



Health and Social Care Select Committee Review Scoping Report - 2024/2025

A Single Meeting Review of Pharmacy Services in Hillingdon

1. OBJECTIVES

Aim of the review

At its meeting on 9 October 2024, the Health and Social Care Select Committee elected to undertake a single meeting review of pharmacy services in Hillingdon at its next meeting. This review aims to consider ways in which pharmacy services can further help to alleviate pressure on GPs.

Terms of Reference

The following Terms of Reference are suggested for the single meeting review, subject to any changes agreed by the Committee:

1. to gain an understanding of the services currently provided by pharmacies in Hillingdon;
2. to understand how pharmacy services are commissioned and by which organisation;
3. to review the current availability of support for pharmacies;
4. to establish what services have already been commissioned from pharmacies to alleviate pressure from GPs and identify how successful this change has been in achieving its objective;
5. to explore the possibility of pharmacies providing additional services to alleviate the pressure on GP; and
6. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

2. BACKGROUND

Context and Key Information

Pharmacies (also known as chemists) are healthcare facilities where medicinal drugs are prepared, dispensed and sold. These establishments serve as crucial points of access for individuals seeking medications, health advice and various pharmaceutical services. Managed by licensed pharmacists, pharmacies ensure the safe and effective use of medication, adhering to regulatory standards and professional guidelines.

Healthcare commissioning is the process by which the health needs of a population are assessed, the responsibility is taken for ensuring that appropriate services are available to meet these needs and the accountability for the associated health outcomes is established. Since April 2013, a number of commissioners have had a role in commissioning services from community pharmacies. The following general rules apply, but there are grey areas which may result in local variation on which commissioner takes a lead in commissioning a service:

- Local NHS England teams - commission all services in the NHS Community Pharmacy Contractual Framework (CPCF), i.e. Essential, Advanced and Enhanced Services. Other commissioners cannot commission these services from community pharmacies. Enhanced Services are those pharmaceutical services that are listed in [The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#). Other commissioners may choose to commission some of these Enhanced Services from community pharmacies, but they would be classed as locally commissioned services and not Enhanced Services.
- Local Authorities - have responsibility for commissioning a wide range of services, including most public health services and social care services. The following public health services provided by community pharmacies would be commissioned by local authorities:
 - Supervised consumption;
 - Needle and syringe programme;
 - NHS Health Check;
 - EHC and contraceptive services;
 - Sexual health screening services;
 - Stop smoking;
 - Chlamydia testing and treatment;
 - Weight management; and
 - Alcohol screening and brief interventions.

LAs will use their own contracts or the standard public health contract to commission services from community pharmacies. There are a small number of circumstances where a public health service is commissioned by another organisation, e.g. NHS England commissions vaccination services from GPs, community pharmacies and other providers. There may also be circumstances where ICBs may wish to be involved in commissioning a public health service, due to the impact the service may have on the development or management of long-term conditions. This may involve co-commissioning a service, which is likely to happen on a more regular basis as a result of the full introduction of [the Better Care Fund](#) in 2015/16.

Community Pharmacy England believes that some public health services which are widely commissioned at a local level could be more effectively and efficiently commissioned within the national Community Pharmacy Contractual Framework (CPCF). However, the Government's localisation agenda and the current commissioning landscape, where NHS England commissions the CPCF but LAs hold funds for public health services, means that it is unlikely that such services could be commissioned via the national CPCF in the near future.

- Integrated Care Boards - the services that the ICB commissions include planned hospital care, rehabilitative care, urgent and emergency care (including out-of-hours and accident and emergency services), most community health services, maternity services, mental health and learning disability services. From community pharmacy, ICBs may wish to commission services such as minor ailments services and palliative care schemes.

What Services are Provided at Pharmacies?

Pharmacies offer a wide range of services beyond the mere dispensing of medications. Key services include:

- Prescription Dispensing: Preparing and providing prescribed medications to patients.
- Over-the-Counter (OTC) Sales: Supplying non-prescription medications and health products.
- Health Advice and Consultations: Providing guidance on the safe use of medications, managing minor ailments and preventive health measures.
- Vaccinations: Administering immunisations for flu, COVID-19 and other preventable diseases.
- Medication Reviews: Conducting thorough reviews of patients' medication regimens to ensure safety and efficacy.
- Health Screenings: Offering services such as blood pressure monitoring, cholesterol checks and diabetes screenings.
- Emergency Contraception: Providing access to morning-after pills.
- Smoking Cessation Programmes: Supporting individuals in their efforts to quit smoking through counselling and nicotine replacement therapies.

The cost of commissioning pharmacies can vary significantly based on the scope of services provided, the geographical location and the contractual agreements in place. In the UK, the NHS allocates a substantial budget to community pharmacies, covering dispensing fees, service payments and additional reimbursements for specific health programmes. Precise financial figures are often determined through detailed budget planning and negotiations between healthcare authorities and pharmacy representatives.

What is the Local Pharmaceutical Committee (LPC)?

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC) – there are around 55 LPCs throughout England. The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with NHS England Area Teams, ICBs, local authorities and other healthcare professionals to help plan healthcare services.

