

Topic:	Pharmaceutical Needs Assessment
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Report Type	For decision

1 Purpose of the report

- 1.1 The purpose of the report is to present members of the Health and Wellbeing Board the Staffordshire Pharmaceutical Needs Assessment (PNA).
- 1.2 The Board is asked to approve and sign-off the PNA so that it can be published by 1 April 2015.

2 Background

- 2.1 The PNA is one of the themed reports that form the Joint Strategic Needs Assessment (JSNA)
- 2.2 A PNA is a statement of pharmaceutical service needs for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment to see whether this meets current and future population needs and identifies any potential gaps to service delivery.
- 2.3 The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to health and wellbeing boards (HWBs). Every HWB has a statutory responsibility to publish and keep up to date a PNA for the population in its area through supplementary statements.
- 2.4 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) states that HWBs must publish their first PNA by 1st April 2015. These should then be updated at least once every three years or before if there has been a significant change in either service need or provision. In addition, the HWB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area and publish any supplementary statements.

- 2.5 The PNA will be used:
- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
 - As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
 - By NHS England's area 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 Summary of PNA consultation

- 3.1 The Regulations set out that when making an assessment for the purposes of publishing a pharmaceutical needs assessment each HWB must consult on the contents of the assessment it is making for a minimum period of 60 days.
- 3.2 The statutory consultation for Staffordshire's PNA took place between 13th October 2013 and 14 December 2014. This included key stakeholders and Staffordshire residents. In total there were 35 responses to the consultation document.
- 3.3 The number of respondents to the public facing section was relatively small to get a robust overview of pharmacy services in Staffordshire (24 responses). However based on these respondents:
- There was general awareness of essential pharmacy services such as dispensing, repeat prescriptions, disposal of unwanted medicines and general health and lifestyle advice. There was reasonable knowledge about provision of stop smoking services and medicines use review/specialist advice on new medicines. However respondents were less familiar with locally commissioned services such as sexual health services and substance misuse services.
 - The majority of respondents felt that community pharmacies met their needs and were generally satisfied with provision with the main reasons being cited as opening hours, convenience and staff friendliness and knowledge. However where respondents were less satisfied it was generally around opening hours.
 - Additional services that respondents felt they would like to see at their local pharmacy were emergency supply service (to allow patients who run out of prescription medicines to have an emergency supply), treatment on the NHS for minor ailments such as colds, back pain and indigestion and NHS health checks (e.g. assessment of heart disease risk).
- 3.4 There were 20 respondents from either individuals or organisation about the PNA consultation document itself.
- Overall most respondents felt that the PNA accurately reflected both the needs and current provision of services with the main gaps felt to be around out-of-hours cover required by residents and access particularly for patients living in the more remote areas of the County. There were also some very simple solutions proposed such as having "*a list of local pharmacies displayed in GP surgeries.*"

- The common themes around additional services that community pharmacies could provide were around provision of vaccination services (in particular flu vaccinations), regular provision of emergency supply and minor ailments schemes and extending the scope of healthy living pharmacies. It was also felt that community pharmacies had potential to undertake a wider range of services and relieve pressures on GP practices and A&E, particularly at weekends and Bank Holidays.
- There were also calls for the role of community pharmacies to be further considered during the development and re-design of patient and treatment pathways.

4 Summary of PNA

- 4.1 A summary of the PNA consultation report can be found in Appendix A. Key findings are included here.
- 4.2 Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.
- 4.3 Whilst there appears to be a gap in service provision on Sundays the demand for dispensing services is much lower at weekends compared to weekdays as GP surgeries are usually closed. However NHS England and / or CCGs may want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.
- 4.4 There are a number of advanced and locally commissioned services that pharmacies are currently providing to support the health and wellbeing needs of Staffordshire residents, for example medicine user reviews which support the management of long-term conditions, some sexual health services, stop smoking services and flu vaccination services. However provision, and access, to some of these services are variable across Staffordshire.
- 4.5 There are opportunities to expand the reach of locally commissioned services to meet the health needs of Staffordshire residents. Examples of this may be around the commissioning of minor ailments and emergency supply schemes which have shown good outcomes through the pilots as part of schemes to alleviate winter pressures on GPs and the acute sector.
- 4.6 The Health and Wellbeing Board should also act as an advocate for healthy living pharmacies (HLPs) and support and encourage increases in the number of HLPs that are accredited particularly amongst deprived communities to reduce health inequalities and in areas where there are high rates of preventable mortality.

