

Meeting:	Health and wellbeing board
Meeting date:	15 May 2018
Title of report:	Pharmaceutical Needs Assessment 2018-21
Report by:	Director of public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards); affected

Purpose and summary

To approve the Pharmaceutical Needs Assessment (PNA) 2018-2021.

One of the statutory functions of the Health and Wellbeing Board (HWB) is to publish a PNA every three years. The last PNA was published in April 2015. There are no substantive differences in the findings of the two PNAs. The key finding of the two PNAs is that pharmaceutical provision across Herefordshire has been adequate in meeting the needs of the population.

This report aims at ensuring the PNA is used to inform the strategic planning and commissioning of pharmaceutical services by NHS commissioners and health and wellbeing services by the council, CCG and other stakeholders.

Recommendation(s)

That:

- (a) the 2018-2021 Pharmaceutical Needs Assessment (at appendix 1) be approved; including the specific recommendations that:
- (b) NHS commissioners ensure
 - i. Public facing information is up to date and timely additions of Bank Holiday rota arrangements are produced and communicated to the public through a variety of media.
 - ii. Pharmacies complete their full quota of Medicine Use Reviews (MURs) and optimise New Medicine Services (NMS) through closer working at locality level by linking in with the development of Primary Care Home.
- (c) Public health commissioners ensure
 - iii. The pharmacy based flu vaccination service continues to contribute to increasing the uptake of the flu vaccination in target groups, including an opportunity for a domiciliary / home based service.
 - iv. There is no reduction in the service provision of Emergency Hormonal Contraception (EHC) services, stop smoking, needle exchange or supervised consumption services, for which detailed patient outcomes provide evidence of appropriate management of these groups.

Alternative options

1. There are no alternative options. Herefordshire Health and Wellbeing Board has a statutory responsibility to publish the PNA every three years.

Key considerations

2. Pharmaceutical services is the term used to describe the dispensing of medicines and prescription appliances, the promotion of healthy lifestyles and self-care or certain locally-specific services commissioned directly by NHS England. These services can be provided in a variety of settings including community pharmacies, dispensing GP practices, or those contracted by the NHS to dispense appliances such as incontinence aids.
3. Community pharmacies are based in the heart of local communities, in rural as well as urban areas, where people live, work and shop. With the significant contribution that community pharmacies can make to improving healthcare, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. The PNA helps to achieve this and highlights the pharmaceutical needs of people of all ages.

4. The PNA for Herefordshire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Joint Strategic Needs Assessment (JSNA). This PNA does not duplicate those detailed descriptions of health needs, but should be read alongside the JSNA.
5. The pharmaceutical services delivered by Herefordshire contractors, namely 27 community pharmacies and 10 dispensing GP practices, have been evaluated. Opening times, services provided and locations have been summarised under the essential, advanced and enhanced elements of the NHS core pharmacy contract, alongside other locally commissioned services. Public and service user views have been sought, with 311 responses from a public questionnaire on pharmaceutical services.
6. The PNA has not identified any needs for any new NHS pharmaceutical service providers that cannot be met by the existing 27 pharmacy and 10 dispensing practice contractors, over the next three years of this PNA. Any improvements, such as better access, would be best addressed in the first instance through working with existing contractors, possibly on a locality basis to consolidate services.
7. Herefordshire has a number of housing developments planned, but taking the scheduled progress of these into account, there is capacity through existing providers to accommodate the pharmaceutical needs of patients within the time frame of this PNA. However, pharmaceutical services in Hereford city south and Ledbury in particular, will need to be monitored closely, as housing developments progress. Provision of a seven day service by primary care will need to carefully monitor extending further opening hours of existing pharmacy and dispensing GP contractors. To support this aspect in particular, there will be a need for NHS England to update the Determination of Rurality reference document, which defines the locations where dispensing GP practices can provide a limited dispensing service to eligible registered patients only and where patients receive pharmaceutical services from a community pharmacy.
8. The PNA concludes that the assessment made in terms of accessibility, locations and population density suggest that there is satisfactory access to NHS pharmaceutical services. The geographical mapping of pharmaceutical service provision highlights that most services are located and delivered in the most densely populated areas of the county. In the main, these are also areas with the highest level of socio-economic deprivation and ill-health. Areas not within a one and five mile buffer zone from a pharmaceutical provider (representing the walking and driving distance respectively), are largely considered uninhabited and rural and correlate well with current pharmaceutical provision.
9. A number of specific recommendations are made for commissioners to develop pharmaceutical services, which are in line with HWB and Sustainability and Transformation Partnership priorities. These include:
 - Ensuring public facing information is up to date and timely additions of Bank Holiday rota arrangements are produced and communicated to the public through a variety of media.

