

<b>Title</b>	Buckinghamshire's Pharmaceutical Needs Assessment 2018
<b>Date</b>	Tuesday 7 November 2017
<b>Report of:</b>	Lou Patten, Chief Officer, NHS Aylesbury Vale and Chiltern CCG Buckinghamshire Health & Wellbeing Board Lead Member for the PNA
<b>Lead contacts:</b>	Jane Butterworth, Head of Medicines Management, NHS Aylesbury Vale and NHS Chiltern CCG Emily Youngman, Consultant in Public Health, Bucks County Council

### **Purpose of this report:**

Since April 2015, every Health and Wellbeing Board (HWB) in England has had 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). The statutory guidance stipulates that PNA's should be refreshed and published every three years.

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.

In order to assess the provision of pharmaceutical services against the needs of the population and update data for 2015, the Buckinghamshire PNA steering group was reformed in April 2017.

The key findings of the report are presented to the Health and Wellbeing Board to approve the start of the 60 day consultation on 14 November 2017.

### **Summary of main issues:**

The PNA steering group are responsible for planning the process and producing the PNA report that complies with the 2013 regulations and the Health and Wellbeing Board have responsibility for publishing it before April 2018.

The steering group includes representatives from the, Aylesbury Vale and Chiltern Clinical Commissioning Groups, Public Health, the Local Pharmacy Committee, NHS England South East (Thames Valley), Healthwatch Bucks and the Local Medical

Committee. The 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 the access to 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. It is important to note that dispensing practices can only provide limited essential pharmaceutical services, and these services are only for identified patients of the practice. So a community pharmacy provides a wider range of pharmaceutical services, for a broader client base. The steering group also recognise that there are some GP practices that are open at different times to nearby pharmacies.

Buckinghamshire is well provided for with respect to dispensing pharmaceutical services. There are 91 community pharmacies, one dispensing appliance contractor, four internet pharmacies and 12 dispensing doctor practices across 16 locations in Buckinghamshire's Health and Wellbeing Board area. The number of pharmacy contractors has not changed since the 2015 PNA.

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 week days 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. Whilst 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 our own 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 5 miles and greater than a 20 minute drive time 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.

### **Recommendation for the Health and Wellbeing Board:**

- **Board Members should note the key findings of the report set out in the executive summary below and agree for the PNA to go to consultation.**
  - **The Chair's action will be sought before the report goes to consultation, following final approval of the report by the PNA steering group and the Health and Wellbeing Board Lead Member for the PNA.**
  - **The final PNA will be presented to the Health and Wellbeing Board for approval in March 2018.**
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## **Executive Summary**

### **Background**

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

This pharmaceutical needs assessment 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 pharmaceutical needs assessment considers whether there are any gaps in service delivery.

The pharmaceutical needs assessment will be used by NHS England to determine whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant local arm of the NHS England 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 pharmaceutical needs assessment.

PNAs are also 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 pharmaceutical needs assessment may also be used to inform commissioners, such as Clinical Commissioning Groups 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:

- Pharmacy contractors in Buckinghamshire on the pharmaceutical list for Buckinghamshire's Health and Wellbeing area and the essential and advanced services they currently provide
- other local pharmaceutical services, such as enhanced and locally commissioned 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
- the population and health of 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 91 community pharmacies, one dispensing appliance contractor, four internet pharmacies and 12 dispensing doctor practices across 16 locations in Buckinghamshire's Health and Wellbeing Board area.

### **The contractual framework for pharmaceutical services**

The pharmaceutical services to which each pharmaceutical needs assessment must relate are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- a pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board
- a pharmacy contractor who is included in the local pharmaceutical services list for the area of the Health and Wellbeing Board

- a dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board
- a doctor who is included in a dispensing doctor list held for the area of the Health and Wellbeing Board

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, 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 wishes to ensure that all the opportunities within the currently funded essential and advanced service elements of the community pharmacy contractual framework 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**

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 medicines and actions associated with dispensing
- dispensing appliances
- repeat dispensing
- disposal of unwanted medicines
- public health (promotion of healthy lifestyles)
- signposting
- support for self-care
- clinical governance

### **Advanced services**

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

- Medicines Use Review and prescription intervention services
- New Medicines Service
- Stoma Appliance Customisation Service

- Appliance Use Review Service
- Flu vaccination

## **Enhanced and Locally Commissioned Services**

These are local services directly commissioned by NHS England. 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.

There are currently no enhanced services commissioned in Buckinghamshire. Buckinghamshire County Council currently commissions five locally commissioned services from community pharmacies:

- Stop Smoking Support
- Supervised Consumption (e.g. methadone)
- Needle Exchange Service
- Emergency Hormonal Contraception
- Chlamydia Screening.

## **Approach to developing the pharmaceutical needs assessment**

The Health and Wellbeing Board established a Pharmaceutical Needs Assessment Steering Group whose purpose was to ensure that the Health and Wellbeing Board develops a robust pharmaceutical needs assessment that complies with the 2013 regulations and the needs of the local population.

The pharmaceutical needs assessment draws significant needs and health assessment work, including the Joint Strategic Needs Assessment<sup>1</sup> and Joint Health and Wellbeing Strategy published by Buckinghamshire Health and Wellbeing Board, as well as other complementary data sources comprising:

- Information from NHS England, Buckinghamshire County Council, Aylesbury Vale Clinical Commissioning Group and Chiltern Clinical Commissioning Group including:
  - services provided to residents of Buckinghamshire Health and Wellbeing Board area, whether provided from within or outside of this area
  - changes to current service provision
  - future commissioning intentions
  - known housing developments within the lifetime of the pharmaceutical needs assessment

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<sup>1</sup> <http://www.healthandwellbeingbucks.org/what-is-the-jsna>

- any other developments which may affect the need for pharmaceutical service
- A public survey conducted by Healthwatch Bucks

### **Summary of main issues:**

The Pharmaceutical Needs Assessment 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 considers that the latter mitigates 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. community 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.

### **Key Messages**

Buckinghamshire is a relatively affluent county with pockets of urban and rural deprivation.

It is well provided with pharmaceutical services. There are 91 community pharmacies, one dispensing appliance contractor, four internet pharmacies and 12 dispensing doctor practices across 16 locations in Buckinghamshire's Health and Wellbeing Board area. The number and location of pharmacy contractors has not changed since the 2015 PNA.

Buckinghamshire is not in need of further pharmaceutical services.

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.

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.