5 Recommendations

- 5.1 The Health and Wellbeing Board acknowledge the gaps identified in the PNA.
- 5.2 The Health and Wellbeing Board are requested to sign off the final PNA report in order for it to be published by 1 April 2015.
- 5.3 Health and Wellbeing Board members are encouraged to ensure their individual organisation and commissioners across the health economy consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.
- 5.4 The Health and Wellbeing Board through the Health and Wellbeing Intelligence subgroup continue to monitor any local or national policy development that impacts on the provision of pharmaceutical services in the County and publish supplementary statements where necessary.

Appendix A – Executive summary of PNA consultation report for Staffordshire

Introduction

A pharmaceutical needs assessment (PNA) is a statement of the needs of pharmaceutical services for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made in future pharmaceutical service provision.

The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to health and wellbeing boards (HWBs). Every HWB has a statutory responsibility to publish and keep up to date a PNA for the population in its area through supplementary statements. The PNA will be used:

- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
- As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
- By NHS England's area 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.

What is the population of Staffordshire like?

Staffordshire has a relatively older population compared with England. Tamworth is the only district in Staffordshire that has a significantly younger population than the national average.

The overall population for Staffordshire is projected to increase by 4% between 2013 and 2023. Staffordshire's older population is growing faster than average and in particular in the very old age groups.

The proportion of people from minority ethnic groups is growing but remains lower than the national average. The single largest minority group is 'white other'. East Staffordshire has the largest proportion of people from a minority ethnic group.

Around a quarter of residents live in rural areas. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (29%) are particularly rural whilst Tamworth's population is classified as entirely urban.

Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population (80,500 people in 2013) living in the most deprived fifth of areas nationally. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. This is coupled with almost one in five households not having access to a car.

What is health like in Staffordshire?

Overall Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. Healthy life expectancy in Staffordshire is 64 years for men and slightly lower at 62 years for women. Both are similar to the national average but below the average retirement age. There also remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates.

Overall access to cancer screening programmes is good and the uptake of childhood immunisation is above average. However performance on prevention of serious illness could be improved as fewer adults attend for a health check to assess their cardiovascular risk than average and fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine than the national average.

Numbers of people smoking continue to reduce and more people quit smoking than average. However some geographical areas and vulnerable groups have high smoking prevalence and poorer quit rates. More women in Newcastle die as a result of alcohol than the England average. Alcohol admissions in Staffordshire are high and continue to rise although provisional data for 2013/14 indicates a very slight reduction. Staffordshire is about average for successful completion of drug treatment.

More children in Staffordshire have excess weight (overweight and obesity combined) in Reception (aged four to five) than average. The proportion of children who are obese almost doubles from 10% for children in Reception to 18% in Year 6 (ages 10-11). Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with fewer people in Staffordshire eating healthily than average and around three in 10 adults being physically inactive. The numbers of older people at higher risk of malnutrition (especially in the over 85 age group) is also set to increase sharply in Staffordshire.

More people in Staffordshire report having a limiting long-term illness than average. Around one in four people in Staffordshire have a registered disease with one tenth of the population having more than one condition. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. In addition estimates suggest that significant numbers of people with long-term conditions may be undiagnosed with low diagnosis rates seen for conditions such as heart failure, dementia, hypertension and chronic kidney disease.

Admission rates in Staffordshire for both acute and chronic conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. More Staffordshire women aged 65 and over and adults aged over 80 are admitted to hospital as a result of a fall.

What is the current pharmaceutical provision like and are there any gaps in Staffordshire?

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year.

Staffordshire has 181 community pharmacies and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 19 per 100,000 in South Staffordshire to 27 per 100,000 population in Tamworth although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent. There are however two essential small pharmacies whose contracts are due to end on the 31 March 2015. These two pharmacies will need to apply to NHS England's area team for continued funding.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around 40% of pharmacies in Staffordshire are owned by independent contractors whilst 60% are owned by multiple contractors.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

The consultation identified a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England's area team undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

On average in Staffordshire more items are dispensed per pharmacy than the national average and dispensing rates have increased over the last seven years by 14% which is lower than average. Reasons for increases in dispensing include ageing populations, improvements in diagnosis leading to earlier recognition of conditions, increased prevalence of some long-term conditions and increases in prescribing for prevention or reducing risk of serious events (e.g. statins).

