

Title	Buckinghamshire Pharmaceutical Needs Assessment
Date	5 March 2015
Report of:	Lou Patten, Chief Officer Aylesbury Vale Clinical Commissioning Group – Buckinghamshire HWB Lead Member for the PNA
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Purpose of this report:

From 1 April 2015, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs help the NHS decide if new pharmacies are needed.

The purpose of this report is to update the Health and Wellbeing Board on the 60 day consultation and final stages of Buckinghamshire's Pharmaceutical Needs before it is published.

The final draft of the PNA and accompanying maps are not included in the reports pack but are available on the Health and Wellbeing Board webpages on the Bucks County Council website via the following link:
<https://democracy.buckscc.gov.uk/ieListMeetings.aspx?Committeeld=710>

Summary of main issues:

This is Buckinghamshire's first Pharmaceutical Needs Assessment under the new regulations and requirements set out by the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

A working group was established to ensure the Health and Wellbeing Board met its responsibilities for producing a final PNA, led by the Chief Officer of Aylesbury Vale CCG. The draft PNA was approved prior to consultation at the HWB meeting in October 2014. The mandatory consultation period ran from 20 October to 23 December 2014.

This report includes the executive summary and the consultation report which details the responses received and how these responses will be addressed within the final PNA. The consultation report will be included as an appendix in the final document.

Recommendation for the Health and Wellbeing Board:

- To note and agree the Executive Summary and PNA Consultation report and final amendments to the PNA document.
- To agree for the report to be published
- Delegate any final responsibility for approval of the first PNA following this meeting to the Aylesbury Vale Chief Officer.

Background documents:

Buckinghamshire Pharmaceutical Needs Assessment March 2015

Executive Summary

Background

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). HWBs are required to produce the first assessment by 1 April 2015.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision, NHS England is required to refer to the local PNA.

The 2008 White Paper – Pharmacy in England: Building on strengths – delivering the future – states that it is a strength of the current system that community pharmacies are easily accessible and that 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.

This PNA describes the needs for the population of Buckinghamshire and considers current provision of pharmaceutical services to identify whether they meet the identified needs of the population. The PNA considers whether there are any gaps in service delivery.

PNAs are used by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets. The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and Buckinghamshire County Council of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA includes information on:

- pharmacies in Buckinghamshire and the services they currently provide, including dispensing medications, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users
- other local pharmaceutical services
- relevant maps relating to Buckinghamshire and providers of pharmaceutical services in the area
- services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Buckinghamshire.
- potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

Overview of pharmaceutical services in Buckinghamshire

Buckinghamshire is well provided for with respect to dispensing pharmaceutical services. There are 90 community pharmacies in the health and wellbeing board area, one appliance contractor, four distance selling/internet pharmacies and 14 dispensing doctor practices across 19 locations.

The county has less than the national average of pharmacies per 100,000 head of population. However, it has a high proportion of dispensing doctor practices due to the rural nature of the county. Buckinghamshire has the national average for GPs per 100,000 head of population.

Pharmacies are well used by the public – on average, around 14 times a year per person (11 times for health reasons). They also have a key role in contributing to the health and wellbeing of the local population in a number of ways, including providing information and brief advice, plus signposting to other services.

The contractual framework for pharmaceutical services

In 2005, the national framework for community pharmaceutical services identified three levels of pharmaceutical service: essential, advanced and enhanced. The purpose of this pharmaceutical needs assessment (PNA), as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework, these needs can be addressed.

Buckinghamshire Health and Wellbeing Board (HWB) wishes to ensure that all the opportunities within the currently funded essential and advanced service elements of the community pharmacy contractual framework (CPFC) are fully utilised to ensure maximum health gain for our population.

Where there is evidence that additional pharmaceutical services may be needed, the evidence base for this is presented so that commissioners can make informed decisions for investment.

Essential pharmaceutical services

Community pharmacies in Buckinghamshire receive approximately £9.9 million of national funding to provide pharmaceutical services, both essential and advanced within the national framework. This is based on Buckinghamshire receiving 0.4% of national monies, the total national funding for 2012/13 being £2,486 million (Pharmaceutical Services Negotiating Committee, or PSNC).

