

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD**

**24 FEBRUARY 2015**

### **REPORT OF DIRECTOR OF PUBLIC HEALTH**

## **PHARMACEUTICAL NEEDS ASSESSMENT**

### **SUMMARY**

This paper summarises the responses received to formal consultation on draft Pharmaceutical Needs Assessment (PNA) for Stockton Borough, and presents the final draft of the Stockton Pharmaceutical Needs Assessment for consideration and approval of the board.

### **RECOMMENDATIONS**

1. The Stockton Health and Wellbeing Board are asked to consider and approve the Stockton Pharmaceutical Needs Assessment 2015.
2. The Stockton Health and Wellbeing Board are asked to recognise the value of responses received to public and stakeholder consultation in shaping this final draft and to recognise the evolution of pharmaceutical services over the 4 years since the last PNA was published in 2011.

### **DETAIL**

#### Background

3. The Health and Wellbeing Board has a statutory duty under the Health and Social Care Act (2012) to complete a Pharmaceutical Needs Assessment (PNA) for its area. The first PNA must be published by the 1<sup>st</sup> of April 2015.
4. The purpose of the PNA is to identify population need and current provision of pharmaceutical services in the Stockton Borough. . During its development the PNA went through a process of early engagement with a range of professionals, organisations, the public and service users, in order to inform understanding of existing, and likely future needs, and of current provision. From this process a first draft was developed and presented to the Health and Wellbeing board on the 25<sup>th</sup> September 2014.
5. The PNA is used to inform commissioning decisions in relation to pharmaceutical services. It is primarily used by NHS England, to whom applications to open new pharmacies, or to amend the terms for existing pharmacies, are submitted. It is also anticipated that the PNA will be of value to local commissioners in planning and commissioning locally contracted pharmaceutical services for the Borough.

6. The Health and Wellbeing board had agreed that Stockton PNA was to be overseen by the Director of Public Health according to their delegated responsibilities. The development of this draft was overseen by the Tees Valley Public Health Shared Service, alongside those of Darlington, Middlesbrough, Hartlepool and Redcar and Cleveland on behalf of the Directors of Public Health.
7. Following its consideration by the Health and Wellbeing Board on the 25<sup>th</sup> September 2014, an updated draft PNA was put out to consultation for a period in excess of the statutory 60 days, from 13<sup>th</sup> November 2014, to the 15<sup>th</sup> January 2015. The following were consulted in accordance with statutory requirements:
  - Tees Local Pharmaceutical Committee
  - Tees Local Medical Committee
  - persons on the Pharmaceutical Lists (pharmacy contractors and the dispensing doctor practice (there are no appliance contractors or LPS chemists in Stockton on Tees)
  - Healthwatch
  - North Tees & Hartlepool NHS Foundation Trust
  - Tees Esk and Wear Valley NHS Trust
  - North East Ambulance Trust
  - NHS England Area Team for Durham Darlington and Tees
  - Durham, Hartlepool, Middlesbrough and North Yorkshire HWBs

plus those identified by the HWB as follows

  - Hartlepool and Stockton CCG
  - The Voluntary and Community Sector in Stockton on Tees via the established 'Catalyst' Network
  - The Durham Darlington Tees Local Professional Network (Pharmacy) Steering Group members for circulation (including Durham University Pharmacy School)
  - Direct email to contacts at Head Offices of large multiple organisations with pharmacies in the area
  - North East Commissioning Support Organisation for circulation
  - Health and Wellbeing Board members for circulation
  - Local authority internal networks including Public Health and providers
  - the wider public and service users via the local authority website consultation pages.

The consultation was produced in the format of an electronic survey, the opportunity to request non-electronic copies of the survey was also available. In addition to this the opportunity to return free-text comment was provided. Results of the consultation have been analysed, and where changes needed to be made these have now been incorporated into the PNA.

### Summary of Consultation Findings

8. Responses were received from a range of parties. This included 12 responses to the structured survey and an additional 3 responses received in free-text format, totalled 14 responses in all, due to a dual submission from one organisation.
9. The following broad themes were identified:
  - Parties largely considered that the PNA accurately described the range of existing pharmaceutical provision in Stockton.

