

**Pharmaceutical Needs
Assessments – The policy
and health context**

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Context for PNAs

- Pharmacy White Paper – April 2008
- Closely aligned to and anticipating:
 - *High Quality Care for All* (June 2008)
 - *Our vision for primary and community care* (July 2008)
- Taking into account:
 - The Galbraith Review of NHS contractual requirements (April 2007)
 - The All Party Pharmacy Group Report *The Future of Pharmacy* (June 2007)

Why PNAs?

- £8.3bn spend on prescription costs (2008)
- £2.3bn pharmacy funding (2009/10)
- Represents >10% of 2009/10 NHS budget
- Yet estimated 4 - 6% of hospital admissions due to *preventable* adverse drug events
- Adherence: up to 50% of patients not taking medicines as intended

Benefits of PNAs

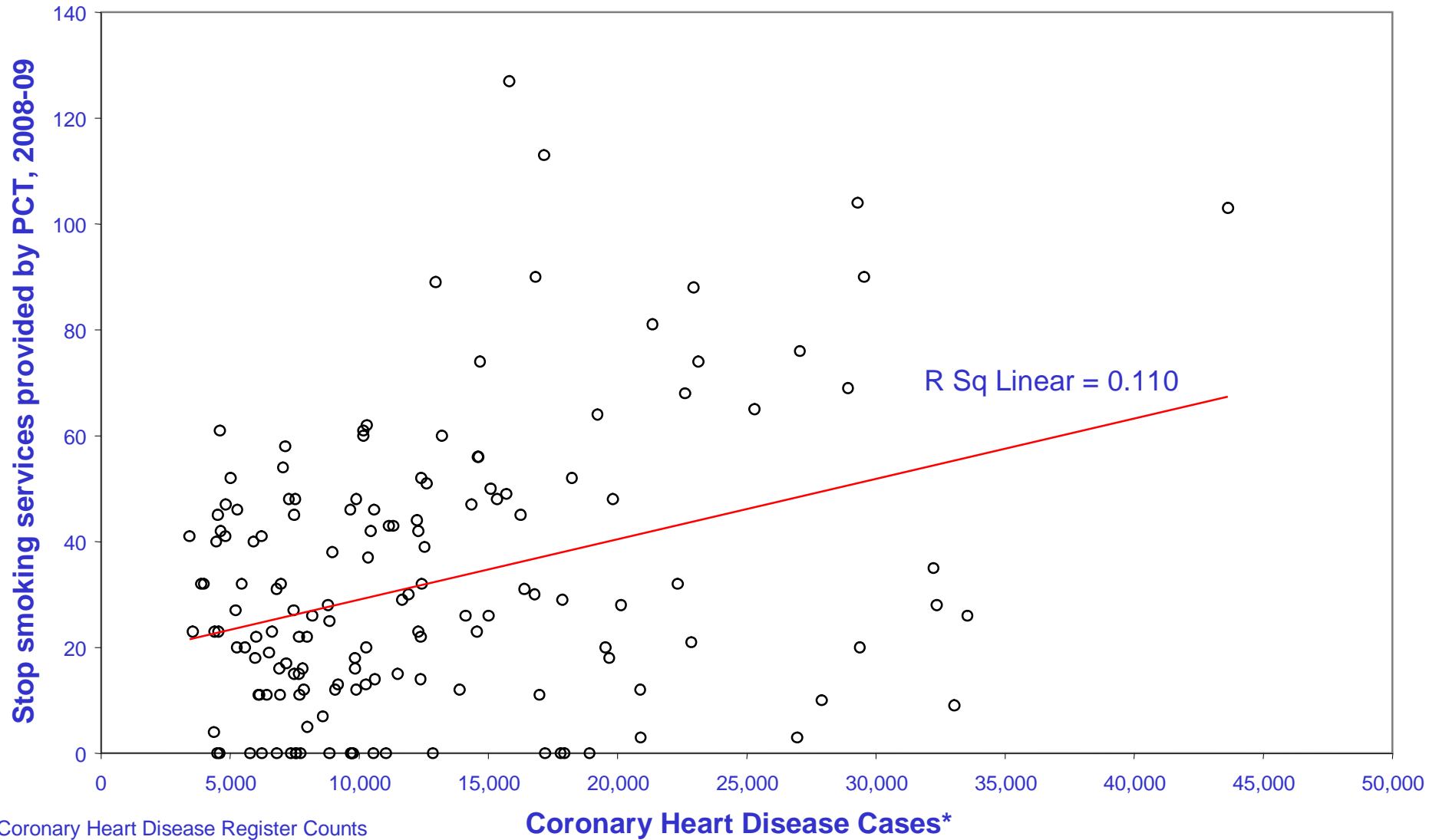
Expected benefits: for the first time, PNAs:

