

Committee(s)	Dated:
Health and Wellbeing Board	20 th February 2015
Subject: Pharmaceutical Needs Assessment update	Public
Report of: Director of Community and Children's Services	For Decision

Summary

The Health and Wellbeing Board has a statutory obligation to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. The PNA contains information about local need, current community pharmacy services and gaps in provision. The PNA will be used by NHS England to commission future pharmacy services in the area. The information contained in the PNA will also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG.

A summary of the key findings for the City are included as an appendix. Current pharmacy provision meets the current and projected future needs of the resident and working populations. However there is some scope for improvement, particularly by extending access to repeat dispensing services and increasing public health provision through pharmacies for both City residents and workers.

Recommendation

Members are asked to:

- Delegate authority to the Chairman/Deputy Chairman, in consultation with the Director of Public Health, to approve the PNA for publication.

Main Report

Background

1. Pharmaceutical Needs Assessments (PNAs) are used by the NHS, Clinical Commissioning Groups and local authorities to commission community pharmacy and related services. NHS England is responsible for making decisions on applications to open new pharmacies and dispensing appliance contractor premises; the PNA document informs these decisions at a local level.
2. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for producing PNAs. Hackney and the City's Health and Wellbeing Boards (HWBs) have a statutory responsibility to produce a revised

Pharmaceutical Needs Assessment (PNA) for the local area by 1 April 2015. The last PNA was produced by the former PCT in April 2011.

3. Each HWB is required to produce its own individual PNA. The process has therefore been conducted jointly with Hackney, but separate assessments have been produced for each area.
4. At the July HWB, Members approved the PNA delivery plan, including the following:
 - Collation and analysis of relevant data to assess the adequacy of existing services and identify any gaps to meet current and future need, such as socio-demographic analysis of the local population, geographical mapping of pharmacies and analysis of existing pharmacy services.
 - Feedback from local pharmacies, the public and other key stakeholders.
 - Engagement with partners, including City & Hackney Local Pharmaceutical Committee, City & Hackney Local Medical Committee, City & Hackney CCG, NHS England and Area Team, individual pharmacists (including Boots the Chemist), City of London Healthwatch and Hackney Healthwatch and other public/patient representative groups and the local NHS Trusts and Foundation Trusts.
 - Consultation on the draft report.
5. As well as assessing pharmaceutical services, the draft PNA also includes an analysis of pharmacy public health services commissioned in the City of London.
6. The assessment has been conducted using a range of different methods, including a review of local policy and strategy documents, analysis of commissioning and prescribing data, a survey of pharmacy contractors and engagement with patients and the public.
7. The implications of the City's demographic and health profile have been taken into consideration in the assessment of pharmaceutical services, and have informed the conclusions in relation to public health services.
8. Production of the PNA has been overseen by a single governance process, with input from all key local partners (including the Clinical Commissioning Group, Local Pharmaceutical Committee, NHS England and Healthwatch).

Current Position

9. A public consultation on the draft report of the PNAs closed on 31st December. The responses to this consultation are currently being worked through by the PNA Task & Finish Group. A final report will be produced by the end of February.
10. A summary of the pre-consultation draft PNA for the City of London is included in Appendix 1.
11. Due to tight timescales, Members are asked to delegate authority to the Chairman/Deputy Chairman to sign off the PNA prior to the deadline of 1st April 2015. The final report will then be made available to the HWB.

12. Relevant findings from the PNA should be considered in the development of the Corporation's and the CCG's future commissioning plans. The Corporation is engaged in ongoing discussions with the City and Hackney Local Pharmaceutical Committee about service improvements and future developments, using the results of the PNA as a baseline. A joint Local Pharmaceutical Committee and Public Health forum is being held on 5th February 2015 to start a wider discussion with pharmacy contractors about how we can work together better to improve public health outcomes for both the City and Hackney. Evidence from the PNA will guide these discussions.

Legal Considerations

13. NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the statutory requirements for Health and Wellbeing Boards to produce a PNA for the local area by 1 April 2015. Failure to produce a PNA by this date will lead to legal challenge.

Recommendations

14. Members are asked to:

- Delegate authority to the Chairman/Deputy Chairman, in consultation with the Director of Public Health, to approve the PNA for publication before 1st April 2015.

