PNA, the information requirements and to share the timeline to publication. Community pharmacists, GPs, other clinicians, representatives from the acute trust and neighbouring PCTs were invited to attend.

Following this the internet pages were developed, which are accessible from the NHS Croydon website. These were used as one means of sharing information and progress on the development of the PNA.

Existing means of communication to Croydon staff were used and regular articles written keeping staff informed on progress and how to contribute. These included Team Brief (all PCT staff) and Prescribing News (all clinician groups). In addition Your Croydon also carried an article in the November edition which promoted community pharmacy and the PNA. This publication was delivered to 45,000 homes in the borough.

Key stakeholder meetings were targeted and 5 minute presentations were given in advance of the public consultation to improve awareness, provide context and encourage input. Public and Patient groups were offered support and attendance at meetings to help them through consultation. Several groups responded and meetings were attended.

Posters and leaflets were distributed in a cascade system – NHS Staff, council sites (including libraries, day centres etc), pharmacies, GP practices and clinics. A phased approach was adopted to even the work load in response to enquiries.

A detailed account of activity can be found in Appendix 3 - Stakeholder Engagement Activity.

1.2 Public Consultation

Regulation 3F requires PCTs to consult on their draft PNA at least once during its development (*regulation 3F(2)*). Regulation 3F(1) lists those persons who must be consulted. However, PCTs will be able to consult more widely if they so wish.

NHS Croydon must consult the following persons at least once during the process of making the assessment on a draft of the proposed PNA:

- Local Pharmaceutical Committee;
- Local Medical Committee;
- Persons on the pharmaceutical list and dispensing doctors;
- Any person with whom the PCT has made arrangements for the provision of dispensing services;
- Any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of the PCT has an interest in the provision of pharmaceutical;
- Any local authority with which the PCT is or has been a partner PCT;
- Any NHS trust or foundation trust in its area;
- Any neighbouring PCT.

The regulations do not prescribe the method of consultation but when consulting the various groups it must borne in mind that one size will not fit all. Therefore a variety of methods were employed. These were

- Email – PDF of consultation draft and questions.
- Internet – PDF of consultation draft and questions published on intranet
- Direct Mail – Copy of consultation draft and questions posted.
- Posters have been mailed out to GP practices, community pharmacies and other clinical bases notifying staff and public of the consultation. During “Ask Your Pharmacist Week” staff were present at the Health Living Hub promoting the pharmaceutical services available in Croydon and the PNA consultation. As a result members of the public have contacted NHS Croydon for further information and comments have been received.
- Consultation Workshop

A full list of organisations directly consulted can be found in Appendix 4 – Stakeholders Consulted Directly During the months leading up to consultation there has been engagement with stakeholder groups to raise awareness as detailed in Appendix 3 - Stakeholder Engagement Activity

The consultation process was been agreed with the communications department and checked to ensure it complies with the regulations. It focused on the stakeholder organisations listed above and did not actively seek to consult individual members of the public. However, opportunity for members of the public to provide input was made available through the patients groups represented through CVA and Link and for individual patients through the internet and post.

The consultation questions were trialled by a group of stakeholders prior to the formal consultation period.

The Consultation

There were 35 responses to the formal consultation. 2 were from GPs, 1 was from a member of the public, 1 from a Croydon Patient Group, 1 from a representative of the Community Health Services. 30 responses came from the consultation work shop held on 13th December 2010. The workshop was attended by 6 representatives from NHS Croydon Commissioning, Contracting and Medicines Management, 1 neighbouring PCT, Croydon LPC and 22 community pharmacists. In addition comments made by clinicians at the Professional Executive Committee were fed into the formal consultation process.

Providers of Pharmaceutical Services to and within the NHS Croydon area.

Comment

It was felt that the principal providers of pharmaceutical services had been identified with the exception of providers of home oxygen supplies, homecare services, travel clinics, domiciliary services and end of life.

Response

Home Oxygen services and Home Care services are commissioned by the Department of Health or by the Sector. There is no commissioning role for the PCT in these areas. NHS Travel clinics are not commissioned as travel vaccines are not available on the NHS. End of life is covered under section 2.7.

