



Health and Wellbeing Board

DATE: 1st March 2018

TITLE: Pharmaceutical Needs Assessment

Purpose of report:

- a) To present the Surrey Pharmaceutical Needs Assessment (PNA), highlighting key aspects of the PNA including its recommendations to the Health and Wellbeing Board (HWB)
- b) To ask the HWB to approve the PNA in readiness for its publication by 1st April 2018 in accordance with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Introduction:

1. From the 1st April 2013 Health and Wellbeing Boards (HWB) have a statutory responsibility as set out in the Health and Social Care Act 2012 to publish and keep up to date the Pharmaceutical Needs Assessment (PNA) which provides a statement of need for pharmaceutical services for the population of its area.
2. The regulations require PNAs to be revised at least once every 3 years or more frequently if changes to the local population or services are sufficient to require a supplementary statement. Surrey HWB published its first PNA on 1st April 2015. The first revision is therefore due by 1st April 2018.

What is the PNA used for?

3. Under the NHS Regulations (2013), a person (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, a GP) who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. The PNA is therefore an essential part of the process of making decisions about market entry for new service providers.

4. A PNA also gives an opportunity for the Health and Wellbeing Board to understand how pharmacies might better contribute to addressing the health needs of the local population through identifying gaps in access or the potential to improve the health of the local population through more targeted interventions.

Scope of the PNA

5. Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and sets out what information must be contained in the PNA.
6. The following is not within the scope of the PNA:
 - 6.1 Collaborative arrangements between pharmacies and other sectors
 - 6.2 Accessible Information Standard (AIS)
 - 6.3 Physical access
 - 6.4 Service quality

Process of developing the PNA:

7. The Surrey HWB delegated responsibility for overseeing the production of the Surrey PNA to the Surrey PNA Steering Group chaired by Public Health with representation from pharmacy, general practice, Clinical Commissioning Groups, NHS-E and Healthwatch. This group has met since February 2017 to provide guidance, support and oversee the production of the 2018 Surrey PNA. An Operational Group was formed to take responsibility for the production of the PNA, analysing local demographics, health needs, and service needs as well as consulting with the public and other local stakeholders.
8. The previous PNA was reviewed and any changes to the structure agreed. An assessment of the coverage of pharmaceutical services was made. Surveys were carried out to seek views on pharmaceutical service provision from those delivering services as well as consulting with the public, GPs and other health care professionals on their experience of provision. Analysis of the data was conducted to identify gaps in service provision and opportunities to secure improvements or better access to pharmaceutical services. Pharmacies were also mapped to see where they might be able to impact on local health need.
9. A consultation on the draft PNA document was undertaken between 2nd October and 1st December 2017 when views of

the public and other stakeholders were sought to ensure the PNA is reflective of the needs of the Surrey population. The Regulations (2013) require a consultation period of 60 days and stipulate who must be consulted. Responses to the consultation have been included as a section within the PNA and have been used to inform the final draft of the PNA.

Content of the PNA:

10. The PNA is comprised of 14 sections plus appendices:

Section 1: Executive Summary

Section 2: Introduction: including the context, purpose, aims, methodology and production of the PNA

Section 3: Demography: describes the population of Surrey and explores population projections and housing growth for the County. Information by CCG is provided in an appendix.

Section 4: Local Health Needs: the PNA has considered the role and functions of pharmacies, and how they relate to a number of important local health needs chosen on the basis of the potential for impact by local pharmaceutical services.

Section 5: Current Pharmaceutical Service Provision: describes the number of pharmacy contractors (community pharmacy and dispensing doctors) in Surrey by CCG locality, considers access to them in terms of time and distance and the services they provide. This section includes maps of pharmacy locations, days open (weekdays, Saturdays and Sundays), distance and journey times, and services commissioned by Public Health such as Stop Smoking and Needle and Syringe programme.

Section 6 to 10: Survey results: from the public, community pharmacy, dispensing doctors, GP and healthcare professional surveys.

Section 11: Conclusions and recommendations of the PNA.

Section 12: Consultation report: a summary of the responses received from the consultation on the draft PNA.

Section 13: Further information: including references and bibliography.

Section 14: Addendum: changes to pharmacy contracts after production of the draft PNA to the end of December 2017

<p>Key findings and recommendations of the PNA:</p>
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11. Changing policy context

The current PNA has been undertaken in a rapidly changing policy context for community pharmacies. Between the changes to the funding arrangements for pharmacies and rapid organisational change in the NHS with Sustainability and Transformation Partnerships and the General Practice Forward View, the next three years will be a period of change for pharmacies.

12. Population growth

Recognising the potential for change in local populations due to proposed large scale housing developments in Surrey, the PNA Steering Group should review actual increases in population and the implications of any increases on an annual basis and publish their findings in a PNA supplementary statement.

13. Necessary Service Provision

Taking into account current service provision and the access residents of Surrey HWB have to pharmaceutical services in terms of distance, time and choice, it is concluded there are no gaps in necessary service provision.

14. Other relevant services: Improvements and better access

14.1 Public Health and the commissioned specialist stop smoking service in Surrey, Quit 51, should work with pharmacies in the remaining areas of high smoking prevalence which do not yet have an agreement to provide stop smoking services.

14.2 Given the higher prevalence of asthma in more rural areas of Surrey where access to the New Medicine Service (NMS) is poorer, CCGs should consider how best to address the access to the NMS for these patients to support them in managing their condition.

14.3 Local health partners seeking to address health inequalities should consider how best to ameliorate the impact of poorer access to community pharmacies in areas of higher multiple deprivation and higher health and disability deprivation.

15. Signposting

Many residents are not aware of the range of services offered by local pharmacies or the availability of services outside of daytime hours. Local health partners should consider a campaign to signpost local residents to NHS Choices for detailed information about their local community pharmacies and the services they offer to improve local understanding and access to existing services.

16. Inter-professional contact

While most GPs had daily contact with their local pharmacies and most healthcare providers had regular contact, many thought that inter-professional contact could be improved. Pharmacies and Local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.

17. Overall recommendation

Local Clinical Commissioning Groups and the Sustainability and Transformation Programme should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population, implement the GPFV and improve urgent and unplanned care services.

Recommendation to HWB:

18. In order to approve the PNA, it is suggested that the HWB consider:
- a. Whether the process followed to produce the PNA was robust and met the regulations
 - b. Whether the findings are appropriate to the evidence found
 - c. Whether the recommendations are commensurate with the findings
19. It is recommended that the Health and Wellbeing Board approves the final draft of the Surrey PNA (2018) and agrees to its publication.

Next steps:

20. Following sign off, the PNA will be published online on Surrey-i.
21. The PNA will be published by 1st April 2018.

- 22. The Regulations state each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment. The Surrey PNA should therefore be revised by 1st April 2021. In the interim, the chair of the PNA Steering Group will review annually the need for a revised statement or a supplementary statement to keep the PNA up to date as required by the regulations.

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Sources/background papers: Surrey Pharmaceutical Needs assessment 2018 and appendices.