

**Pharmaceutical Needs Assessment 2018-21**

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**Report of Amanda Healy, Director of Public Health, Adult and Health Services, 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.
- 2 The purpose of this report is to:
  - Present the HWB with the final draft of the PNA to sign off. This final draft incorporates all the comments received during the statutory 60 day public consultation. The final version of the PNA is due for publication by the HWB by 1<sup>st</sup> April 2018 at [www.countydurhampartnership.co.uk/article/17588/Pharmaceutical-Needs-Assessment](http://www.countydurhampartnership.co.uk/article/17588/Pharmaceutical-Needs-Assessment).
  - Ask the HWB to comment on the resulting action plan for pharmaceutical services 2018-21 (see Appendix 2). This action plan is based on the key statements in the PNA 2018-21 and additional key comments received during the public consultation.

**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, and by commissioners of pharmaceutical services. The PNA links to the health needs identified in the Joint Strategic Needs Assessment (JSNA), and the priorities in the Joint Health and Wellbeing Strategy (JHWS).
- 4 A draft PNA was presented to the HWB in November 2017 before undergoing the statutory 60 day public consultation. As part of this public consultation the Adult, Wellbeing and Health Overview & Scrutiny Committee (AWHOSC) was consulted, and the consultation was flagged with the Area Action Partnerships (AAPs). In addition, and as required by Regulation, the draft PNA was also sent to neighbouring HWBs for comment (Note: No comments were received from neighbouring HWBs).

- 5 All the comments received during the statutory public consultation have been incorporated into the final draft of the PNA. These comments do not change the key statements/conclusions in the draft PNA that was first presented to the HWB in November 2017, however they have been used to develop the resulting PNA action plan.
- 6 The key conclusion of the final draft PNA 2018-21 is that there are still sufficient pharmaceutical services across County Durham. This can be demonstrated with the following points:
  - (a) 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).
  - (b) 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.
  - (c) The estimated builds of future housing developments by 2021 will not require new pharmaceutical services.
  - (d) County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- 7 This conclusion will be kept under review by the HWB particularly as urgent care services develop, and as part of the HWB ongoing responsibility to continue to assess the impact of future changes to pharmaceutical services.
- 8 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:
  - (a) The growing older population, the health and social care integration agenda, and incorporating pharmacy services into Teams Around Patients (TAPs).
  - (b) The further expansion of community pharmacy based public health 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.
  - (c) Continuing to ensure that pharmacy supports key priorities in the Sustainable and Transformation Plans (STPs) around prevention and self-care.
- 9 In order to achieve these developments the public need to be made aware of what pharmacy can do, by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education to targeted populations in County Durham.

## **Recommendations**

- 10 The HWB is asked to:
  - (a) Sign off this final draft PNA for publication by 1<sup>st</sup> April.
  - (b) Comment on the resulting action plan for pharmaceutical services 2018-21 in Appendix 2.

## **Background Papers**

The final draft PNA 2018-21.

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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 significant implications

**Legal Implications** – No significant implications

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## Appendix 2: Action Plan for Pharmaceutical Services 2018-21

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### Introduction

The key statements in the PNA are:

- 1 There are sufficient pharmaceutical services in the 6 localities across County Durham.
- 2 There is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the JHWS. These services should particularly focus on:
  - The growing older population, the integration agenda, and incorporating pharmacy services into TAPs.
  - The further expansion of community pharmacy based public health services now that every pharmacy is working towards becoming a HLP.
  - Continuing to ensure that pharmacy supports key priorities in the STPs around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services.
- 3 In order to achieve these developments the public need to be made aware of what pharmacy can do, by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education to targeted populations in County Durham.

A summary of the key comments received from the public before (via Healthwatch) and during the public consultation also appear in Appendix (i).

### **Key Statement 1: There are sufficient pharmaceutical services in the 6 localities across County Durham**

#### **Access to services**

- HWB action: HWB to keep this key statement under review as urgent care primary care services develop, and as part of its ongoing responsibility to assess the impact of ongoing changes to pharmaceutical services, e.g. pharmacy closures or consolidations<sup>1</sup>, in order to determine if these changes are significant and would therefore be relevant to the granting of future pharmaceutical applications.

#### **Dispensing GP practices**

- *AWHOSC comments during the public consultation:* Following the recent closure of the St John's Chapel dispensary, the Committee has previously expressed its concerns at the way in which this was handled particularly regarding engagement with the local community, the OSC, and the HWB.
- CCG action: In 2017, the CCG has plans to support business planning in GP practices in order to, e.g. prevent future closures of GP practice dispensaries.