Action

Domiciliary services will need to be included as a potential enhanced service currently not commissioned by NHS Croydon.

Comment

It was also mentioned that checks should be in place to ensure services notified as part of the data collection process were in place.

Response

NHS commissioned services were checked with the commissioning lead within the PCT. We did not consider it necessary to check the private provision and relied upon the contractor to give that information.

Comment

Safeguarding is not mentioned explicitly. Neither are services for looked after children and teenagers explained.

Action

Additional comment has been made under section 2.3

Content of the PNA

Comment

It was thought that the content of the PNA was clear and understandable. There was sufficient detail to enable forward planning. Contractors and commissioners could easily relate service provision to population health needs. In particular it provided an opportunity to

- identify and think about staff skill mix;
- staff development

- consider future service commissioning

Comment

The PNA had identified gaps in service provision therefore it felt that NHS Croydon could be proactive and put together a business case from the recommendations.

Response

During the transitional phase following the White Paper – Liberating the NHS – it would not be appropriate for NHS Croydon to put together business cases. However, it is hoped that the PNA will give sufficient background for commissioners to identify priorities for commissioning decisions.

Comment

1 responder felt that the choice of specific disease areas was not adequately explained.
1 responder felt that the content should have a more themed approach

Response

The target areas for Croydon have been described in Section 1 and a themed approach based on these areas has been the basis of the structure of this PNA. Minor amendments have been made to clarify this.

Comment

1 responder felt that more graphics could be used to illustrate data.

Response

There needed to be a balance between the graphics and the text and many of the supporting illustrations have been included in the appendices in order to make the document more readable and accessible. Other supplementary documents eg. JSNA have been referenced.

Comment

It was felt that more definite links could be made to medicines management. In particular the role that community pharmacy and the medicines management team play in containing costs either through a change in dispensing habits or by participation in joint initiatives such as specials and waste.

Action

Additional reference has been made

Process for producing the PNA

Comment

It was thought that the process for producing the PNA was described adequately. However, the process should have picked up on the missed providers.

Response

The purpose of the consultation was to highlight and gaps and we consider this has been achieved.

Comment

1 responder commented that where health needs and outcomes were described there could have been more information to bench mark Croydon with other PCTs.

Action

This is available on the London Health Observatory and specific reference will be made to this site.

PNA Conclusions

Comment

Self-care and minor ailments were missing.

Response

Help for self care is listed with the essential services and both the minor ailments scheme (an enhanced service) and help for self care are mentioned under urgent care.

Comment

A new cancer screening initiative being commissioned at sector level is being introduced in the next financial year. This needed to be mentioned in the document.

Response

This will be included in a supplementary statement once the pilot is complete and a service is commissioned.

Comment

There was a feeling that more reference could be made to broader public health issues as it was felt that community pharmacy was well placed to contribute to this agenda.

Action

Additional reference has been made which covers these areas.

Comment

It was also pointed out that some long term conditions had been omitted from the PNA.

Response

The PNA was based on the priorities outlined in the Strategic Plan for Croydon (which had been drawn up based on Joint Strategic Needs Assessment for Croydon (JSNA)). It was acknowledged that over time these priorities might change to include other disease areas. However it is also acknowledged that the process for producing the PNA includes a continued investigation of care pathways which would naturally lead to the inclusion of areas not considered by this version.

Additional Comments

Comment

There needs to be more information available on pharmacy and pharmaceutical services provided in Croydon (not necessarily through the PNA). The information should include access.

Response

We are currently requesting information about disabled access and this will be included in future versions in appendix 20. With regard to other information, we were dependent upon contractors responding to our request for information and not all of them responded fully.

Comment

Selsdon and New Addington are grouped together in one cluster. The diverse needs of the two populations were masked when they were considered together.

Response

This has been noted and will be considered in future versions.

Comment

More use could be made of the voluntary and private sector in certain disease areas eg weight management and private organisations running diet and exercise clubs.

Response

The purpose of the PNA is to meet regulatory requirements. As a living document it will evolve and it is anticipated that it will be extended to include further options.

Comment

The list of enhanced services is limited.

Response

This is because it was limited to the list of ones with national specifications. The list is illustrative not exhaustive. This has been made explicit.