Appendices

- Appendix 1 – City of London Pharmaceutical Needs Assessment Executive Summary (Pre-Consultation Draft)

Background Papers

Pharmaceutical Needs Assessment draft delivery plan, 18th July 2014 (Health and Wellbeing Board)

Jayne Taylor, Consultant in Public Health

City & Hackney Public Health Team

020 7356 7885

Jayne.Taylor@hackney.gov.uk

Appendix 1

City of London Pharmaceutical Needs Assessment Executive Summary (Pre-Consultation Draft)

Demography and health profile

1. The characteristics of the City's population can be summarised as follows:
 - The size of the resident population (7,879) is larger than the population registered with the one GP practice located in the City (6,234); and a significant minority of residents are registered with out-of-area GPs.
 - The City has a comparatively large working age and older resident population.
 - The most significant residential populations are clustered towards the north (near the Islington border) and the east (near the border with Tower Hamlets).
 - The City is also a major location of employment, which significantly increases the daytime population (by a factor of 56).
 - The City is home to one of the largest rough sleeper populations in London.
 - The GLA's SHLAA population projections (which take future housing growth into account) predict that the City's population will grow by 10% (or 845 people) over the three years covered by the PNA.
 - The majority (79%) of City residents identify themselves as 'white' ethnicity, a quarter of which 'other white' (i.e. not British or Irish).
 - Levels of deprivation in the City are low in general, except in the east of the borough.
 - The City is home to a comparatively healthy population, but data is not always available due to small numbers.
 - Rates of smoking amongst City workers are higher than average; binge drinking is particularly prevalent amongst City populations (resident and daytime worker) compared with other areas.
 - The sizeable rough sleeper population poses additional challenges for local health and public health services.

Summary of our assessment of pharmaceutical services

2. We have set out below a summary of our assessment of pharmaceutical services in the City of London, in response to the five statements set out in schedule 1 of the regulations.
3. Necessary services – current provision
 - We have concluded that essential services, advanced services and locally commissioned services are all necessary to meet a current need for pharmaceutical services in the City of London.
 - There are 16 pharmacy contractors in the City. There are no distance-selling pharmacies, dispensing appliance contractors or dispensing doctors located within the Corporation's boundaries.
 - City registered patients also make heavy use of out-of-area pharmacies, for their dispensing needs at least (61% of prescriptions are dispensed elsewhere).

- A significant number of City residents, in particular those living in the east, are registered with GPs across the border (in Tower Hamlets) and it is reasonable to expect that some of their pharmaceutical needs will be met by pharmacies that serve these GP practices.

4. Necessary services – gaps in provision

- We have concluded that City residents have access to a comprehensive network of pharmacy contractors, and that this network is sufficient to meet the current need for pharmaceutical services (including essential, advanced and locally commissioned services) and to meet the needs of our population over the period covered by this PNA (up to 2018).
- There were no responses to the patient/public survey to suggest that the needs of any specific communities are currently not being met.
- The pattern of opening hours reflects the expressed demand of the resident and workday population.
- There are no DACs in the City, nor do any pharmacies provide AUR or SAC services. However, our analysis of dispensing data has revealed that the majority of stoma and incontinence appliances are supplied by out-of-area specialist providers, who will very likely offer AUR and SAC services to their patients. Two pharmacy contractors have expressed an intention to provide each of these services within the next 12 months.
- There may also be scope to improve access to locally commissioned services for the resident population in the east of the City, but consideration should be given to the extent to which these needs are currently being met by out-of-area pharmacies.
- Locally commissioned services are deliberately offered only to pharmacies serving the two main residential populations in the north and east of the City. Both of these areas are in very close proximity to neighbouring boroughs (Islington in the north and Tower Hamlets in the east) and there is evidence of significant cross-border dispensing which reflects this, as described above. On this basis, we have concluded that the pharmaceutical needs of the residential population are well served, both by City and out-of-area pharmacies.
- There is considerable scope to extend access to repeat dispensing services to the benefit of patients. This represents an opportunity for GPs (who must initiate repeat dispensing) and pharmacies to work together to bring the benefits of this service to patients. We recommend that NHS England support the adoption and roll out of repeat dispensing by GP practices.

