

Title of report: Report on Herefordshire Pharmaceutical Needs Assessment

Meeting: Health and Wellbeing Board

Meeting date: 26 September 2022

Report by: Emma Lydall (Public Health Registrar)

Classification

Open.

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

This report seeks the approval of members for the publication of the 2022 Herefordshire Pharmaceutical Needs Assessment (PNA) on 1 October 2022 (the statutory deadline). The statutory 60-day consultation period for this PNA ends on 29 September 2022. This will be subject to any amendments in relation to responses that may be received in the final days of the consultation period.

Recommendations

That:

- a) Members note the PNA consultation responses received to date.**
- b) Members are asked to note the consultation responses received to date (Appendix 1) and to delegate final approval for publication to the PNA working group, subject to any minor or technical amendments recommended by the working group.**

Alternative options

1. There are no alternative options. It is a statutory requirement of the Health and Wellbeing Board to publish a PNA on a 3-yearly basis.

Key considerations

2. The PNA provides an assessment of the current provision of pharmaceutical services across Herefordshire and whether this meets the needs of the population, identifying any potential gaps in service delivery.
3. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 state that Health and Wellbeing Boards (HWBs) must produce their first PNA by no later than 1 April 2015, and every 3 years thereafter. The last Herefordshire PNA was published in March/April 2018. However, in light of the COVID-19 pandemic, NHS England has extended the publication deadline to 1 October 2022.
4. The development of the 2022 PNA was achieved through various engagement activities to ensure input from key stakeholders, including:
 - a. Regular working group meetings
 - b. Distribution of public questionnaires
 - c. Distribution of contractor questionnaires
 - d. Formal consultation with statutory consultees
5. It has been assessed that there is currently sufficient provision of pharmacies and dispensing GP practices in Herefordshire, delivering essential pharmaceutical and dispensing services. There are 27 pharmacies and 10 dispensing GP practices, serving a mixed urban and rural population of 193,615 people. This equates to one pharmacy per 7,171 people, compared to the England average of one pharmacy per 5,056 people. When GP dispensing practices are included the gap with England is reduced, with one contractor per 5,233 people compared to one contractor per 4,605 people in England.
6. Travel time analysis indicates good access to services by car (the entire population of Herefordshire lives within a 20-minute journey by car to a pharmacy or GP dispensing practice) around 64% of the total population of Herefordshire live within a 30 minute walking distance of a pharmacy or GP dispensing practice. 66% of the population can access a community pharmacy or dispensing practice within 45 minutes by public transport on a weekday morning, but this proportion is reduced on weekends. On Sundays 7 of the 27 pharmacies in the county are open.
7. The Pharmacy Services Public Questionnaire was published online from 10 November 2021 until 31 January 2022, and asked people who use the services about their experience. From Herefordshire, there was a total of just 181 responses. Views expressed by this small self-selected sample are not representative of the wider Herefordshire population. For example, males, younger adults, unemployed adults and those living in rented accommodation are under-represented. Recommendations cannot be made exclusively on the basis of this survey. However, it is important to utilise this data to assess congruence with needs identified via other data sources.
8. A large majority of public survey respondents find accessing pharmacy services easy in terms of communication, accessibility of building and distance. However, respondents noted 'some issues' or 'significant difficulties' with access in terms of parking (32%), opening times (36%) and public transport (40%).

9. Most public survey respondents used pharmacies to obtain advice on buying over-the-counter medicines. However, they reported that they usually get advice about health, lifestyle and disease prevention from the internet or GP practice, despite 83% being aware that pharmacists can provide this.
10. Respondents were asked to rate their confidence in their pharmacy team's advice and knowledge of services. The services that respondents had the highest levels of confidence in were: prescribed medicines (79%) and OTC medicines (68%). Respondents had the lowest levels of confidence in the pharmacy team's advice and knowledge relating to healthy lifestyle services (41%). However, this data should be treated with caution since the survey made no distinction between dispensing and community pharmacies. Data may have been taken from respondents using a dispensing practice where there is no access to this advice.
11. The 2018 PNA made suggestions for potential future services that would optimise the ability of pharmacies to meet local health needs. A number of these suggestions have now been supported by national plans, some have been developed via local initiatives, whilst others have not been developed further (see appendix 2, table 12, page 80). The COVID-19 pandemic is likely to have affected progress in some areas.
12. The 2022 recommendations are based on a consideration of progress against the 2018 recommendations, mapping of current services, public feedback (via the survey), and the health needs of the population (identified using the Joint Strategic Needs Assessment and The Office for Health Improvement and Disparities regional profile).
13. A summary of the 2022 PNA recommendations is given below:

Recommendation	Who
Pharmacies should work with partners in the system to reduce vaccine inequalities, promoting the flu vaccine offer, particularly in deprived communities. Pharmacies should also contribute to other vaccination programmes.	Pharmacies PCNs Taurus Healthcare Local Authority Public Health Team
Flexibility around opening hours should be considered, including the option of extending existing contractors' opening hours on a locally commissioned rota basis.	Pharmacies Pharmacy Commissioning Lead
Encourage secondary care based pharmacy colleagues to begin to incorporate Discharge Medicines Services into their discharge processes. The focus should be on discharges for frail patients, those on high risk medicines and those whose primary diagnosis is shown to be a frequent cause of readmission before 30 days.	ICB/ICS and system partners
Pharmacies in areas of deprivation should be particularly encouraged to implement and promote blood pressure checks.	Pharmacies
Formation of a network of pharmacy Health Champions should be explored, in partnership with the local public health team. This could be utilised to achieve improved and consistent practice to maximise the health promoting role of community pharmacies.	Local Authority Public Health Team Integrated Care System (ICS) Pharmacy Lead for Herefordshire Local Pharmaceutical Committee
Clear pathways need to be established for the disposal of all sharps and waste medicines as part of a redefined service.	Pharmacy Commissioning Lead
Volunteer efforts initiated during COVID-19 lockdowns, to facilitate pharmacy access for those living in rural communities should continue where possible under the responsibility and discretion of the pharmacist/pharmacy.	Talk Community Local Authority Public Health Team

Ensure that pharmacies have access to up-to-date information about non-medical service directories, for example, social prescribing. Pharmacies should also be aware of key local issues such as fuel poverty, domestic violence and mental health.	Local Authority Public Health Team Health Champions Network
If child oral health is not identified as a national priority, local resource should be provided to enable pharmacies to give this support and advice on a voluntary basis.	Local Authority Public Health Team Health Champions Network
Consider increasing the availability of commissioned services such as: <ul style="list-style-type: none"> • weight management • pharmacotherapy and behavioural support for smoking cessation • NHS Health checks • This would reduce geographical barriers to these services and provide more convenient one-stop support, particularly in deprived communities. • Diabetes prevention programme 	Commissioners across the system
Consider and further explore the availability and use of translation services in pharmacies. NHSE do not currently commission translation services for pharmacies to access. This is important now and will become more important as more clinical services develop and our populations change.	PNA Working Group (see below)

14. It will be important to ensure that the findings of this PNA are acted upon, with clear governance in place on their review. We suggest that the HWB review progress annually, and that a Herefordshire PNA Working Group is set up to explore further and progress the findings and recommendations from this PNA. This working group will work closely with a proposed Worcestershire PNA Working Group, to be discussed at the Worcestershire Health and Wellbeing Board on 27 September 2022.

Community impact

15. The PNA will be used by NHS England to consider applications to open new pharmacies, or to commission additional services from pharmacies. Local commissioners may also use information and evidence contained within the PNA to commission additional services from community pharmacies.

16. The pharmaceutical service in Herefordshire is provided by a variety of contractors that are appropriately located to meet the needs of the vast majority of the population. However, it is clear that the role of community pharmacies in preventing ill-health and supporting self-care could be strengthened through the existing pharmacy contractor base.

17. All pharmacies in Herefordshire are now Healthy Living Pharmacies (HLPs), ensuring that pharmacies have a workforce with the skills and opportunity to make an important impact on the health and wellbeing of the communities they serve.

18. Currently, the ratio of pharmacies to population is lower in Herefordshire than England and Herefordshire has a growing older population with greater need of these services. Services need to be aware of these changing demographics. Commissioners must also ensure that any additional services do not compromise the availability and quality of essential services.

Environmental Impact

19. The recommendations in this report would not have a significant environmental impact. However, ensuring adequate provision of pharmaceutical services promotes good stewardship of medicines. Medicines account for 25% of NHS greenhouse gas emissions.

Equality duty

20. The detail in the PNA pays due regard to this duty and the recommendations seek to deliver appropriate support for those who share protected characteristics.
21. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
22. A public authority must, in the exercise of its functions, have due regard to the need to –
- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Resource implications

23. Accepting the recommendations does not have direct resource implications. Commissioners will need to consider the recommendations in light of other budget priorities.

Legal implications

24. The Health and Social Care Act 2012 places a statutory duty on the council to improve the health of their population. The PNA is instrumental in supporting the discharge this duty.
25. Under s128A of the Health and Social Care Act 2012 it is the responsibility of Health and Wellbeing Boards to develop and update PNAs. Health and Wellbeing Boards are also required to assess the needs for pharmaceutical services in its area and publish a statement of its revised assessment.
26. 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.

Risk management

27. Significant reputational risk is attached to non-publication of the PNA by 1 October 2022. Mitigation is through accepting the recommendations of this paper.

Consultees

28. The PNA statutory consultation period began on 1 August 2022 and will close on 29 September 2022. This 60 day period will allow stakeholders time to review and comment on the draft PNA. So far, we have had a total of 12 responses from 3 contributors (appendix 1). All comments have been worked through. Almost all were actioned and changes can be seen in the revised PNA documents (appendix 2 and 3). All statutory consultees will receive a hyperlink to the final PNA.
29. An online survey (as described above) took place and the final report will be made available through that portal.

Appendices

- Appendix 1. Consultation response log
Appendix 2. Herefordshire 2022 Pharmaceutical Needs Assessment (main document)
Appendix 3. Herefordshire 2022 Pharmaceutical Needs Assessment (report appendices)

Background papers

None identified

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	John Coleman	Date 15/09/2022
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
Legal	Alice McAlpine	Date 15/09/2022
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