Comment

Specific mention needs to be made to the commissioning of an LPS in the Mayday area to strengthen access.

Response

This will be included as a supplementary statement when it has been successfully commissioned.

Comment

Sunday provision in the Coulsdon and Purley Cluster was identified as an area that needed strengthening. The rejection of an application in that area for a new pharmacy by NHS Croydon was seen as confirmation that this need did not exist.

Response

Additional Sunday hours could be provided or commissioned from an existing provider if seen as a priority. The addition of a new 40 hour provider to the list was not deemed necessary.

Comment

It was suggested that mention be made of the possibility of providing Champix via PGD.

Response

As champix is a black triangle drug the medicines access group has taken the decision that it is not currently suitable for provision under PGD. This decision will be revisited as more evidence comes to light.

Comment

Hep C treatment could be added to screening and vaccination by community pharmacy.

Action

Treatment has been added as an option for consideration.

Comment

It was suggested that community pharmacy should be considered for the provision of a child weight management service.

Response

The current service, Boost Croydon, commissioned by MyTime Active offers a comprehensive service for children.

Comment

Community pharmacy could provide HPV immunisation in the community where a young woman might have missed one of the three school appointments.

Action

HPV immunisation for this client group has been added as an option to be considered.

Comment

It was suggested that the sexual health enhanced service, in particular the EHC component should be provided by every pharmacy.

Response

This would be fed back to commissioners as the current service had to prioritise within a limited budget.

Comment

The issue of non-accredited pharmacists providing locum cover at a sexual health service provider site was also raised.

Response

Distance learning and online training is available to all locums working at provider sites.

Comment

It was suggested that diabetic testing eg blood glucose testing could be done in pharmacy.

Action

Screening for long term conditions & serious illnesses has been included in the overall priorities and introduction to long term conditions

Comment

It was suggested that community pharmacy could contribute more to the COPD care pathway.

Action

Management for long term conditions has been included in the overall priorities and introduction to long term conditions.

Comment

It was suggested that supervised administration could be provided to bipolar patients.

Response

The monitoring and support for mental health patients in the community has already been flagged up as a potential area for increased service provision. This could include supervised administration.

1.3 Data Collection & Evaluation

Data has been collected from a variety of sources, locally and nationally. Where possible we have used existing data sources, such as those used to inform the JSNA. However, there were still gaps in our knowledge.

In agreement with the Local Pharmaceutical Committee (LPC) a baseline questionnaire was sent out to all community pharmacies. It asked for information on

- Premises
- Information Technology
- Workforce
- Service Provision

58 returns were made from a possible 72. Whilst we have been able to provide information about commissioned services, there will be gaps in the information for those offered privately. A copy of the questionnaire can be found in Appendix 5 - Community Pharmacy Baseline Questionnaire.

Additional information on service provision was gathered about other providers such as GP practices, clinical bases, appliance contractors, and acute trusts commissioned to provide services for Croydon patients.

Appendix 1 - Stakeholder Steering Group

Membership of the Stakeholder Steering Group and associated sub-committees.

Name	Title	Organisation
Sue Arnold	Director of Primary Care Commissioning	NHS Croydon
Peter Brambleby	Director of Public Health	NHS Croydon
Steve Morton	Head of Health and Well-being	14 Floor, North East Quadrant
Janice Steele	Acting Chief Pharmacist	NHS Croydon
Barbara Jesson	Community Pharmacy Adviser	NHS Croydon
Mick Lucas	Assistant Director of Finance	NHS Croydon
Josie Wright	Head of Practice Based Commissioning and Primary Care	NHS Croydon
Ruth Eager	Primary Care Specialist - Community Pharmacy	NHS Croydon
Alice Benton	Head of Primary Care Commissioning and Performance	NHS Croydon
Jo Flint	Joint Head of Communications	NHS Croydon
Kate Radcliffe	Joint Head of Communications	NHS Croydon
Minal Patel	Patient & Public Involvement Manager	NHS Croydon
Joan McAllister	Primary Care Support Officer	NHS Croydon
C.J. Patel	Local Pharmaceutical Committee Chair	Dejure Ltd.
Andrew McCoig	Chief Executive Officer, LPC	15 Shirley Avenue
Beran Patel	Community Pharmacist, PEC Member and LPC Vice-Chair	Brigstock Pharmacy
Dr. Richard Brown	Croydon , West Sussex LMC	The White House
Shokoya Obafemi	Chief Pharmacist Mayday NHS Trust	Croydon University Hospital
Barbara Adie	Principal Pharmacist - Community Health Services	Croydon University Hospital
Mike Knight	Croydon Link	CVA Research Centre
Dr Kaushal Kansagra	Friends Road Medical Practice, LMC Representative	49 Friends Road