- Respondents in the most part felt that the PNA was able to appropriately reflect local need. Whilst a number of providers highlighted additional capacity that pharmacies have to provide services, need was not identified.
- A number of respondents identified the 'omission' of current pilot services for seasonal ailments, and emergency supply of repeat medication in meeting a population need or providing 'improvement or better access'. These had been implemented in December 2014, during the consultation period.
- Respondents were largely agreed that due process had been followed and were happy with the quality of information and data incorporated into the document.
- Responses from members of the public highlighted a previously identified gap in understanding of the scope and breadth of services provided by pharmacies.

10. The final version remains substantively unchanged from the draft document that was issued for consultation, other than to reflect changes required to account for those updates, errors or omissions identified since the draft was completed in October 2014 for formal consultation.

### Conclusions of PNA 2015

Without prejudice to the full content of the PNA, the summary conclusions are:

Pharmaceutical services are provided by 41 pharmacies in the Stockton-on-Tees HWB area. Responses to the engagement activity in summer 2014, (128 responses to the patient / public processes and a further 37 responses from local stakeholders) confirmed that community pharmacy services were highly valued by those who access them, well located and easy to access and opening times were generally suitable. However, patients and health professionals were not always aware of the full range of services available.

The PNA uses the same four localities in Stockton-on-Tees as were used in the PCT PNA of 2011. The number of pharmacies located in each ward of each of the localities is shown in an extract from the PNA included as Appendix 1 using the Table/ Figure numbers used in the PNA for ease of reference. Five new pharmacies have opened in the area since the first PCT PNA was published in 2011; indicated by \* in Table 18. Four of these pharmacies open for 100 hours per week increasing the total number of these pharmacies in Stockton to nine.

The Statement of Need for Pharmaceutical Services (Section 11) may be summarised as follows:

- The range of services provided and access to them is good although there are differences between localities which reflect the nature of their populations. In the non-rural areas, there is at least one pharmacy within two to three miles of the areas where most people live, work or shop.
- Services are available seven days a week in three localities S1: Yarm and Area, S3: Norton and Billingham and S4: Stockton and Thornaby.
- Even in the less populated or more rural areas, distances to the nearest pharmacy are relatively small; a pharmacy in a neighbouring locality or HWB area may be closest. Alongside several other new pharmacies that have opened since the Stockton on Tees PCT's PNA in 2011, a pharmacy has opened in locality S2: Stockton Parishes. A GP practice in Stillington also provides a rural dispensing service in this 'controlled locality'.

- In 2011, the number of community pharmacy providers of pharmaceutical services, the general location in which the services were provided, and the range of hours of availability of those services were assessed as necessary to meet the pharmaceutical needs for essential services in NHS Stockton on Tees, particularly those core hours before 9 am, after 6pm and at weekends. Following this needs assessment, all these pharmacies are still necessary to meet the pharmaceutical needs of the population.
- In addition
  - in 2011, there were no pharmacies in S2: Stockton Parishes locality – a rural area. The PNA had not identified a gap in pharmaceutical services at Wynyard; the NHS Litigation Authority approved the application to open a pharmacy there on Appeal. The new pharmacy (now opened) therefore provides improved access and additional choice to patients/ public in locality S2: Stockton Parishes.
  - similarly, the PNA had not identified a need for a new provider of pharmaceutical services in each of the other localities that now have additional 100 hours per week provision. The new pharmacies have provided improved access and additional choice to patients/ public in areas where there was already choice of both provider and pharmaceutical services.
  - the additional pharmacy that opened under the 100 hour exemption in S1: Yarm and Area locality has covered the gap or potential improvement identified in opening hours on evenings, lunchtimes and weekends. This locality did not previously have a pharmacy open for 100 hours a week. The new addition has therefore improved the availability of core hours on a weekend, extended the earliest or latest times that pharmaceutical services are available from any pharmacy, any day of the week in the S1 locality. This is most notable on a Sunday and now this is established, this service is also considered necessary to meet the needs of the population in this area.
  - the pharmacies open for 100 hours per week all provide a substantial contribution to opening hours stability and the HWB would not wish to see any of their opening times altered or reduced.
- There are opportunities for improvement or better access to the pharmaceutical services that are offered, or could be offered, by existing community pharmacy providers. Such services could be locally commissioned as enhanced service by NHS England on behalf of other commissioning agencies, or they may be directly commissioned locally contracted services should any commissioner elect to do so having identified a suitable resource allocation.
- Based on current needs, there are no gaps in pharmaceutical service provision that could not be addressed through the existing contractors and commissioned services. There is therefore no current need for any new providers of pharmacy services.
- This includes the specific needs of the population of Port Clarence whose geographical isolation presents a particular challenge to the support of this relatively small population. A recent Appeal to the NHS litigation authority (NHS Litigation Authority, December 2013) confirmed the view of the previous PNA that current pharmaceutical needs are considered to be met by existing provision both within the S3 locality and outside of the HWB area but nevertheless close by. However, should the specific health and wellbeing needs of the population of Port Clarence be reviewed and any specific or innovative solution be proposed to meet any identified needs, it may be that a similarly specific and innovative solution to the provision of any associated future pharmaceutical need could be identified.