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<sup>1</sup> Consolidation applications were introduced in 2016 as part of the new national pharmacy contract and allow for the consolidation of two or more pharmacies on a single existing site where such a change will not create a gap in provision (as described by a supplementary statement that the HWB must then produce on receipt of such an application).

## Delivery of medication in rural areas<sup>2</sup>

- *Lartington Parish Council comments during the public consultation:* On the occasional lack of access to urgent medication following GP home visits, consideration should be given to the provision of an emergency delivery service on those occasions when it is clear that a medicine is urgently needed but cannot be easily obtained.
- *AWHOSC comments during the public consultation:* It is essential that there is a good distribution of pharmaceutical services in the County and for patients to access services including extended opening hours and delivery services for those rural communities.
- HWB action: HWB to recommend that options for medicines delivery in the Dales should be explored, taking into account the concerns expressed in Teesdale and Weardale.

## eRepeats

- CCG and LPC action: All stakeholders to continue to work together to support the ongoing utilisation of eRepeats in order to support convenience and ease of access to pharmaceutical services for patients across County Durham.

## Disability issues<sup>3</sup>

- *AWHOSC comments during the public consultation:* There are some concerns within the report of some pharmacies being inaccessible to wheelchair users. This must be addressed by pharmacies.
- *Healthwatch report comments during the public consultation:* Specific issues were raised by blind and partially sighted customers. To address these issues respondents said that brail dots on medication and being made aware of any changes to packaging would support these customers.
- LPC action: LPC to work with local contractors to highlight the simple practical steps that can be followed for blind and partially sighted customers when dispensing medicines; and to explore the feasibility of improving unaided pharmacy wheelchair access across the County.

## Young people

- *Healthwatch report comments during the public consultation:* The LPC should lead on developing a strategy that encourages younger users to access pharmacy services. This could increase the uptake of particular services e.g. emergency contraceptive services and sexual health testing.
- LPC action: LPC to consider this recommendation.

## Confidentiality

- *Healthwatch report comments during the public consultation:* Facilities to enable customers to talk to the pharmacist without being overheard should be clearly advertised. This may mean the better signage of existing facilities or verbally informing the customer that a private space is available when it becomes clear that the advice being sought is of a personal/confidential nature.
- LPC action: LPC to pass these recommendations onto pharmacy businesses.

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<sup>2</sup>Pharmacy delivery services are non-commissioned goodwill services. In the May 2017 community pharmacy survey, there are generally one to two pharmacies in each locality that do not provide a delivery service.

<sup>3</sup> In the May 2017 community pharmacy survey, 19% of pharmacies do not have unaided wheelchair access.

**Key Statement 2: There is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the JHWS.**

**Develop locally commissioned services to particularly focus on the growing older population, the integration agenda, and incorporating pharmacy services into TAPs.**

LPC action:

- LPC to continue to input into the Integration Steering Group to ensure that community pharmacy is involved in the patient pathways of care.
- For advanced pharmacy services, LPC to scope local training packages for the Appliance Use Review Service and the Stoma Customisation Service, the provision of which by community pharmacy is still very minimal in each locality.
- If the pharmacy anticoagulation monitoring service is expanded, the LPC will support pharmacies through the 'any qualified provider' process.

NHS England and CCG action:

- Commissioning of services to further support medicines optimisation should be considered, particularly with the growing elderly population in County Durham. This should include commissioning of enhanced services by NHS England, and take into consideration other medicines optimisation services e.g. clinical pharmacists working in GP practices and in care homes.

LPC action:

- LPC to continue to work with all stakeholders to support the ongoing utilisation of Post-Discharge Medicines Use Reviews through the Transfer of Care pathway<sup>4</sup>.

**Develop locally commissioned services to particularly focus on the further expansion of community pharmacy based public health services**

LPC action:

- For advanced pharmacy services, LPC to continue its work to encourage all contractors to provide the annual flu vaccination service.

Public Health action:

- Commissioners to increase the provision of the community pharmacy needle exchange service.
- Commissioners to continue to promote community pharmacy signposting to the *Wellbeing for Life Service*, and the forthcoming *Macmillan Joining the Dots Service*.
- HLPs to continue to be supported now that attainment of the Level 1 Award is part of the quality criteria in the national pharmacy contract<sup>5</sup>, and as part of the local drive to expand community pharmacy based public health services particularly in the deprived areas across the county.
- It is important that commissioners work across borders to ensure that service developments do not disadvantage those living in cross boundary areas. This has been flagged by service providers in the Fencehouses area of the Chester-le-Street locality.