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of “essential services” comprising:

- dispensing
- repeat dispensing
- disposal of unwanted medicines
- promotion of healthy lifestyles e.g. public health campaigns
- signposting patients to other healthcare providers
- support for self-care
- clinical governance (including clinical effectiveness programmes).

Advanced services

In addition to the essential services, the community pharmacy contractual framework allows for advanced services which currently include:

- Medicines Use Review (MUR) and prescription intervention services
- New Medicines Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Appliance Use Review Services (AUR).

Advanced services have nationally agreed specifications and payments. They are funded by the NHS and incur no charges by patients.

Enhanced and Locally Commissioned Services

Service specifications for enhanced services are developed by NHS England and then commissioned to meet specific health needs. Services commissioned by CCGs or the local authority, such as public health services, are known as locally commissioned services (LCS).

At the time of writing this PNA, NHS England has recently commissioned one enhanced service from pharmacies in 2014/15 – provision of flu vaccinations for at-risk groups aged under 65.

There are currently five locally commissioned services commissioned from community pharmacies by Buckinghamshire County Council (BCC). These services include:

- a) Stop Smoking Support
- b) Supervised Consumption (e.g. methadone)
- c) Needle Exchange Service
- d) Emergency Hormonal Contraception (EHC) and
- e) Chlamydia Screening.

Buckinghamshire's approach to developing the PNA

In order to inform the draft PNA, the Health and Wellbeing Board (HWB) established a joint steering group with Oxfordshire HWB and an expert contractor was jointly commissioned.

Buckinghamshire County Council and the Clinical Commissioning Groups (CCGs) conducted significant needs and health assessment work, including the Joint Strategic Needs Assessment (JSNA)¹ and Joint Health and Wellbeing Strategy. The PNA draws on these and other complementary data sources.

A public survey has been undertaken by more than 300 residents and information sought from pharmacies via a questionnaire.

In addition, information was gathered from NHS England, local CCGs and Buckinghamshire County Council including:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical service.

¹ <http://www.buckscc.gov.uk/community/knowning-bucks/joint-strategic-needs-assessment>

Summary of main issues:

The joint steering group considered access (distance, travelling times and opening hours) as the most important factor in determining the extent to which the current provision of pharmaceutical services meets the needs of the population.

The steering group considers access to a pharmacy of primary importance during normal working hours and at times when GP surgeries are open. Where there is no pharmacy but there are GP dispensing premises, the steering group consider the latter to mitigate against any potential gap in need for pharmaceutical services, although noting that dispensing practices can only provide limited essential pharmaceutical services and only to identified patients of the practice. Hence, there is a wider range of pharmaceutical services available from a community pharmacy, provided to a broader client base. The steering group also recognises that there are some GP practices that are open at different times to nearby pharmacies.

Generally, community pharmacies in Buckinghamshire are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays and at the weekend (often until late at night) without the need for an appointment.

Reviewing pharmacy hours during evenings and weekends, particularly in regard to extended GP opening hours, the group considered that there is some 100-hour provision and a number of pharmacies providing supplementary hours into evenings and weekends. The steering group also recognised that there are some GP opening hours not directly matched by pharmacy opening hours. While the steering group would wish pharmacies to mirror these opening hours they consider that people could reasonably wait until pharmacies open in the morning or that they could reasonably travel during evenings and weekends to where pharmaceutical services are provided at those times.

When reviewing locality settlements with no pharmaceutical services provision by those on the pharmaceutical list (i.e. pharmacies) – in particular where there is a GP surgery – the steering group had regard to national analysis of travel times and compared local analysis of travel times in Buckinghamshire. The group considered that a reasonable standard for considering a gap in pharmaceutical services provision was where the GP surgery was both more than five miles and greater than a 20-minute drive from a pharmacy. Where that standard is not met, the steering group identified that an improvement or better access could and should be achieved by a pharmacy at those locations. No areas were identified as for improvement or better access.

Findings from the patient survey indicate that there are pharmaceutical services that the public do not know are currently available. There is a need to communicate to the public the range of services provided.

Key Messages

Buckinghamshire is a relatively affluent county with pockets of deprivation in urban areas. It is well provided with pharmaceutical services.

Across Buckinghamshire the number of pharmacies per 100,000 population is less than the national average. However, the number of dispensing practices is greater than the national average.

