

Healthwatch Birmingham's response to the consultation on Birmingham's Draft Pharmaceutical Needs Assessment (PNA) 2018

Introduction

Thank you for giving Healthwatch Birmingham an opportunity to comment on the draft Pharmaceutical Needs Assessments (PNA) 2018. Healthwatch Birmingham commends the Birmingham Health and Wellbeing Board for producing a comprehensive PNA. We agree with the assessment that:

- Opening hours and locations for pharmaceutical services are well-spread across Birmingham. However, this will only remain true if there are no closures or downgrades to services during the life of this PNA.
- The Health and Wellbeing Board should consider upgrading MUR and MAS services to 'essential services'. This will align with National Policy and the subsequent changes at the local level. For instance, plans under the NHS Five Year Forward View to integrate Pharmacists into the healthcare system and ensure that pharmacists have a significant role in clinical care. As well as the review of the Urgent Care System which will have implications for pharmacists and their role in managing urgent care demands.
- Patient, public and service user experience and views should inform local commissioning decisions on pharmaceutical services.

Key Concerns

We have the following concerns:

- that some areas in Selly Oak and Edgbaston, have lower per capita access than the Birmingham and West Midlands average. We therefore agree that any pharmacy closures in these areas should be reviewed by the Health and Wellbeing Board, should this occur before the next PNA. In addition, that such a review should involve the public and service users.
- Even though Pharmacies in Birmingham dispense less items per month on average in comparison to West Midlands, conclusions should not be drawn without the appropriate research. Indeed, this may be indicative that there is capacity to accommodate population growth, during the life of the PNA, amongst the current providers. However, we believe that further research into this is needed before drawing this type of conclusion.
- That services providing Dermatology Dispensing and advice to care homes have been decommissioned. This is despite the 2015 PNA considering these to be 'adequate provision' and 'to be developed further' respectively. We look forward to reading more as to why these were decommissioned, a



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consideration of the impact this may have on service users and the planned actions to address this.

- That the provision for Appliance Use Review (AUR) in Birmingham is lower than the England and West Midlands average. In addition, there is no data on how well the public and service users are informed about the current services and the demand for such services. We ask that monitoring of the demand and whether the service is reaching those that could benefit from it, should be carried out during the life of this PNA.
- That Birmingham performs slightly worse compared to the national average for the New Medicines Service (NMS). This is more concerning as Birmingham appears to have the capacity to offer NMS services more widely and offer more NMS consultations each month. We therefore ask commissioners to take heed of the advice in the PNA to use data regarding geographical distribution of the NMS service to support assessment of equity of provision.
- That there are gaps in the provision of the Minor Ailment Scheme and Pharmacy Palliative Care services. We hope to read in the final report plans to address these gaps.

Patient and Public Engagement and Insight

Healthwatch Birmingham welcomes the use of 'Healthwatch Birmingham's Quality Standard' to guide the use of patient and public engagement in developing this PNA. Engaging patients and the public ensures that their insights and experiences informs any decisions taken around services, either changes, improvements or planned closures. We therefore note the inclusion of how information from patient and public engagement has informed the development of this PNA.

However, we believe that patient and public engagement, in any aspect of health and social care commissioning, can only be fully effective if it is tied to the identification, understanding and addressing of health inequalities. We acknowledge that there has been a thorough analysis of the socio-economic characteristics of Birmingham and the potential impact this has on access to pharmaceutical services in this PNA. However, the patient and public engagement section is not clear on how insight and experience from patient and the public have been used to '*identify, understand and address the causes, consequences, impact and interdependencies of health inequalities and barriers to improvement in health outcomes*'.

We believe that the PNA's plans (as discussed in pre-consultation with Healthwatch Birmingham) to develop a strategic approach for patient and public engagement will help the PNA to link engagement to not only improving health outcomes but also to addressing health inequality. As previously stated in our earlier comments, as you move forward in developing a strategic approach for patient and public engagement, we ask that you also consider the following:



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- How and why patients and the public will be engaged;
- Make sure that arrangements for collating feedback and experience are in place;
- Consider and agree the required evidence for each action outlined in the plan;
- Agree metrics for assessing performance (i.e. what does inadequate, requires improvement, Good or outstanding look like?);
- Agree reporting requirements - how will PNA members demonstrate that they are meeting the objectives set out in the engagement plan and the impact engagement activities have had on service change, service improvement, quality of care etc. For instance, will this be reported in annual plans, what reports can you use to demonstrate that engagement is woven through various plans and decision-making procedures?; and
- Agree key responsibilities - for example who is responsible for engagement, or for ensuring that learning from PPI is shared, or who informs patients and the public how their views and experiences have informed decision-making.

Conclusion

We believe that the engagement plan you have set out is a good start and this should be discussed further by the PNA steering committee. Healthwatch Birmingham has a Head of PPI in place, who can offer support in developing and implementing a PPI strategy.

In partnership with other social and healthcare services, pharmaceutical services can help improve the health and well-being of Birmingham residents. Pharmaceutical services can also offer support in the reduction of health inequalities and help meet the vision of STPs around place-based care. The PNA is an important exercise that helps map service provision and the identification of gaps in demand. Healthwatch Birmingham believes that key to this is good patient and public engagement that captures insight and experiences that make services truly person centred.