Yvonne Boateng *	Communications Manager	NHS Croydon
Margaret Eames *	Public Health Consultant	NHS Croydon
David Osborne *	Senior Public Health Information Analyst	NHS Croydon

* *By invitation*

Sub Groups

Sub Groups will be formed to deal with the detail of elements of the PNA. Four subgroups have been identified initially;

- Data Sources and linking to JSNA
To identify relevant data sources, and provide links to the JSNA process. To research existing services provision and map against health needs and health priorities.
- Care Pathways and Innovation
To research the pharmaceutical needs for specific care pathways highlighting gaps in current provision.
- Communications & Engagement
To ensure appropriate communications are used to engage with and ensure wider stakeholder involvement.
- Executive Group
To provide strategic oversight and direction between Stakeholder Steering Group Meetings.

Sub Group Membership

Executive Sue Arnold Mick Lucas Shokoya Obafemi Andrew McCoig Jo Flint and/or Minal Patel – as required Janice Steele or Barbara Jesson as required	Communications & Engagement Yvonne Boateng Minal Patel Andrew McCoig Jo Flint/Kate Radcliffe Ruth Eager
Data Sources and linking to JSNA Barbara Jesson Ruth Eager Andrew McCoig Margaret Eames & David Osborne	Care Pathways and Innovation Josie/PBC Shokoya Obafemi Barbara Adie Janice Steel Ruth Eager Community Pharmacist

Appendix 2 - Communications & Engagement Strategy

Introduction

In 2004/05 all PCTs in England were advised to develop a Pharmaceutical Needs Analysis (PNA) in preparation for the new community pharmacy contractual framework and to change the control of entry regulations. The NHS Act 2006 describes the duty of PCTs to arrange for the provision of pharmaceutical services for its population. To support the PNA, it is important to communicate/engage with all our partners/stakeholders with an interest in the PNA and those who may be asked to participate. The PNA will be used to make market entry decisions and to inform commissioning of pharmaceutical services in the borough. This document will help to identify our key partners/stakeholders and how they will be involved and consulted during the process.

Objectives for the Plan

To ensure all partners/stakeholders are aware of the development of the PNA and kept informed about progress up to the publication date in February 2011.

To keep all independent contractors and trusts providing pharmaceutical services to Croydon patients informed about the PNA and deal with any concerns/queries regarding their current business.

To keep all staff of NHS Croydon and Croydon Community health services informed - particularly those providing pharmaceutical services.

To advise on all communication issues including decisions made as a result of the consultation process.

Key Personnel

Executive Leads

Sue Arnold, Director of Primary Care Commissioning

Peter Brambleby, Director of Public Health

Operational Leads

Barbara Jesson, Community Pharmacy Adviser

Ruth Eager, Primary Care Specialist (Community Pharmacy)

Communication Leads

Kate Radcliffe/Jo Flint, Joint Head of Communications

Concerns and Risks to be Managed

Community Pharmacy

It is likely that the PNA will initially be used to replace the Control of Entry on the provision of pharmaceutical services and will be called “market entry”. Before the PNA is published and used for the first time it will be difficult to envisage how it will influence discussion and decision making at the Contract Management Panel. Community pharmacists currently identify the needs of the community and make a commercial judgment based on potential trade in an area to decide on the viability of a new business. This is also true of the Contract Management Panel who are also able to identify a community (not necessarily the same as the one identified by community pharmacists) and makes a decision on whether they think a pharmacy is appropriate, convenient or if there is sufficient choice in the community. The PNA will provide a clear and transparent process of current service provision and need. Both community pharmacists and NHS Croydon commissioners will gain a better understanding of the gaps in the current service provision in Croydon. Pharmacists will be able to apply to provide a service in areas where pharmaceutical services are identified as under resourced. NHS Croydon will be able to commission enhanced and advanced services in areas where particular health needs have been identified and are a priority.

