

Staffordshire Health and Wellbeing Board – 09 June 2022

Pharmaceutical Needs Assessment for Staffordshire

Recommendations

The Board is asked to:

- a. Note contents of the report
- b. Support and feedback any comments about pharmaceutical services in Staffordshire during the consultation period.
- c. Delegate to the Chair(s) the authority to consider the response to the consultation, amend the draft and approve the final version of the PNA

Background

1. The pharmaceutical needs assessment (PNA) is a statement of pharmaceutical service needs for a specified population. It identifies current provision of pharmaceutical services across a defined area, assesses whether this meets current and future population needs and identifies any potential gaps to service delivery.
2. The PNA is a statutory requirement and is used for the following purposes:
 - a. Identifying areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
 - b. Providing an evidence base to NHS England regional teams to identify and commission enhanced services.
 - c. Market entry - the PNA will be used by NHS England's regional team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.
3. Usually, the PNA is updated every three years, however due to the Covid19 pandemic the last iteration was published in 2018. The deadline for this PNA is the 1st of October 2022 as an extension was granted to take into account the increased work from the pandemic.
4. A statutory consultation period of 60 days will take place where the public and partner organisations can comment on the document. At the end of the consultation period these comments will be collated and fed into the final document ready for publication on the 1st October 2022. The consultation will begin mid/late June and end mid/late August. Due to the timescales for publication coinciding with summer annual leave it will

not be possible to bring the report with the amendments from the consultation to the September Health and Wellbeing Board. Therefore, it is proposed that the Health and Wellbeing Board delegates the authority to consider the response to the consultation, amend the draft and approve the final version of the PNA to the Chair(s) in order to meet the publication deadline of the 1st of October.

Initial Headlines from the PNA

5. The population of Staffordshire is older than that of England and is ageing faster. By 2032 the number of residents aged seventy-five and over will rise dramatically from 98,800 in 2022 to 119,000 in 2026: an increase of 20%.
6. Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population living in the most deprived fifth of areas nationally.
7. There are many factors that will place increasing pressure on health services in the county. For example, GP registered Diabetes is higher than national and increasing year on year, and two thirds of adults are overweight or obese: higher than national and the third highest among similar local authorities. Both the prevalence of obesity-related conditions and obesity-related hospital admissions are on an upward trend.
8. Overall, higher levels of long-term conditions have been reported, both GP-registered and census-based indicators, which reflects the older population. There is an increased demand for new Adult Social Care assessments and hospital waiting lists have also increased.
9. There have been a number of changes in pharmaceutical services since the publication of the 2018 PNA, both locally and nationally.
10. The Government has agreed to make a five-year (2019-24) investment in community pharmacies (£2.592bn per year for pharmacies). The agreement sets out a clear vision for the expansion of clinical service delivery through pharmacies over the five years.
11. Several new services have been included in the agreement, including:
 - a. Community Pharmacist Consultation Service with referrals coming from NHS111 and GP practices and plans to include referrals from NHS111 online and urgent & emergency care settings.
 - b. Discharge Medicines Service as an Essential service under the Community Pharmacy Contractual Framework – aimed to provide

- support with medicine changes to vulnerable people post-discharge and potentially reduce re-admissions.
- c. Blood pressure check service (advanced service) to potentially identify individuals over forty with undiagnosed hypertension.
 - d. Stop smoking service to support individuals referred to community pharmacy having already initiated smoking cessation in hospital.
 - e. Covid vaccination services have been commissioned by NHS England & Improvement (NHSE&I) from several community pharmacy contractors both within pharmacies and off-site as part of local plans to increase uptake of the vaccine.
12. As a result of the Funding Settlement above, some pharmacies have reduced their supplementary hours. In addition, there have been a few pharmacy closures which were reflected in the Supplementary Statement to the PNA (April 2020), one consolidation (Cannock) and one further planned closure (from July 2022).
 13. Most locally commissioned services that were available in 2018 continue to be available, including: Emergency Hormone Contraception (EHC), supervised consumption of opiate replacement therapy (e.g., methadone), needle exchange, palliative care medicines, services for Impetigo & UTIs, and the emergency supply service. There are some additional services under the Extended Care banner from NHSE&I to treat minor ear, nose and throat conditions, infected skin conditions and conjunctivitis in under twos. These were fully commissioned from 2019 until the Covid pandemic in 2020 led to the suspension of the services.
 14. UTI, impetigo, and skin services all now fall under the Extended Care banner and are commissioned by NHSE&I across their Midlands regional footprint. An additional service to provide medicines recommended by Optometrists providing Community Urgent Eye Care (CUES) service is also commissioned by NHSE&I jointly with CCGS.
 15. The Common Ailments service was decommissioned by NHSE&I following changes to national guidance from NHSE&I that medicines to treat minor conditions should not be routinely prescribed or provided free of charge to patients.
 16. New services planned for 2022 include: the reintroduction of chlamydia & gonorrhoea testing kits from community pharmacies providing EHC, treatment under PGD for clients testing positive for chlamydia, plus pregnancy testing. In substance misuse, the local provider of drug and alcohol support services, Humankind, are about to commission services to provide take-home Naloxone¹ and provide hepatitis vaccination courses to clients.

¹ An opiate overdose reversal drug.

Next Steps

17. To date a pharmacy survey and a patient survey have been undertaken. Data from the surveys, NHSE&I and the JSNA are being collated to produce a document that will be available for the consultation. The document has not yet been finalised, but communications will be sent round to the Health and Wellbeing Board when the consultation is live, and the report can be viewed.
18. The consultation will be available for 60 days from mid/end of June to mid/end of August. The PNA will then be reviewed in light of the consultation responses for sign off by delegated authority to the Health and Wellbeing Chair(s). Publication will be on or before the 1st of October.

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