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<sup>4</sup> This pathway is essentially a communication template operating between local hospital Trusts and County Durham pharmacies.

<sup>5</sup> At the end of 2017, approximately 85 out of 120 eligible pharmacies in County Durham have achieved a level of HLP Award.

**Develop locally commissioned services to particularly focus on continuing to ensure that pharmacy supports key priorities in the STPs around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services**

**Urgent care<sup>6</sup>**

- All stakeholder action: CCGs to continue to monitor the nature of the prescribed medication (i.e. whether the prescribed medication is urgent or could be dispensed at that person's usual pharmacy the following day) and the distances that people travel to receive any urgent medication in order to make a judgement as to whether there continues to be an adequate provision of pharmaceutical services across all localities. LPC to then work with the HWB, the CCGs, and existing local pharmacies to look at the feasibility of increasing the opening hours of existing providers should a demand for this be identified; whether this arises as a consequence of extended GP access or any other reason.

**Appropriate use of NHS services**

- LPC action: For advanced pharmacy services, LPC to consider the potential of improving and extending the national pilot, the NHS Urgent Medicine Supply Advanced Service, to also include a walk-in service.
- CCG and LPC action: A consistent approach to a minor ailment scheme across the North-East region would deliver greater benefits in terms of a consistent formulary of product choices and promotion of the scheme to patients. This is particularly important with the national drive to better utilise community pharmacy to more widely support self-care and to become the first port of call for minor ailments, hence moving appropriate patient consultations away from GP practices.

**Other service implications**

**Asthma patients**

- CCG action: The appropriate links between the quality criteria in the new pharmacy contract<sup>7</sup> and the ongoing CCG medicines optimisation respiratory work stream to continue.

**Advanced pharmacy services**

- CCG and LPC action: The advanced pharmacy services, the Medicines Use Reviews, and the New Medicines Service, to be further developed to enhance feedback mechanisms to GP practices in order to improve patient care and free up GP time. The LPC and CCGs to continue to work together to facilitate this.

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<sup>6</sup> People requiring urgent medication from primary care services are generally directed to a 100-hour pharmacy open in that locality. There are 13 100-hour pharmacies across 5 County Durham localities.

<sup>7</sup> Quality criteria in the new national pharmacy contract includes to provide evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, being referred to an appropriate health care professional for an asthma review.

**Key Statement 3: The public need to be made aware of what pharmacy can do by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education of targeted populations**

- *PNA statement:* All stakeholders to work together to promote the role of pharmacy by providing information, advertising, and education to targeted populations in County Durham.
- *Healthwatch report comments during the public consultation:* Although the public are very aware of some services pharmacies offer, others with a lower profile should be more clearly displayed as this could reduce pressure on other parts of the health care system. Similarly, consideration should be given to increase the uptake of certain services specifically medicine reviews, minor ailments scheme, adult flu vaccination, dispensing appliances, smoking cessation, emergency contraceptive service, alcohol consumption advice and sexual health testing. These service are used by less than 30% of the respondents.
- LPC action: LPC to work with all stakeholders to consider a local publicity campaign to raise the awareness of pharmacy services alongside the current national campaigns.

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## Action Plan Appendix (i): Summary of key comments received from the public before (via Healthwatch) and during the public consultation

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Healthwatch carried out an online survey in the summer of 2017 with a view to gaining an initial insight into how a small sample of the public (n = 164) access pharmaceutical services and their overall views of the services they receive:

- 93% of people who responded to the survey can easily access pharmaceutical services.
- From the additional general comments received a common theme was that, in some cases, pharmacy opening hours do not match those of GP practices.
- When asked which other services could be provided through pharmacy, answers included:
  1. Extended opening hours
  2. Health checks
  3. Pharmacy blood pressure monitoring
  4. Basic first aid type of service
  5. Making it more of a health hub rather than just a pharmacy
  6. Family planning rather than go to the doctors for the contraceptive pill
  7. Holiday jabs
  8. Disposal of used needles and yellow boxes

From the additional 19 Survey Monkey responses received during the public consultation:

- 89% felt that pharmacies or GP practice dispensaries were easily accessible in their area.
- 68% agreed with the overall conclusion that there are sufficient pharmacy and GP practice dispensary services across County Durham (with 32% neither agreeing nor disagreeing).
- When asked which other services could be provided through pharmacy, answers included:
  1. Blood tests
  2. Asthma clinic
  3. Healthy start vitamins
  4. Health check/ healthy heart
  5. Mental health advice: suggestions for supporting wellbeing whilst waiting for support from mental health services. Staff should be mental health trained