In the absence of any change, there remains no gap in the provision of pharmaceutical services in Port Clarence that requires provision of pharmaceutical services from a new pharmacy contractor located in the area. On the contrary, a new PhS contract without consideration of the specific needs of the population might be detrimental to the proper planning of pharmaceutical and other services in the area.

- With regards to other enhanced or locally commissioned services:
- extended hours for bank holidays are commissioned by NHS England and are currently necessary. Their on-going availability should be secured with regular and timely review to ensure the hours and services needed are commissioned, by direction if necessary
- an enhanced pharmaceutical service for NHS seasonal flu vaccination is commissioned by NHS England for the 2014/15 winter season. This service provides improvement or better access and additional choice for NHS patients who elect to attend a pharmacy for this service
- emergency hormonal contraception through pharmacies is a necessary pharmaceutical service; current and anticipated future population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health)
- supervised self-administration of medicines for the treatment of drug mis-users, provided in pharmacies), is a necessary pharmaceutical service; current and anticipated future population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health)
- needle exchange via pharmacies (commissioned by Public Health) is a necessary pharmaceutical service; current population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health); improvement or better access could be provided by reviewing the current service locations, considering extending the scheme to additional pharmacies and the adoption of a 'pick and mix' model such as provided in other Tees valley areas
- with the configuration of the existing commissioned services to support individuals with their attempts to quit, the 'one stop' stop smoking service through pharmacies) is a necessary pharmaceutical service; current population needs are met by existing provision of a locally commissioned service (commissioned by Public Health; improvement or better access is already being developed with extensions to existing dispensing voucher pathways and could be further extended to additional pharmacy providers
- the locally commissioned Healthy Start Vitamin Service (commissioned by Public Health) is a necessary service which meets a pharmaceutical need to make these vitamins available to eligible pregnant women and children aged 6 months to four years; population needs are being established, existing pharmacies will be able to meet future demand
- the current locally commissioned pharmacy-based Chlamydia screening service is considered to provide a necessary service in Stockton-on-Tees. It is understood that further improvement or better access to this service could be afforded by investing in an improved service pathway for this service
- Stockton Emergency Eye Care Scheme is an optometry service with facilitated dispensing which enables patients to have a more straightforward treatment journey than they would otherwise have if they had to attend A&E or visit a GP to get a prescription after having had a consultation with a non-prescribing optometrist. Whilst this optometry service is commissioned, there is a pharmaceutical need for this service which thereby provides improvement or better access to the safe and secure

pharmaceutical supply service for the medicines involved. There is no gap in provision.

- the service which provides 'on demand' availability of specialist drugs (largely for palliative care) was locally commissioned by the PCT following the identification of a need in the PNA 2011. This service has been continued locally (commissioned by the Hartlepool and Stockton CCG- HAST) following the changes in NHS architecture in 2013; this is a service which provides improvement or better access for patients; population needs are met by existing provision
- the Healthy Living Pharmacy (HLPs) initiative has enabled participating pharmacies to more actively engage with the public health agenda and provide improvement or better access to the essential pharmaceutical services that relate to this i.e. Public Health (via brief interventions) and support for self-care in a preventative context. Following further assessment of the model, further improvement or better access to a range of pharmaceutical services (commissioned locally) could be provided via HLPs and other pharmacies as appropriate. Of most benefit given local health needs might be a weight management service (due to be commissioned from April 2015) and an alcohol brief intervention service.
- there was substantial endorsement by patients and stakeholders of the potential value of a 'Pharmacy First service in Stockton on Tees and the wider Tees area; Darlington already operates a MAS. Taking everything into account, in the current climate, it is now considered that a 'Pharmacy First' or similar 'minor ailments' service is a necessary pharmaceutical service for at least some conditions and/ or some locations where the needs of the population are greatest in Stockton on Tees. At the time of the draft document, there was no currently commissioned service so this was therefore identified as a gap in provision. This does not require any new pharmacy premises, but a newly commissioned service whose scope may be determined. A pilot Seasonal Ailments Service, an example of such a service, operating for 3 months to 31<sup>st</sup> March is now currently commissioned by the CCG.
- several other pharmaceutical services have been identified in section **Error! Reference source not found.** as having the potential to provide improvement or better access to pharmaceutical services now or in the future should a commissioner elect to commission them. This includes a Pharmacy Emergency Repeat Medicines Service such as has been recently commissioned as a pilot by NHS England.