The LPC negotiates and discusses pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. LPCs liaise closely with their medical equivalent the Local Medical Committee so that GPs and pharmacists can work together to deliver services to patients. LPCs also work closely with Local Dental Committees (LDCs) and Local Optical Committees (LOCs).

What is a Pharmaceutical Needs Assessment?

Pharmaceutical Needs Assessments (PNAs) have been in place for 10+ years and provide a comprehensive evaluation process that determines the local needs for pharmaceutical services within a specific area or population. It aims to ensure that the provision of these services aligns with the healthcare needs of the community. PNAs are particularly crucial for healthcare planners, policymakers and service providers as they help in the strategic planning and development of pharmacy services, ensuring that resources are utilised effectively and efficiently.

One of the primary objectives of a PNA is to identify gaps in existing pharmaceutical services. This involves assessing the availability, accessibility and quality of current services and determining whether they meet the population's needs. By highlighting these gaps, PNAs provide a foundation for developing strategies to address unmet needs, improve service delivery and enhance patient outcomes. It should be noted that a gap in existing pharmaceutical services was identified some time ago in the Heathrow Villages as, although geographically close, the pharmacies located in the airport terminals are not accessible for residents.

A PNA serves as an essential tool for healthcare commissioners and providers, guiding the development and commissioning of new services or the modification of existing ones. It ensures that decisions are evidence-based, taking into account the specific needs of the population, demographic changes and emerging health trends. This targeted approach helps in optimising resource allocation and improving the overall efficiency of healthcare delivery.

How Do Pharmacies Alleviate Pressure on GPs and What Else Could be Done

Pharmacies play a critical role in alleviating demand pressures on GPs by:

- **Managing Minor Ailments:** Providing treatment and advice for minor health issues, reducing the need for GP consultations.
- **Offering Preventive Services:** Administering vaccinations and health screenings, thereby preventing more serious health issues that would require GP intervention.
- **Medication Management:** Conducting medication reviews and ensuring proper medication use, thus preventing complications that might necessitate a GP visit.
- **Health Education:** Educating the public on health maintenance and disease prevention, which helps reduce the incidence of illnesses that would burden GPs.

Pharmacies have the potential to further reduce the demand pressure on GPs by expanding their scope of services. Potential areas for enhancement include:

- **Chronic Disease Management:** Taking on a greater role in managing chronic conditions such as diabetes, hypertension and asthma through regular monitoring and patient education.
- **Advanced Clinical Services:** Providing more advanced clinical services such as minor injury treatment, thus diverting cases that do not require a GP's expertise.

- Telehealth Services: Implementing telehealth consultations to offer advice and support remotely, thereby increasing accessibility and convenience for patients.
- Collaborative Care Models: Working closely with GPs and other healthcare professionals to deliver integrated care plans that optimise patient outcomes and resource utilisation.

Executive Responsibilities

The portfolio Cabinet Member responsible is Councillor Jane Palmer.

3. EVIDENCE & ENQUIRY

Potential witnesses (including service users)

Witnesses will be identified by the Committee in consultation with relevant officers and may include:

- Service users
- Local Pharmaceutical Committee
- North West London Integrated Care Board
- Kelly O'Neill, Interim Director of Public Health, LBH
- Dr Ritu Prasad, Chair of Hillingdon GP Confederation
- Keith Spencer, Managing Director, Hillingdon Health and Care Partners
- Lisa Taylor, Managing Director, Healthwatch Hillingdon

Lines of Enquiry

Lines of enquiry can be expanded as the review progresses or included in relevant witness session reports. However, lines of enquiry may include:

1. What community pharmacy services are currently commissioned in Hillingdon?
2. How do services provided by pharmacies in Hillingdon alleviate the pressure on GPs?
3. Are the current pharmacy services being used as well as they could be by residents? If not, how could this be improved?
4. What additional services could be provided by pharmacies to alleviate pressure on GPs?
5. How is the quality of service provision monitored and what action is taken in response to concerns about quality and complaints?
6. What is the service user experience in relation to the availability / accessibility of services?
7. How is the scope of provision geographically located and does this meet

Surveys, site-visits or other fact-finding events

Such opportunities will be identified as the review progresses.

Future information that may be required

Further information may be identified as the review progresses.

4. REVIEW PLANNING & TIMETABLE

Proposed timeframe and milestones for the review:

Meeting Date	Action	Purpose / theme
12 November 2024	Agree Scoping Report / Single Witness Session	<ul style="list-style-type: none">• Information and analysis• To discuss key findings and identify potential recommendations
23 January 2025	Approval of draft final report	Proposals – agree recommendations and final draft report to Cabinet
13 March 2025	Final report to be presented to Cabinet	

Resource requirements

The review will be undertaken within existing resources.

Equalities impact

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. There are no equality impact issues relating to the matters set out in this report. When analysing information on victims, offenders or location of crime and ASB generally, the protected characteristics are recorded, analysed and disproportionate trends identified when planning the appropriate strategic and operational intervention.

Background Papers / further reading

None.