Competition for Service Provision

Independent contractors often provide the same services as NHS community pharmacists The PNA will document all service provision and service provision opportunities together. There may be conflicting interests where contractors compete to provide the same service.

Secondary Care – Hospital Involvement

The PNA will be used to commission all pharmaceutical services, therefore it is important that all providers of pharmaceutical services are aware and are involved in the development of the PNA The involvement of secondary care organisations in the process (initial and continuing) is key if the PNA is to be used a valid commissioning tool

Key Audiences and Communications Activities

Information to be provided	Information Sought
Key Contacts Key Milestone dates Consultation Process Progress Reports PNA Drafts Reports on consultation	Current provision Willingness to provide services Barriers to service provision Feedback on quality of service Concerns Patient Views

Key Milestones:

April 2010 onwards: Staff and key NHS stakeholder Intranet/poster campaign
 October 2010 onwards: Start of external consultation - External Internet/poster campaign
 February 2011 onwards: Publication

Key message	Desired audience	Why say it?	How do we put the message across?	Responsibility and time lines
NHS Croydon has a requirement to publish a PNA by February 2011. It will eventually be used to determine market entry for community pharmacy and to inform the commissioning and possible decommissioning of pharmaceutical services.	<p>PCT senior managers and stakeholders Management Team PEC Board NEDs</p> <p>Croydon Council Voluntary Organisations</p> <p>All clinicians and independent contractors providing pharmaceutical services.</p>	<p>To fully engage and build awareness among Board/ senior managers of importance of the PNA and how they can lead and support their teams to ensure it s fully taken into account in NHS Croydon commissioning and decommissioning decisions.</p> <p>Community pharmacy will also have a particular interest in how the PNA will be used for market entry.</p>	<p>Poster and leaflet campaign at all NHS bases to raise awareness.</p> <p>Information in Team Brief. Attendance at key stakeholder meetings.</p> <p>Information available on intranet and internet.</p> <p>Information evening for community pharmacists and other interested clinicians and commissioners.</p>	<p>Primary care to produce and circulate posters to all bases together with leaflets explaining the PNA. April 2010</p> <p>Comms team to help the project lead to write and place article in Team Brief (May 2010). Primary care to attend key stakeholder meetings.</p> <p>Primary care to produce Intranet page. Comms web manager to place links on home page and develop web pages. April 2010.</p> <p>Information evening to be organised by Primary Care April 2010.</p>

Key message	Desired audience	Why say it?	How do we put the message across?	Responsibility and time lines
NHS Croydon will gather data on all the pharmaceutical services currently being commissioned in Croydon and in some areas on the borders of Croydon. . Commissioners will provide information on the service and location.	NHS Croydon Commissioners Neighbouring commissioners	To ensure we have the most accurate and up to date information on the pharmaceutical services provided in Croydon.	Questionnaire	Primary Care to produce and circulated (self populated where possible) questionnaire. May/June 2010
NHS Croydon will be undertaking a full public consultation lasting a minimum of 60 days. See note below.	All NHS Croydon staff Commissioners Community Pharmacy and Clinicians providing Pharmaceutical Services LPC and LMC for Croydon and surrounding areas. Neighbouring PCTS and Acute	To raise awareness of consultation process with all partners/stakeholders	Posters and leaflets in all NHS bases and non NHS public areas. Emails and letters to all stakeholder groups. Team Brief Intranet Internet	Comms team will advice on design of consultation posters and leaflets (September 2010) and provide project lead with details of distribution channels October 2010 Primary Care to email and write to stakeholder groups September 2010. Project lead will work with comms team to place article on the consultation in Team Brief September 2010. Primary Care will work with comms web manager to update

Key message	Desired audience	Why say it?	How do we put the message across?	Responsibility and time lines
	Trusts Local Authority and Voluntary organisations		Use of links on their internet sites to ours	pages on intranet – linking to internet. September 2010. Project lead to provide Comms web manager with updates for the website. September 2010 Project lead will work with comms team to contact partners and ask for links to go on their sites. August 2010
	PALS Reception Prescribing Teams and Primacy Care Staff.	To prepare front line staff/ PALs team for calls from patients/members of the public on the PNA	Briefing to staff on the PNA and the consultation process.	Primary Care to provide briefing April 2010 and September 2010.