5. Other relevant services – current provision

- We have concluded that the seasonal flu immunisation service secures better access for our population.
- All other pharmaceutical services described in this report have been assessed as necessary for the provision of adequate services to the population of the City of London.

6. Improvements and better access – gaps in provision

- We have considered population trends, as well as planned housing and related developments, over the period covered by the PNA and how these

may impact on the need to secure future improvements or better access to pharmaceutical services.

- We have not identified any need for pharmaceutical services to secure future improvements or better access over the period covered by this PNA.
- The lower than average level of dispensing in the City suggests that there is capacity within the system should such a need arise (this assessment will be reviewed in the post consultation report, once 2013-14 benchmarking data has been published).

7. Other services

- Other provision of related services by NHS providers has been considered in our assessment. We have concluded that this provision does not impact on current or potential need for pharmaceutical services.
- There are no plans for the acute trust located in the City (Bart's hospital) to make an application to provide NHS pharmaceutical services.
- There are no plans to expand the number of GP practices or NHS dentists. Plans have been approved by NHS England to enable non-residents (including the commuter population) to register with out-of-area GPs, which could have significant implications for the City; the anticipated implementation date for this scheme is January 2015. This will have an unknown impact on future need for pharmaceutical services.

8. Summary of our assessment of public health services

- Given the continued high rates of smoking amongst City workers in particular, and the convenience of using pharmacies to get support to quit, we have concluded that the stop smoking service is necessary to meet a current local need. There are no gaps in current provision.
- The pharmacy weight management service offers the potential to secure better access to weight management services in the City. Future service commissioning should be aligned with the new integrated adult obesity service planned for implementation in 2015.
- We have concluded that supply of Healthy Start vitamins through pharmacies is necessary to meet a current need in the City. There is good access to the service in the areas populated by the largest resident communities.
- We have concluded that the four elements of the pharmacy sexual health service (EHC, condom distribution, Chlamydia screening and treatment) are necessary to meet a current need in the City. Measures should be taken to address the gap in service provision to meet the needs of the residential population in the east of the City.
- We have concluded that the pharmacy TB DOTS service is necessary to meet a current need in the City, particular for the resident population in the east of the borough. However, no pharmacies in or near this neighbourhood are currently delivering this service, but they may be accessing TB services over the border in Tower Hamlets, where many City residents are registered. TB commissioning does not strictly fall within the remit of local authority public health responsibilities. We recommend that local commissioning of DOTS is reviewed by relevant local partners (City and Hackney Public Health, the CCG, PHE and NHS England) following publication of the new national TB strategy in 2015.

- We have concluded that the supervised consumption service and needle exchange service are both necessary to meet a current need in the City. Future commissioning of these public health services should be aligned with the City's new substance misuse service model currently being developed.
- The dried blood spot testing service for Hepatitis B, C and HIV targets high risk patients (e.g. substance misuse clients and those born in high prevalence countries). It has the potential to improve access to BBV screening and significantly improve outcomes by identifying undiagnosed infection. However, there is poor access to the service locally, particularly among the ethnically diverse population in the east of the City (who may be at increased risk of infection), as well as the large overseas-born population of City workers. In the medium term, we recommend that City and Hackney Public Health, the CCG, PHE and NHS England consider appropriate commissioning arrangements for this service (like TB DOTS, Hepatitis B and C screening does not strictly come under the commissioning remit of local authorities).
- We recommend that consideration be given to extending the coverage of some public health services (e.g. weight management, sexual health) to a larger network of pharmacies to meet the needs of low paid, potentially high risk City workers. This cannot be funded out of the local public health grant, however. We recommend that NHS England considers how this should be funded.
- We recommend that the Corporation considers commissioning cross-border pharmacies (especially in Tower Hamlets, and also Islington) used heavily by City residents to deliver public health services to meet local need.
- We recommend that local health and wellbeing partners explore potential spare capacity in dispensing services across the network to increase availability of public health services.
- Additional recommendations for exploiting the opportunities that community pharmacy offer for improving access to public health services are detailed in the PNA.