Based on data from the latest "*Feeling the Difference*" survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The majority of respondents from the PNA consultation also felt that community pharmacies met their needs and were generally satisfied with provision with the main reasons being cited as opening hours, convenience and staff friendliness and knowledge. National research also indicates that more than eight in ten people would trust advice from pharmacies on how to stay healthy.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local pharmacy. Around four in five residents can also access their local pharmacy within a 20 minute walk or within 10 minutes using public transport.

In terms of opening hours, there are 15 '100 hour' pharmacies and most residents have good access to a pharmacy during weekdays and Saturdays. However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. There are no pharmacies open on Sundays in South Staffordshire district. Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in bordering areas.

A number of pharmacies also now open on Bank Holidays. NHS England's area team also work with community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as the two days where pharmacies are still traditionally closed.

Whilst there appears to be a gap in service provision on Sundays the demand for dispensing services is much lower at weekends compared to weekdays as GP surgeries are usually closed. However NHS England and / or CCGs may want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Use of automated pill dispenser for dementia and other vulnerable patients
- Antenatal and postnatal support to pregnant women and mothers. This includes a range of medicinal advice and provision of Healthy Start vouchers
- Around 25% of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County.
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access.
- Delivery of dispensed medicines to an individual's home

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the Medication Use Review (MUR) and New Medicine Service (NMS) across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance user reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions.

This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS.

In terms of locally commissioned services there are a number of services that are currently provided by pharmacies alongside other providers helping to meet Staffordshire's health needs. These include stop smoking services, supervised administration, sexual health services which includes emergency hormonal contraception and chlamydia screening, needle exchange service and palliative care. However provision, and access, to some of these services is variable across Staffordshire.

Findings from the consultation showed there was general awareness of essential pharmacy services such as dispensing, repeat prescriptions, disposal of unwanted medicines and general health and lifestyle advice. There was reasonable knowledge about provision of stop smoking services and medicines use review/specialist advice on new medicines. However respondents were less familiar with locally commissioned services such as sexual health services and substance misuse services.

NHS England's area team and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. Commissioners also need to ensure that residents are made aware of locally available services.

A flu vaccination service was introduced during the winter of 2014/15 to improve the low uptake of flu vaccination across Staffordshire. There are also a number of other services that are provided as developmental pilots, for example MUR plus service for asthma and alcohol.

There are opportunities to expand the reach of locally commissioned services to meet the health needs of Staffordshire residents. Where current provision is low, commissioners should consider how pharmacies may be able to support meeting identified gaps.

Early findings from the local evaluation of both the minor ailments and emergency supply schemes have shown good outcomes with local pharmacies providing an alternative to GP services, walk-in-centres, out-of-hours services and A&E departments. Respondents to the consultation also found that these were the two most popular services that residents wanted to see in their local pharmacy.

The pilot schemes around minor ailments and emergency supply have shown good outcomes and NHS England and CCG commissioners should consider the re-commissioning of this service for 2015/16 to alleviate winter pressures on GPs and the acute sector.

The healthy living pharmacy (HLP) framework is a tiered commissioning framework which allows community pharmacies to provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities. Almost a third of pharmacies are accredited as a HLP and a further quarter are working towards accreditation. There are however areas of high preventable mortality where there are no HLPs.

The HLPs in Staffordshire are currently funded by the two Local Pharmaceutical Committees (LPCs). The way in which HLPs are commissioned needs to be considered by key stakeholders. These could be further supported with funding to deliver services which will improve the general health of the population of Staffordshire and reduce health inequalities.

The Health and Wellbeing Board should act as an advocate for healthy living pharmacies and support and encourage increases in the number of HLPs that are accredited particularly amongst deprived communities to reduce health inequalities and in areas where there are high rates of preventable mortality.

Local commissioners, providers and key stakeholders such as LPCs and Local Medical Committees should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS.

Commissioners should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to the PNA where deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and publish supplementary statements where needed.