All pharmacies should make full use of NHS Choices and other internet-based information sources to promote their services, to improve communications so patients and carers are aware of the range and availability of all services.

Buckinghamshire is in no need of further pharmaceutical services.

When local housing developments are considered over the next three years it is concluded that, in relation to the current provision of pharmacies, a gap in pharmaceutical services is unlikely to exist during the lifetime of this PNA.

The wider role of community pharmacy: beyond the PNA

In order to make our Health and Wellbeing strategy a reality, everyone needs to take greater responsibility for their own health and wellbeing and that of others. The Health and Wellbeing Board recognise that community pharmacies are a valuable and trusted public health resource that has the potential for a wider role in improving health and wellbeing and reducing health inequalities. The potential for this wider role will be developed through our Clinical Commissioning Groups and the wider stakeholder work on our Primary Care Strategy over the next five years.

Appendix 1 – Report on the public consultation
(included as appendix L in the final report)

Introduction

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the Health and Wellbeing Board (HWB) area are accurately reflected in the final PNA document, which is to be published by 1st April 2015. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

Consultation Process

In order to complete this process the HWB has consulted with those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services Regulations) 2013, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services.

Examples of statutory consulted parties included:

- Buckinghamshire LPC
- Buckinghamshire LMC
- Healthwatch Bucks
- Buckinghamshire Healthcare NHS Trust
- South Central Ambulance Services SCAS
- Neighbouring HWB areas such as Oxfordshire HWB
- Those on the pharmaceutical and doctor dispensing lists.

In addition, other local stakeholders were invited to consult on the draft. These included commissioners such as local CCGs and patient groups.

Each consultee was contacted via a letter explaining the purpose of the PNA and that as a statutory party, the HWB welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to the Buckinghamshire County Council website to access the document and accompanying appendices, and offered the option of a hard copy if they wanted one.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online, via a link or alternatively email, post or paper copy.

The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 20th October 2014 until 23rd December 2014.

Results

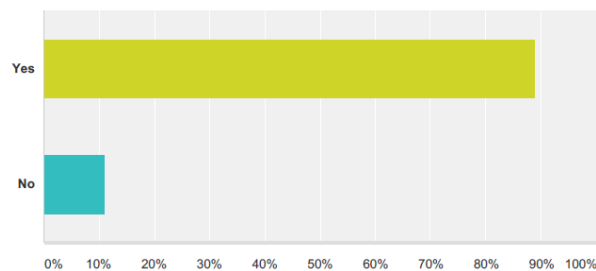
The online consultation received total 45 responses, which identified themselves as the following:

Answer Options	Response Percent	Response Count
On behalf of a pharmacy / dispensing appliance contractor / dispensing doctor	33.3%	15
On behalf of an organisation	24.4%	11
A personal response	42.2%	19
	answered question	45

Participants in the consultation were not required to complete every question. As a result percentages are derived from the number of responses to the questions rather than the number of overall respondents.

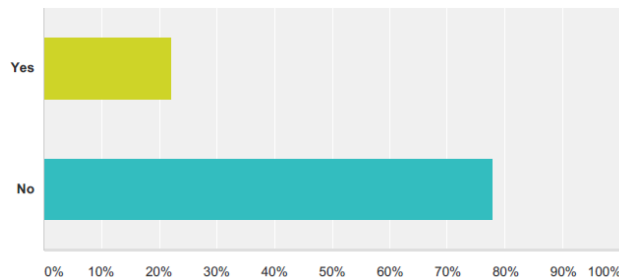
Summary of Online Questions, Responses and HWB Considerations

1. In asking “Does the PNA reflect the current provision of pharmaceutical services within Buckinghamshire”, the majority (89%) responded positively, three additional comments were offered as to why not and are summarised below:



Summary of comments	Response
Two of the comments received were in regards to a new pharmacy premises which opened during the consultation period in Ivinghoe, near Pitstone.	The HWB have taken account of the additional pharmaceutical services currently provided in this settlement and have amended the determination accordingly.
A comment was received that provided information regarding the nature of Iver as a settlement and issues with public transport.	The HWB welcomed the information; however it did not differ from the information considered in the assessment.

