

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 25 July 2017

By: Acting Director of Public Health

Title: East Sussex Pharmaceutical Needs Assessment 2017

Purpose: To present the 2017 East Sussex Pharmaceutical Needs Assessment to the Health and Wellbeing Board for approval and agreement for it to be published as required by the NHS (Pharmaceutical and Pharmaceutical Services) 2013 Regulations.

RECOMMENDATION

The Health and Wellbeing Board is recommended to 1) approve the final draft of the 2017 East Sussex Pharmaceutical Needs Assessment; and 2) agree to the publication of the report.

1. Background

1.1 As from 1 April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA). HWBs had to publish their first PNA by 1 April 2015.

1.2 The PNA is a key document that is utilised in the development and improvement of pharmaceutical services in East Sussex. NHS England, which is responsible for commissioning pharmaceutical services, is also expected to make reference to the PNA when making decisions about market entry for new service providers, as well as in commissioning advanced and enhanced services.

1.3 All HWBs are required to publish a revised PNA within three years of publication of their first PNA. However, HWBs are also required to publish a revised PNA sooner than that if significant changes are identified to the availability of pharmaceutical services since the publication of its last PNA, unless it is satisfied that making a revised assessment would be a disproportionate response to these changes.

1.4 Pending the publication of a revised PNA, supplementary statements explaining changes to the availability of pharmaceutical services since the publication of the existing PNA are added and become part of the PNA (Regulation 3D (3)). A supplementary statement is issued where:

- a) the changes are relevant to the granting of applications but a revised assessment would be a disproportionate response to those changes; or
- b) in the course of producing a revised PNA immediate modification of its current PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

Supplementary statements are a way of updating what the PNA says about which services are provided and where.

1.5 The Public Health Department leads the process and produces the PNA on behalf of the HWB. The first PNA was agreed by the East Sussex Health and Wellbeing Board in July 2014 and subsequently published on the [East Sussex Joint Strategic Needs and Assets Assessment website](#).

1.6 The 2017 East Sussex Pharmaceutical Needs Assessment represents the three-year revision of the existing PNA. The process for developing the revised PNA, complying with all the regulations associated with the production, has been completed and it is now brought to the HWB for approval.

2. Introduction

2.1 The main aim of the East Sussex PNA 2017 is to describe the current pharmaceutical services in East Sussex, systematically identify any gaps and unmet needs and, in consultation with stakeholders, make recommendations on future development.

2.2 The 2017 East Sussex PNA process commenced in July 2016 and has involved reviewing and analysing East Sussex's demographic details, health needs, current pharmaceutical service provision, and consulting the public and other stakeholders through surveys.

2.3 A public consultation of the PNA document was undertaken between April and May 2017 as required by the NHS 2013 Regulation 8 where views from the public, community pharmacy contractors, GP practices, neighbouring Health and Wellbeing Boards and other stakeholders were sought and utilised in drafting the final report.

3. Content of the Report

3.1 The PNA document has 11 sections:

- An executive summary and a list of recommendations.
- Section 1 is an introduction describing pharmaceutical needs assessment and changes in the East Sussex health and social care economy.
- Section 2 describes population profiles and projections for the three Clinical Commissioning Group [CCG] areas and their localities in East Sussex.
- Section 3 describes in detail the current pharmacy service provision in East Sussex and includes NHS, non-NHS and locally commissioned services. This includes an updated mapping section.
- Section 4 covers the patient /public survey across East Sussex which was undertaken during the Autumn of 2016.
- Section 5 presents a synthesis of identified health needs and pharmacy service provision for the CCG localities.
- Sections 6 to 9 present results from surveys that involved the community pharmacies, dispensing GP practices, together with views of general practitioners and care home managers.
- Section 10 provides an assessment of whether there is sufficient choice for the East Sussex population with regard to obtaining pharmaceutical services. This section also discusses key findings and gives recommendations on service improvement.
- Section 11 includes findings from the stakeholder consultation.
- The report concludes with recommendations for the development and improvement of pharmacy services for the population until the next PNA is due in 2020.
- There is a glossary with a list of acronyms and explanation of terms used at the end of the document. There is a set of 11 Appendices in a separate document.

4. Key PNA Findings

4.1 There are 112 pharmacy service providers in East Sussex. There are 108 community pharmacies and four internet or distance selling pharmacies. In addition, 14 general practices, mainly in the rural parts of Hastings & Rother CCG and High Weald Lewes Havens CCG, provide dispensing services to the local population.