Note on Consultation

The following stakeholders/partners must be consulted on the content of the PNA.

The Local LPC

The Local LMC

Persons on the pharmaceutical list

LPS chemists

Other dispensers (eg appliance contractors)
Local involvement Network
Other patient, consumer or community groups in Croydon
Croydon Council
Neighbouring PCTs

Patient and Public Involvement Action Plan

There is no requirement to consult the public prior to the formal consultation period. However, there will be engagement with the LINKs and other patient and carer's groups in the community.

The public including individual patients or carers will have their say at the consultation stage.

The PNA consultation documents will be available electronically and in printed format at local libraries and all public locations. The questionnaire will be available electronically or members of the public will be able to ring in and a paper copy sent out.

Pre-planning - being clear about purpose

Why do PPI	Answer	Notes
What is it that I want to know?	Does the PNA accurately reflect the current need for and provision of Pharmaceutical services? Have we accurately identified the areas of under and over provision?	
Why?	Users of services will have a very different perception of provision and access to provision compared to providers.	Our needs assessment may match provision against prevalence but users may choose to access a service outside the area they live. Services may be provided in an area but at inconvenient times.
What will I do with the information once I have it?	The information will be considered as part of the larger consultation process.	
Who is committed to this work? Who is not?		

What scope is there to influence decisions and make changes – be realistic?	The information may be used to reassess pharmaceutical commissioning decisions and priorities. At this stage there will be little scope to identify new service needs. The appropriate forum for this will be through the JSNA and this will be fed back.	Inform potential participants at start of project.
What resources do I have (money, time, skills, people etc)?	There will be resources available to produce promotional material, internet development and signposting and attendance at meetings.	Stakeholder meetings need to be identified. It is unlikely that money would be made available for surveys or focus groups.
Is there anything I must do? (Non negotiable aspects)?	There must be an opportunity for members of the public and representative bodies to comment on the PNA.	
How will I know that I've been successful?	Voluntary groups attend meetings.	
What other information or data exists about this area?		Important to check that secondary data does not already exist.

How will I do PPI	Answer	Notes
Who do I need to involve (eg service users/carers/advocates/user groups/vol orgs/tenants/residents/PPI Forums/Councillors etc)	Voluntary groups and user groups	
How will I involve them (eg meetings/information/focus group/questionnaire etc)	They will be written to and asked to feed back using a standard set of questions plus free text.	
How will I engage with them (eg via existing groups/clinicians/newspaper ads/leaflets/posters etc))	Attendance at their meetings, email and letter to raise awareness. Newspaper ads, posters at key locations (NHS and local authority, CVA etc.)	
How will I support and recompense them (eg incentive scheme/ensuring documents/letters in plain English etc)	Ensuring documents are in plain English. Consider the availability of other languages if requested. Questionnaire available electronically and on paper. Also by phone call – them to us.	
How will I make sure I have a range of views (e.g. contacting the less obvious candidates/people we don't usually engage with)	Ensure the right voluntary groups are engaged.	Need to look at Homeless, travellers, asylum seekers etc and consider how or if we need to engage them.
What will happen as a result of the involvement?	Considered feedback is received.	
How will I feedback to participants?	Through minutes of meeting, progress reports, publication of the PNA and results of consultation.	

