

# Health and Wellbeing Board

27 November 2017

## Draft Pharmaceutical Needs Assessment 2018-21



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## Report of Amanda Healy, Director of Public Health, Durham County Council

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### Purpose of the Report

- 1 Under the Health and Social Care Act (2012), the Health and Wellbeing Board (HWB) is responsible for the production of a Pharmaceutical Needs Assessment (PNA) every 3 years. The current HWB-led PNA 2015-18 can be found at <http://www.countydurhampartnership.co.uk/media/13650/Pharmaceutical-Needs-Assessment/pdf/PharmaceuticalNeedsAssessment2015.pdf>
- 2 The next PNA is due for publication by the HWB on 1<sup>st</sup> April 2018 and the current draft is attached as Appendix 2 for comment before the statutory 60 day consultation which runs from 28<sup>th</sup> November until 26<sup>th</sup> January (appendix 2). Following this consultation the HWB will be asked to approve the final version of the PNA in March 2018 before publication on the Integrated Needs Assessment (INA) website by 1<sup>st</sup> April 2018.

### Background

- 3 A PNA considers the health needs of the population and the provision of pharmaceutical services (i.e. community pharmacies and dispensing GP practices), and therefore whether there are any potential gaps in pharmaceutical service delivery. It is used by NHS England in its consideration of applications to join the pharmaceutical list (i.e. applications to open new pharmacies/GP practice dispensaries in County Durham), and by commissioners of pharmaceutical services (e.g. pharmacy services commissioned by Public Health and the Clinical Commissioning Groups (CCGs)). The PNA for County Durham links to the health needs identified in the Joint Strategic Needs Assessment (JSNA) and the priorities in the Joint Health and Wellbeing Strategy (JHWS). An updated PNA must be produced by the HWB every 3 years.
- 4 The public health department leads on the development of the PNA on behalf of the HWB. A small steering group was established in May 2017 in order to oversee the development of the PNA 2018-21. Membership consists of:
  - Public Health - Public Health Pharmacist, Consultant in Public Health
  - Transformation and Partnerships - Public Health Intelligence Specialist
  - Partnership Manager
  - Spatial Policy Team – Senior Policy Officer
  - The Local Pharmaceutical Committee
  - A CCG Medicines Optimisation Lead
  - Healthwatch

- 5 The key conclusion of the draft PNA 2018-21 is that there are sufficient pharmaceutical services across County Durham. This can be demonstrated with the following points:
- There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation).
  - A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities. However, this may need to be reviewed as the development of urgent care services proceeds.
  - The estimated builds of future housing developments by 2021 will not require new pharmaceutical services.
  - County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- 6 This PNA conclusion should be kept under review by the HWB as part of its ongoing responsibility to assess the impact of any pharmacy closures, and particularly as urgent care primary care services develop.
- 7 The other key conclusion is that there is still scope to further develop locally commissioned services from the existing pharmacies in order to further support priorities in the JHWS. These services should particularly focus on:
- The growing older population, the health and social care integration agenda, and incorporating pharmacy services into Teams Around Patients (TAPs).
  - The further expansion of community pharmacy based public health services (e.g. Stop Smoking Services) now that every pharmacy is working towards becoming a Healthy Living Pharmacy (HLP) as part of the national pharmacy contract introduced in December 2016.
  - Continuing to ensure that pharmacy supports key priorities in the Sustainable and Transformation Plans (STPs) around prevention and self-care.
- 8 It should be noted that the required changes to the final version of the PNA are described in comments boxes that appear throughout the document. These reflect e.g. changes to pharmaceutical services and minor changes to maps, and the addition of comments received during the forthcoming 60 day consultation.
- 9 The maps in Appendix 11 of the draft PNA 2018-21 will be much clearer when viewed online once the final PNA is uploaded to the INA website in March 2018.

## **Recommendations**

10 The HWB is recommended to:

- a) Comment and agree on the current draft PNA 2018-21 before it begins the statutory 60 day consultation in preparation for publication of the final PNA 2018-21 on the INA website by 1st April 2018.

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## **Appendix 1: Implications**

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**Finance** – No significant implications within the current public health financial arrangements for public health pharmacy services

**Staffing** – No implications with the current public health staffing structure

**Risk** – No significant implications since the HWB will be fully supported to consider the implications of any future changes to pharmaceutical services

**Equality and Diversity / Public Sector Equality Duty** – No implications

**Accommodation** – No implications

**Crime and Disorder** – No implications

**Human Rights** – No implications

**Consultation** – Statutory 60 day consultation December 2017 – January 2018

**Procurement** – No significant implications within the current procurement arrangements for public health pharmacy services

**Disability Issues** – No implications

**Legal Implications** – No implications