



Bath and North East Somerset Local Involvement Network

Report to B&NES Healthier Communities and Older People Overview & Scrutiny Panel, 18 January 2011

1. LINK's Relationship with Care Quality Commission

In anticipation of the strengthened role of public involvement proposed in the Health White Paper, the LINK has held discussions with the Care Quality Commission, and is planning regular future meetings with them over the next year as the arrangements for Local HealthWatch are developed. In line with the White Paper proposals, the CQC and the LINK are seeing this as a key relationship for the future.

2. Urgent Care Review

The LINK continues to be involved in the Urgent Care Redesign Group. At the last meeting, the Group accepted the need for the changes for the Riverside Walk-In Health Centre. The changes being proposed by the Group to the PCT Board are:

- The removal of some non-urgent services;
- Changing opening-hours to avoid duplication of cover with Out-of-Hours services;
- Reorganising the Walk-in-Centre to provide a true "walk-in and wait" service, without a need for prior appointments.

We also commented on a questionnaire designed to be given to patients who have been transferred from A&E to the B&NES Emergency Medical Service (BEMS) as part of the out-of-hours pilot.

3. Pharmacy Services Review

All PCTs are required to produce Pharmaceutical Needs Assessments for their populations, describing the current provision and identifying any future needs in the area. As a part of this, they must consult with appropriate local organisations and stakeholders. The LINK made the following comments as a response to this consultation:

(i) Public Awareness and Accessibility

- Community Pharmacists are highly skilled, and represent an under-utilised resource. Greater public awareness of this resource is essential, and the public should be encouraged to view these professionals as a part of the overall primary

care teams. Change is needed to the public's reluctance to question and challenge primary care professionals, so that patients can fully understand the treatment they are receiving. We think that there should be concerted publicity for this.

- Consultation Rooms must be available wherever local premises arrangements make this possible.
- Shop premises and consultation rooms should be fully accessible for the disabled and for wheelchair-users wherever local circumstances allow, although we recognise that there are difficulties in full DDA compliance in some older premises.

(ii) Availability of Services and Opening Hours

- Much more attention is needed to public knowledge of Pharmacy opening-hours. Each Pharmacy should clearly display its opening-hours in its window, and this should also show the location of the nearest dispensing point when it is itself closed (or at least show where this information can be obtained at any time of day or night).
- GP surgeries should also show information on local pharmacy locations and opening-hours. Out-of hours GP services, including Locum doctors, should always give patients information on how urgent medication can be obtained at any time.
- Careful consideration should be given to the overall availability of Pharmacy services, including throughout weekends. Patients' needs do not confine themselves to normal business hours, and, sometimes, people will be in great need of pain relief or other medication, for example on Sundays. We feel that in these days of 24-hour bank services, shopping facilities, etc, a critical service such as the supply of urgent medication should be available in the same way. There is little point in having 24-hour emergency GP services, if prescribed medication cannot also be obtained.
- Delivery Services – the LINK appreciates that delivery services for prescribed medication are currently operated on a “good-will” basis by retail pharmacies, and that this provision is a commercial consideration for them. However, PCTs now have the power to commission additional services such as these, and NHS B&NES should consider expanding the current provision of such services to the public on a commissioned basis.

(iii) Geographical Considerations

- The fact that some people do not have access to cars should be an important decision in deciding the geographical distribution of pharmacy outlets. Public transport can also be poor or non-existent in rural areas. Some people are exempt from prescription charges on income grounds, and for them, even if they do have cars, or access to public transport, the costs of travel to collect medication can be prohibitive. These problems could be addressed jointly with the issue of the availability of delivery services already noted.
- For many of our members, and particularly for less mobile people, the availability of car-parking close to Pharmacies is an important consideration.

(iv) Medicine User Reviews

- Many people do not know about these, and we feel that they should be prominently publicised in Pharmacies. We assume that there is coordination between Pharmacists and GP Practices in the review of medication.

(v) Information Technology

- Are Pharmacists' electronically linked to GP Practice records?

4. Head & Neck Services Review

Joan Bayliss of the Bristol LINK has been representing all local LINKs on the Independent Panel of the Head & Neck Services Review. The B&NES LINK considered the recommendations of the Review at its November meeting, and expressed its support for the proposal of a "hub and spoke" model of service, with UH Bristol as the hub. This will be considered by the HOSP later in the meeting, and Joan will be present.

5. Excess Winter Mortality in Bath & North East Somerset

The LINK continues to engage with the PCT's Public Health Department in the effort to explain the uniquely high rates of unexpected winter deaths in Bath & North East Somerset. We met with Professor Philip Milner on 3 December, and made some suggestions on further lines of enquiry. We hope to continue our involvement in this important piece of work.

Diana Hall Hall
Chair, B&NES Local Involvement Network
23 December 2010