Appendix 3 - Stakeholder Engagement Activity

Date	Activity	Stakeholders
28/04/2010	Information Evening	All NHS Croydon GP, CP and Clinical staff, Stakeholder Steering Group Members, Neighbouring PCTs
08/04/2010	Attendance at PBC Board	NHS Croydon and GP representatives
27/04/2010	Launch of Internet Site	Internet Site launched
01/05/2010	Article in Team Brief	All NHS Croydon Staff
01/08/2010	Article in Team Brief	All NHS Croydon Staff
12/07/2010	Attendance at JSNA Board	NHS Croydon & Local Authority Staff
01/09/2010	Article in Prescribing News	All NHS Croydon GP, CP and Clinical staff
02/09/2010	Attendance at Older People's Net Work	Patient Group - Older People
13/09/2010	Attendance at LPC Meeting	Community pharmacists
14/09/2010	Attendance at Protected Learning time	NHS staff
17/09/2010	Attendance at BME network NHS Croydon	NHS Croydon Staff, Mayday Trust, BME Forum, Croydon Council
21/10/2010	Attendance at LINK White Paper Event	Patient and Voluntary Action Groups
27/10/2010	Article in Your Croydon	Homes in Croydon
01/11/2010	Press Release - Local Papers	Croydon Population
08/11/2010	Article in Prescribing News - Issue 17	All NHS Croydon GP, CP and Clinical staff

Date	Activity	Stakeholders
08/11/2010	Presence at Healthy Living Hub	Patients and Croydon Population
11/11/2010	Paper at PBC Board	NHS Croydon and GP Rrepresentatives
30/11/2010	Article for LINK Newsletter	Patient and Voluntary Action Groups
13/12/2010	Consultation Workshop	Community Pharmacists, GPs, stakeholder groups, Patient Group Representatives

Appendix 4 – Stakeholders Consulted Directly

The following table lists those organisations and individuals that were directly consulted.

Organisation
NHS Croydon Primary Care & Commissioning, Medicines Management, Public Health and Commissioning staff.
Croydon Community Health Care Services
Croydon University Hospital
Croydon Council
Croydon LPC
Croydon LMC
Croydon LiNKS
Croydon CVA
NHS Bromley
NHS Surrey
NHS Sutton & Merton
NHS Lambeth
NHS Southwark
NHS Wandsworth
St George's NHS Trust
Guys & St Thomas' NHS Trust
South London & Maudsley NHS Trust
St Helier's NHS Trust
Croydon GP Practices
Croydon Community Pharmacies and Appliance Contractor

Copies of the PNA and consultation questions were emailed to all the organisations listed above. In addition, a number of individuals had requested copies and these were posted. Both the draft PNA and consultation questions were available on the NHS Croydon Internet throughout the consultation period.

Appendix 5 - Community Pharmacy Baseline Questionnaire

Contact Details	
NAC Code	
Name of Pharmacy	
Address 1	
Address 2	
Address 3	
Post Code	
Telephone	
Fax	
Email Address	
NHS Mail Address (generic box)	
Name of Pharmacy Manager	

Premises Details	
Approximate size of floor area covered by the dispensary (square metres)	
Approximate size of floor area covered by the retail section (square metres)	
Date of last premises refurbishment	
Please detail what the refurbishment entailed.	Please tick
Total/partial refit	
New Shop front	
Redecoration	
Others please detail	
Do you have other work planned? – please detail	
Do you have any unused space that could potentially be used for the provision of other NHS services? Please give details of dimensions and access.	

Consultation Area	
Do you have a consultation area	
If so please give approximate size (square metres)	
Please detail facilities in consultation area. There is space for more details.	Please tick
Sink	
Wet floor	
Computer access	
Other Please Specify	

Diagnostic Equipment

Please indicate what diagnostic equipment (if any) you have at the pharmacy detailing brand. For example weighing scales, cholesterol testing, blood pressure monitoring. Please also indicate if you maintenance agreements for the equipment.

Equipment	Brand	Maintenance Agreement (please tick)

Information Technology

Please specify the equipment you have at the pharmacy and indicate if you have a maintenance agreement.

Hardware	Number	Maintenance Agreement (please tick)
How many computers/laptops do you have at the pharmacy?		
How many printers do you have at the pharmacy?		
Do you have a scanner/photocopier?		

Please specify the software you are using and indicate if you have a maintenance agreement.