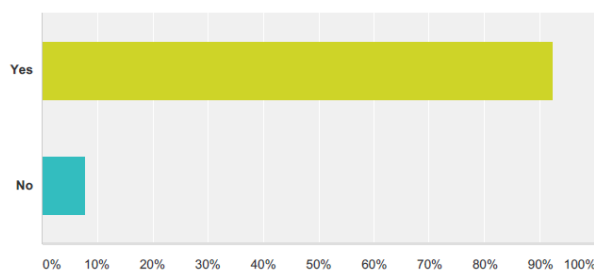
2. In asking “Are there any gaps in the service provision; i.e. when, where and which services are available that have not been identified in the PNA”, the question received the following responses:



Two of the six that responded ‘Yes’ offered comments and the HWB responded as below:

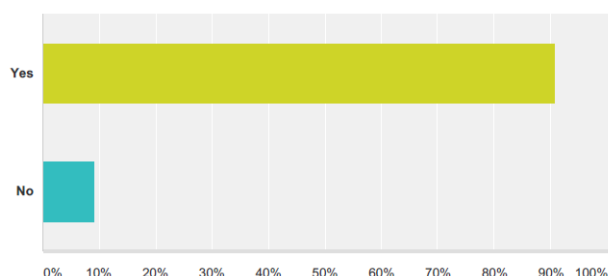
Summary of comments	Response
A comment was made supporting pharmacists’ suitability to be able to make appropriate changes to medication when particular medications are unobtainable.	The HWB were pleased to receive comments which supported the utilisation of pharmacists and noted that within the current legal, professional and contractual arrangements this can be undertaken as part of the dispensing service.
A comment was received which question the ability of supermarket pharmacies to provide suitable consultation facilities.	Whilst the HWB would encourage all pharmacies to provide such facilities, this is not a matter within the remit of this PNA. There is no evidence to support such a statement.

3. In asking “Does the draft PNA reflect the needs of the Buckinghamshire population”, the majority of the respondents (92%) responded positively, with three comments offered as to why not as shown below, with the HWB response:



Summary of comments	Response
A comment was received indicating a need for needle exchange in High Wycombe.	The Drugs and Alcohol Action Team (DAAT) are responsible for the specialist commissioning of this service. The HWB will forward this comment to DAAT for information.
One comment confirmed the PNA reflected need but went on to suggest there are geographic issues without expanding further.	The HWB were pleased to note the agreement that needs were met but were not in a position to consider further in the absence of detail.
One comment was received regarding the repeat prescribing practices of GPs.	This is outside the scope of the PNA.

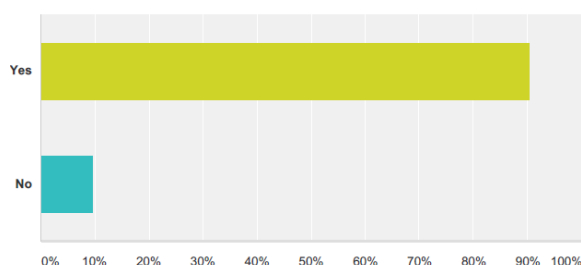
4. In asking “**Has the purpose of the PNA been explained sufficiently**”, the HWB were pleased to note the high positive response and considered the one comment offered, as below:



Summary of comment	Response
The comment received raised the question on how users obtain the document.	The HWB will publish the document online via the BCC website in line with the statutory requirements.

5. In asking “**Has the scope of the PNA been explained sufficiently**”, the HWB were pleased to note the high (95%) positive response and noted no comment was offered.

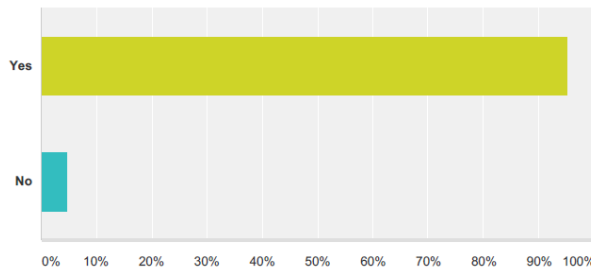
6. In asking “**Are localities clearly defined throughout the draft PNA**”, the HWB were pleased to note the positive response from the majority with only one comment offered, which is described below:



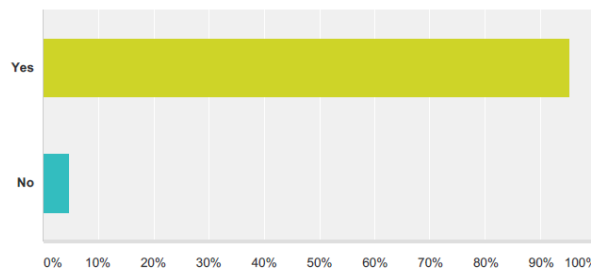
Summary of comment	Response
An opinion was expressed that the	The HWB dispute the comment regarding the

maps were of poor quality and each locality map should show all the services provided.	quality of the maps. It is not practical to mark all maps with all current service provision as they will become too cluttered, however the information on such services is contained within the PNA. The comment does not dispute the statutory mapping requirements are met.
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7. In asking “**Has the PNA provided adequate information to inform the market entry decisions**”, the HWB were pleased to note only one negative response from the 21 responders to the question. No comment was offered by the dissenting party.

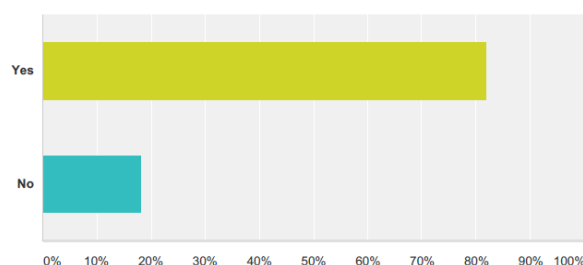


8. In asking “**Has the PNA provided adequate information to inform how services may be commissioned in the future**”, the HWB were pleased to note that over 95% confirmed such with one comment offered by the dissenting party, which is summarised below:



Summary of comment	Response
A comment was received which questioned the lack of information provided on how pharmacy can meet the needs of the population. There was also a question raised regarding how new services would be commissioned.	The HWB have included information throughout the document, in particular section 5, on how pharmacies can address the needs of patients. How new services are commissioned is outside the scope of the document.

9. In asking “**Has the PNA provided enough information to inform future service provision and plans for pharmacies and dispensing appliance contractors**”, the HWB were pleased to note the majority confirmed such with three comments offered by the dissenting parties, as detailed below:



Summary of comments	Response
One comment received indicated insufficient information was contained to inform future enhanced and LCS, and noted the PNA has a limited scope.	The HWB appreciate the comments submitted, however as no further detail was provided could not formulate a response.
A comment was received noting the generality of the document.	The HWB were unable to respond in the absence of further information.
Comments were received which welcomed the recommendation for the promotion of current services and raised the question of how future services would be prioritised.	The HWB were happy to receive the positive comments supporting the recommendation for greater promotion and welcome the response regarding future priorities. Prioritisation sits outside the scope of the PNA; however the comments will be forward to commissioners for consideration.

10. In asking “Do you agree with the conclusions of the PNA”, the HWB were pleased to note over 95% of respondents concurred with one comment offered. This comment was a repetition of that submitted for Q2.

11. In seeking to establish whether there are any services not highlighted in the draft PNA that could be provided in the community pharmacy setting in the future, the HWB noted and responded to the positive interest and suggestions offered by 11 of the 21 respondents, as summarised below:

Summary of comments	Response
The following suggestions were submitted, however they are already considered within the document <ul style="list-style-type: none"> • Diabetes Management • Minor Ailments scheme • Travel vaccines • Prescribing • Needle exchange • Cholesterol checks • Warfarin monitoring • Repeat prescription ordering 	The HWB considered the detail in which these services are covered in the PNA is sufficient.
One comment suggested Electronic Prescription Service (EPS).	We have not included EPS in the essential services description as it is part of a process of dispensing. Local delivery of this is dependent on GP engagement.
A general comment was received which indicated greater weekend access to	The HWB has considered the provision of pharmaceutical services at weekends