#### Broader conclusions:

to maximize the potential for pharmacy to impact on reducing the substantial health inequalities of the people of Stockton-on-Tees, commissioners should seek to be assured of the highest standards of quality and realise 'best value' from all pharmacies providing, or intending to provide, existing pharmaceutical services or locally contracted services. To do this requires the Health and Wellbeing Board to work with local partners, commissioning organisations and other agencies to:

- make best use of opportunities for audit, contract management and performance monitoring including the national Contractual Framework, sharing best practice and lessons learned from patient safety incidents across all pharmaceutical services and locally commissioned equivalents
- improve public and professional access to accurate and timely information on pharmacy opening hours, services and location including widespread availability of consultation facilities
- support and promote the less well-developed essential services including NHS repeat dispensing, continued roll-out of the Electronic Prescription Service (EPS), support for self-care and brief advice, signposting and public health campaigns

- provide developmental support and practical direction to maximize benefit from advanced services including patient selection, case finding and feedback to prescribers, particularly in support of long term conditions and additionally to improve on pathways to support hospital referral for advanced services
- make best use of opportunities to commission enhanced services from 100-hour pharmacies, where they provide a suitable geographic location and without prejudice to other pharmacy providers
- continue to work to review accreditation processes for local services to ensure flexibility and fitness for purpose
- review opportunities to incorporate the new Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy into public health services, kitemarks and contracts to support public confidence in service provision
- The PNA identifies which advanced and enhanced services will be provided by pharmacy contractors whose contract was awarded under an exemption category of the existing Regulations, should NHS England elect to commission these services within the regulated time period.
- The Needs Assessment indicates that a formal review of controlled localities of the Stockton-on-Tees HWB area should be undertaken as soon as is reasonably practicable.
- Realising the benefits of community pharmacy services to meet the needs of the population will depend on the availability of sound evidence, service evaluation, fair cost-effectiveness comparisons and close working between all local commissioners i.e. NHS England, CCGs and local authority public health teams. There is an opportunity to more closely integrate this needs assessment with the work of the JSNA, and to develop a rolling programme of engagement and evaluation of pharmaceutical need to supplement the statutory processes and support commissioning decisions.

Finally, Stockton-on-Tees Health and Wellbeing Board recognizes that management of the response to consultation on applications to provide new pharmaceutical services, or amend existing provision, and the activity that supports on-going maintenance of the PNA including the publication of Supplementary Statements is as vital to reducing the associated risk to HWB as the publication of this, the 2015 assessment. The Tees Valley Public Health Shared Service supports the Health and Wellbeing Board to maintain the PNA and associated actions.

## **FINANCIAL IMPLICATIONS**

11. There are no direct financial implications of this update for the council. The PNA will be used to guide and inform development and commissioning of pharmaceutical services in the Borough. There may be financial implications for NHS England and other local commissioners (including the Local Authority) in relation to subsequent commissioning decisions involving, or affecting pharmaceutical services.

## **LEGAL IMPLICATIONS**

12. There are no specific legal implications of this update.

## **RISK ASSESMENT**

13. Health and Wellbeing Boards have a statutory duty to publish their PNA by 1<sup>st</sup> April 2015 and to maintain this in accordance with regulations.
14. Commissioning decisions arising from this work will incorporate risk assessment as part of their development.

#### **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

15. Use of a consistent, evidence-based approach based on the latest available population data and consultation outcomes to develop and commission pharmacy services, will positively impact on coordinated activity to deliver both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

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