- put public and patients first;
- align pharmacy more closely as integral part of primary care;
- put PCTs in the driving seat for high quality, personal and safe services; and
- enable providers better to respond to local needs with services that work best for their patients and consumers.

So what will PNAs achieve?

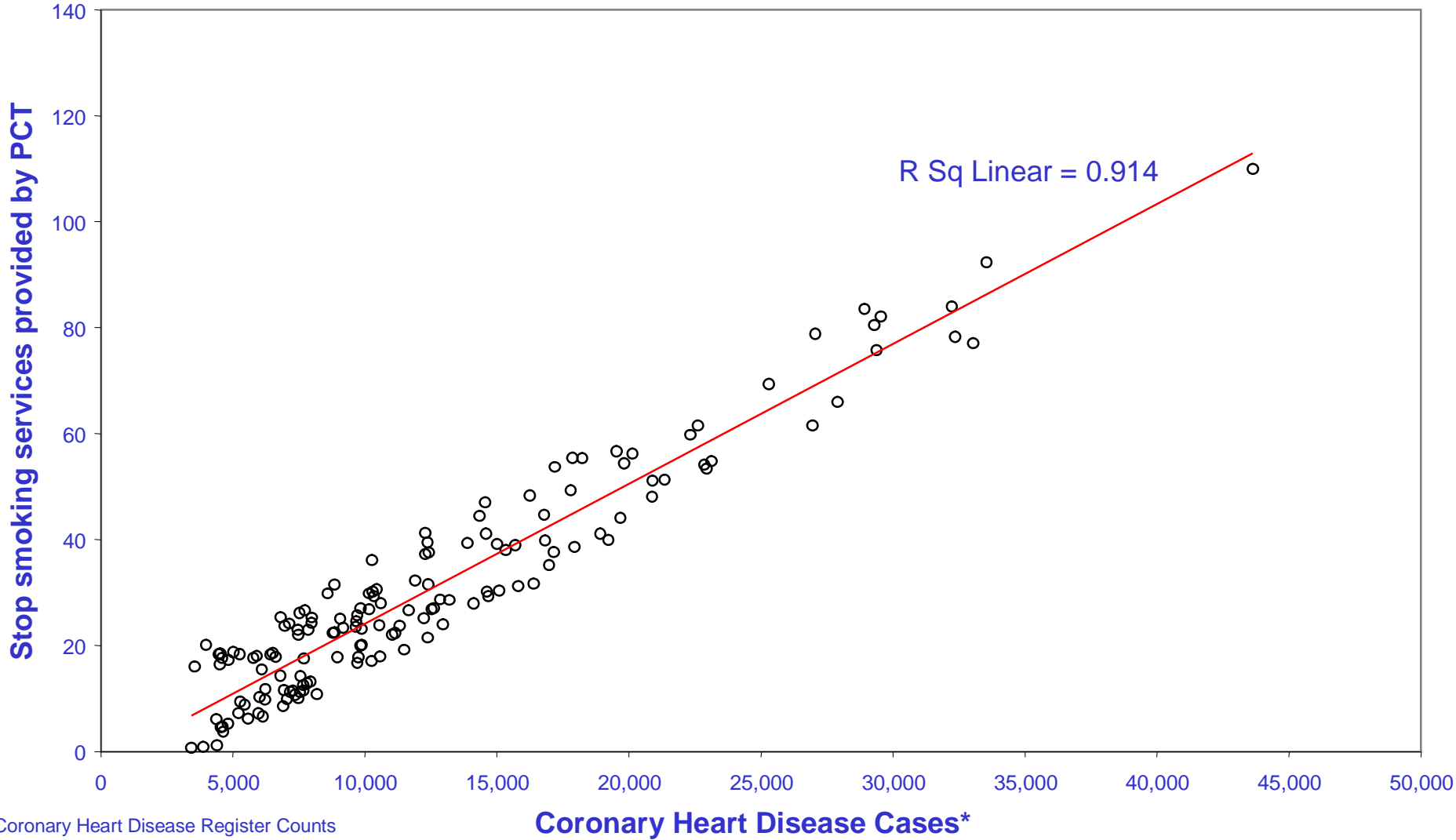
- All PCTs should have one since April 2005
- A robust but flexible commissioning tool
- Sets strategic intent and direction for community pharmacy services
- An integral part of Joint Strategic Needs Assessments and their processes
- Demonstrable stakeholder engagement in development and planning