service.	however, due to the absence of further details is unable to take a view on this comment.
A comment was submitted which indicated pharmacies required assistance in promoting their services.	The PNA has identified the promotion of pharmaceutical services as an area for improvement and has recommended the utilisation of NHS Choices. Support in delivering contractual requirements sits outside the scope of the PNA, however this will be shared with the LPC for information. See Executive Summary, section 3.4 and Appendix F.
The comment regarding medication substitutions when stock is unavailable was repeated.	The HWB were pleased to receive comments which supported the utilisation of pharmacists and noted that within the current legal, professional and contractual arrangements this can be undertaken as part of the dispensing service.
A statement was received which noted that not all enhanced services listed within the regulations are commissioned with Buckinghamshire and that not all LCS in the areas are provided by pharmacies.	The HWB reviewed this statement and determined that the PNA sufficiently covers all these areas throughout the document. In the absence of any specific details regarding a given service, the HWB did not consider the matter further.
A comprehensive statement was submitted which highlighted the role which community pharmacies can contribute to patient's needs; supporting better outcomes and increasing effectiveness of treatments, though current essential and advance services. Specific suggestions were submitted regarding how integrating and targeting them to specific health needs (e.g. mental health) would improve patient care reduce medicines related risks and allow for more effective care systems.	Whilst not within the scope of the PNA, the HWB was pleased to receive this contribution; its support for improving patient care by utilising pharmacists within the community and the expansion pharmaceutical services to support improvements in patient care.

Other comments received and HWB responses:

Summary of comments	Response
A suggestion was submitted that improving communication between GP surgeries and pharmacies would improve services further for patients.	The HWB were pleased to receive the comment, and agreed with the suggestion; however it was not a consideration for the PNA.
One responder questioned the 'fairness' of how local services were commissioned from pharmacies; however no justification for the statement was provided.	The HWB noted the comment.
Three comments were received, which indicated that opening times for pharmacies were different from those detailed within the document.	The HWB used the data supplied by NHS England however this matter has been passed to them for resolution. The information provided, does not alter the conclusions of the PNA.

One responder was unable to locate the map appendices, which were published alongside the main document.	The maps were available as separate documents on line.
Information was provided regarding the recent merger of local Trusts to form Frimley Health NHS Foundation Trust.	The HWB welcomed the additional information and updated the PNA accordingly.
An additional comment was received regarding the opening of new pharmacy premises in the Pitstone area.	The PNA has been updated to reflect the new pharmacy premises.

Comments Received By Post and Email

One response was submitted by post which was from a dispensing practice. A summary of the comments made and the HWB response is below:

A response was received which related disappointment that their dispensing practice was not directly included in initial consultation prior to draft the PNA being produced.	The HWB formed a steering group to develop the PNA. Both the LMC Aylesbury Vale and Chiltern CCG formed part of the steering group to represent GPs.
A comment was made which stated that they were not aware of any dispensing practice being consulted.	The HWB noted that this was in fact a response following consultation from a dispensing practice. Future details on the consultation are included in the document Sections 3.
A response questioned how: Local residents' were engaged with and if any specific research was undertaken.	Members of the public including residents have been given the opportunity to respond to the draft through the formal consultation. Healthwatch Bucks have also been involved in the development of the PNA and were represented on the steering group. The HWB would consider specific reach in to settlements to form part of an application process, rather than a needs assessment and therefore not part of the PNA development process.
The response felt the value of the current pharmaceutical services was not appreciated.	The HWB were disappointed to receive such a comment as dispensing practices and their value in rural areas was highlighted throughout in the document.
The distances and driving times quoted for the settlement of Brill were questioned and additional information was supplied using other router planners available.	The HWB were pleased to receive the additional information supplied and reviewed the determination for Brill in line with the original criteria (which were not in dispute). The HBW independently reviewed all

	<p>calculations within the PNA where the AA route planner estimated travel times as 20mins and over, as the figures submitted were noticeably different from those calculated. Sections 7.2 and appendix G were updated to show the additional calculations from supplementary route planners.</p>
<p>A requested was made that determination for Brill in regard to improvement /better access is reconsidered.</p>	<p>The HWB considered that the balance of probabilities in regards to the residents of Brill are that they are able to access pharmaceutical services within a 20min drive and therefore did not meet the criteria for improvement/better access. This determination was therefore amended accordingly.</p>

Conclusions

The HWB would like to thank those who participated in the consultation process. The information gleaned was constructive and helpful. The consultation provided additional information, including changes to health services, including pharmaceutical services which had occurred in the HWB area during the consultation period. This information, in conjunction with information provided regarding estimated travel times, resulted in changes to the document in regards the determinations for improved and better access to pharmaceutical services.