- Pharmacies need to complete their full quota of Medicine Use Reviews (MURs) and optimise New Medicine Services (NMS) through closer working at locality level by linking in with the development of Primary Care Home.
- Ensure that the pharmacy based flu vaccination service continues to contribute to increasing the uptake of the flu vaccination in target groups, including an opportunity for a domiciliary / home based service.
- No reduction in the service provision of Emergency Hormonal Contraception (EHC) services, stop smoking, needle exchange or supervised consumption services, for which detailed patient outcomes provide evidence of appropriate management of these groups.

Community impact

10. The PNA provides an overview of provision of pharmacy services across Herefordshire. It informs the strategic planning and commissioning of pharmaceutical services by NHS commissioners. It also informs the strategic planning and commissioning of public health services and spatial planning.
11. The NHS constitution, the Herefordshire Clinical Commissioning Group constitution and the council's constitution all contain commitments to transparency, accountability and principles of good corporate governance. Being clear about the reasons for decisions is a key element of these shared principles and the PNA provides this underpinning data.
12. Health and council commissioners also share a duty to ensure that public resources are used to best effect; a sound evidence base on which resource allocation can be made is essential.

Equality duty

13. One of the purposes of the PNA is to inform commissioners of the existing inequalities across various sections of the community and to enable them to commission services that are equitable and accessible.

Section 149 of the Equality Act 2010 imposes a duty on the council and NHS to have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic (disability being one such characteristic) and persons who do not share it.

Public health programmes / services aim to identify and support those who suffer from or are at a high risk of developing physical and mental health problems. Continued improvement and development of these programme / services will support the council in discharging its duty under the Act and will help deliver the three aims of the duty:

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Resource implications

14. The PNA has no direct financial implications for Herefordshire Health and wellbeing board, but its findings are intended to play a significant role in guiding the allocation of resources by all partners in their commissioning plans.

Legal implications

15. The Health and Social Care Act 2012 provides that local councils have a statutory duty to improve the health of their population. The PNA is instrumental in enabling partners to discharge this duty. The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to Health and Wellbeing Boards. Under section 128A of the Act the Health and Wellbeing Board must assess needs for pharmaceutical services in its area and publish a statement of its first assessment and of any revised assessment.
16. Regulation 4 and Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2012 outline the minimum requirements for PNAs and Regulation 8 provides the requirements for consultation on PNAs.
17. **Regulation 8 of the 2013 Regulations provides the following with regard to consultation:**
 - (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—
 - (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
 - (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
 - (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
 - (f) any NHS trust or NHS foundation trust in its area;
 - (g) the NHSCB; and
 - (h) any neighbouring HWB.
 - (2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.
 - (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
 - (a) must consult that Committee before making its response to the consultation; and

(b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

Risk management

19. In the absence of a robust PNA, decisions on the allocation of resources would be based on a weaker evidence foundation, such that these might not be directed towards the areas of highest priority.
20. Impact of new housing developments on the provision of community pharmacies will be monitored by NHSE and CCG.

Consultees

21. Herefordshire CCG, 2gether NHS Foundation Trust, Wye Valley NHS Trust, and Herefordshire Carers Support through the JSNA Steering Group.
22. A PNA Public Survey was undertaken between 26 September and 12 November 2017. This was open to all those who might use pharmacies asking their views and experiences in order to assess whether the current provision is meeting the needs of the population. A separate survey was undertaken at the same time asking professionals (community pharmacists and dispensing GP practices) for their views. This public, patient and service user engagement process revealed a high level of satisfaction on the part of respondents and has been incorporated into the draft PNA.
23. A 60 day statutory public consultation on the draft PNA commenced on 5 March 2018 and will be ending on 4 May 2018. All comments to date have been addressed and the results have been presented in appendix H.

Appendices

Appendix 1 – PNA Executive Summary

Appendix 2 - Pharmaceutical Needs Assessment 2018-2021

Appendix A - PNA Community Pharmacy Questionnaire

Appendix B - Dispensing Doctors Questionnaire v1.2

Appendix C - PNA - Non-NHS Services and Willingness to Provide Services in the Future

Appendix D - Pharmaceutical Needs Across the Lifecourse

Appendix E - PNA dispensing doctors opening hours 2017

Appendix F - Community pharmacy dispensing practice Topline report

Appendix G - PNA Consultation questionnaire response form

Appendix H - PNA Consultation response

Background papers

None identified