Software	Maintenance Agreement (please tick)
Windows system (please give version)	

Access	Y	N
Do you have access to the internet?		
If not, is access planned?		
Is access restricted (specified sites only)?		
Are computers/laptops networked?		
Do you have separate lines for	Please tick	
Phone		
Fax		
Broadband		

Staff

Please indicate the number of pharmacists (including regular locums), Pre-registration pharmacists, dispensing technicians, student technicians, qualified and unqualified counter assistants that work at the pharmacy. Detail how many hours they each work. Please also specify any other qualifications or accreditations they may have including any other language skills.

Staff	Hours per week	Additional Qualifications (Including NVQ)	Service Accreditation	Additional Language Skills
Pharmacists				
Pre-Registration Pharmacists				
Dispensing Technicians				
Student Technicians				
Qualified Medicines Counter Assistants				
Other Staff				

Customer Profile

In the future we may wish to target services to specific client groups. In order to do this effectively, we need to have an understanding of the population accessing services at your premises.

In your opinion, what is the approximate demographic make up of your business?	Express as a percentage (approximate)			
	0-25	26-45	46-65	65+
Age				
Males				
Females				
Of ethnic origin				
	Black	Asian	White	Other
Exempt from prescription charges due to low income scheme.				
Customers from out of area (eg commuters)				

Enhanced Services

Pharmaceutical Service Please indicate if you offer any of these services and, for the private services, whether they are offered free of charge or whether a fee is payable. If you do not currently provide a service, please indicate what barriers there might be.		Minor Ailment Service		Needle Exchange		Supervised Admin of Methadone		Supervised Admin of Buprenorphine		Chlamydia Treatment		Chlamydia Screening		Pregnancy Testing		EHC		Smoking Cessation		Anticoagulation		BMI Measurement		Weight Management	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Do you currently provide this service?	through the NHS																								
	privately																								
If you provide this service privately, is a fee payable?																									
If you do not provide this service what are the barriers to provision as you see them. (Please tick more than one if applicable).																									
1. We do not wish to provide this service.																									
2. The premises are not suitable for this service.																									
3. We are waiting for staff to be suitably trained.																									
4. There is no training available.																									
5. NHS Croydon is not commissioning this service from community pharmacy.																									
6. I have expressed an interest but I was not selected.																									
7. I do not have the capacity to provide this service due lack of	Staff																								
	Time																								
	Space																								

Pharmaceutical Service Please indicate if you offer any of these services and, for the private services, whether they are offered free of charge or whether a fee is payable. If you do not currently provide a service, please indicate what barriers there might be.		Advice to Care Homes		Health Checks		Anti T.B. Supervision		OOH Mobile Phone Service		Blood Pressure Monitoring		Cholesterol Testing		Blood Glucose Testing		Diabetes HbA1c & microalbuminuria tests		Truss Measurement & Fitting		Flu Vaccination		Urine Analysis		Allergy Testing	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Do you currently provide this service?	through the NHS																								
	privately																								
If you provide this service privately, is a fee payable?																									
If you do not provide this service what are the barriers to provision as you see them. (Please tick more than one if applicable).																									
1. We do not wish to provide this service.																									
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4. There is no training available.																									
5. NHS Croydon is not commissioning this service from community pharmacy.																									
6. I have expressed an interest but I was not selected.																									
7. I do not have the capacity to provide this service due lack of	Staff																								
	Time																								
	Space																								

Pharmaceutical Service Please indicate if you offer any of these services and, for the private services, whether they are offered free of charge or whether a fee is payable. If you do not currently provide a service, please indicate what barriers there might be.		Prescription Collection		Prescription Delivery		Appliance Use Reviews		Stoma Customisation		Assessment & Compliance Support													
Please add any additional services you provide.		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Do you currently provide this service?	through the NHS																						
	privately																						
If you provide this service privately, is a fee payable?																							
If you do not provide this service what are the barriers to provision as you see them. (Please tick more than one if applicable).																							
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7. I do not have the capacity to provide this service due lack of	Staff																						
	Time																						
	Space																						

Form Completed By _____

Position _____

Signature _____

Date _____

Please return to

Ruth Eager
Primary Care Specialist – Community Pharmacy
NHS Croydon PCT Leon House
233 High Street,
Croydon, CR0 9XT

by 21st June 2010