What stop smoking looks like now



*Coronary Heart Disease Register Counts

What stop smoking might look like



*Coronary Heart Disease Register Counts

Illustrative example of what it might look like with PNAs

So why bother with PNAs?

- Public expenditure account requires £178bn borrowing this year.
- Whilst the 95% of NHS spending that supports patient care will rise in line with inflation in 2011/12 and 2012/13....
- “We should also plan on the assumption that we will need to release unprecedented levels of efficiency savings between 2011 and 2014 – between £15 billion and £20 billion across the service over the three years.” (David Nicholson - May 2009)

How will this be met?

“Our best chance lies in focusing on improving quality and productivity, linked together by innovation driving sustained improvements across the system.”

(David Nicholson “The Year” May 2009)

The Quality, Innovation. Productivity and Prevention programme will support the NHS to meet the challenge - including medicines use and procurement, safe care and right care programmes

Pharmacies should be seen as crucial partners in QIPP plans - well positioned to provide efficient, safe and personalised health care and advice to local communities

Areas covered by the Quality, Innovation, Productivity and Prevention (QIPP) programme

Characteristics of a sustainable system:

Care closer to home

Earlier intervention

Fewer acute beds

More standardisation

Empowered patients

Reduced unit costs



Supporting commissioners to commission for quality and efficiency – e.g. through improved clinical pathways, decommissioning poor value care, tariff reforms

Provider efficiency – supporting providers to respond to the commissioning changes and efficiency pressures by transforming their businesses

Shaping national policy and using system levers to support and drive change e.g. tariff rules, primary care contracting & commissioning

Marmot Review



- Post 2010 Strategic Review of Health Inequalities published February
- Focuses on and reinforces need to tackle root causes of ill health and inequality
- Driving force to reshape healthcare delivery
- For example, on average, men in Kensington & Chelsea live 10 years longer than those in Manchester, Liverpool, Blackpool and Sandwell.
- Women in Kensington and Chelsea live 10 years longer on average than those in Manchester, Liverpool, Blackpool and Halton.

What support is available for PCTs?

- NHS Employers – Developing PNAs as part of world class commissioning (January 2009) then Guidance on undertaking a PNA (July 2009).
- A “How to” commission pharmaceutical services guide – part of the world class commissioning for primary care programme – in March 2009 and a stop smoking exemplar guide in July 2009.
- Continued Primary Care Commissioning involvement and support in coming year to help PCTs deliver this strategic change

Next Steps?

- Final regulations expected to be laid soon
- Guidance revised and published
- Further learning events for PCTs this Spring on PNAs
- To support your action to consult, complete and publish by February 2011
- Demanding but achievable challenge