4.2 The current service ratio (number of community pharmacies/100,000) is 20.6 per 100,000 population in East Sussex. This is slightly higher than the regional average (19.4) and lower than the England average (21.6).

4.3 The provision of essential pharmaceutical services in East Sussex, based on the above ratio, detailed travel times analyses (distance to nearest pharmacy/dispensing practice) and the results of local surveys, appears to be satisfactory.

4.4 The public consultation on the 2017 PNA report indicates that the purpose of the PNA report is well understood among stakeholders, that it is a good reflection of the current pharmaceutical service and needs in East Sussex, and that it is sufficient in informing future service provision.

5. Key PNA Recommendations

5.1 Based on the findings of this PNA the overarching recommendations are:

1 There is currently sufficient *essential* pharmaceutical service provision within East Sussex. However, to ensure the highest *quality* of service, NHS England should work with current service providers to address the issues identified in this needs assessment regarding access and essential facilities at pharmacy premises.

2 Pharmaceutical service providers need to play a greater role in:

- providing a range of clinical and public health services that will deliver improved health and be of consistently high quality;
- the management of long term conditions;
- new approaches to urgent and emergency care, providing services that will contribute more to out of hospital care;
- supporting the delivery of improved efficiencies across a range of services.

5.2 There are five key topic areas where the report makes specific recommendations. These are presented below along with the responsible lead/organisation(s) for implementing these recommendations (shown in bold).

Key:

NHSE: NHS England

HEE: Health Education England

CCGs: Clinical Commissioning Groups

HWLH CCG: High Weald Lewes Havens CCG

EHS CCG: Eastbourne Hailsham and Seaford CCG

H&R CCG: Hastings and Rother CCG

ESCC PH: East Sussex County Council Public Health

1. *Service Quality*

- a) Actively support all community pharmacies to achieve the standards in the national contract Quality Payments Scheme **NHSE and ESCC PH**
- b) Consider the training needs of community pharmacists to address issues identified in the stakeholder surveys and the national training needs analysis e.g. Implementation of the Accessible Information Standard, Customer Service skills, Dementia friendly services, etc. **HEE, NHSE**

2. *Access to Pharmaceutical Services*

- a) Review the extended hours rota scheme for community pharmacy in light of the PNA findings. **NHSE**
- b) Use different forms of media to improve availability of information for the general public about alternative services when pharmacy is not open. **NHSE**
- c) Support implementation of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) through integration with other local urgent care services. **NHSE and all CCGs**
- d) Include referral to community pharmacy for self-care and treatment of minor ailments in local pathways, where appropriate. **NHSE and all CCGs**
- e) Recognise and monitor the risk in the system if the pharmacy contract funding cuts result in community pharmacies ceasing to deliver some of their unfunded activities such

as home delivery of medicines which are outside the community pharmacy contractual framework. **ESCC PH, NHSE, and all CCGs.**

3. *Improving outcomes: Public Health Services provided by community pharmacies*

a) Encourage all community pharmacies to implement Level 1 of the Healthy Living Pharmacy through the quality payments scheme. **NHSE**

b) Commission the roll out of Level 2 Healthy Living Pharmacy to areas of highest need. **CCGs and ESCC PH**

c) Encourage all community pharmacies to signpost patients and carers to other appropriate local services through the HLP scheme. **ESCC PH and all CCGs**

d) Review the locally commissioned services particularly sexual health and the smoking cessation service. **ESCC PH**

e) Improve sign-posting to pharmacy public health services from other health care access points, e.g., 111 & GP practices. **ESCC PH and all CCGs**

f) Look to develop additional public health services where a local need is identified. **ESCC PH and all CCGs**

4. *Medicines Optimisation Service*

a) Encourage community pharmacies to undertake Medicines Use Reviews (MURs) in localities with low uptake. **NHSE**

b) Consider implementing services that support community pharmacy to expedite hospital discharge e.g. Refer to Pharmacy **All CCGs**

c) Include local education sessions about medicines from community pharmacists in the Level 2 HLP service specification **ESCC PH and all CCGs**

d) Consider how joint working with general practice could improve medicines optimisation. **All CCGs and NHSE**

5. *IMT improvements*

a) Improve connectivity between community pharmacy and other services **NHSE**

b) Explore how community pharmacy could support the implementation of electronic repeat dispensing so that it becomes the norm for patients on long term medication. **All CCGs**

6. **Conclusion and Reason for Recommendation**

6.1 The Health and Wellbeing Board is required by the NHS (Pharmaceutical and Pharmaceutical Services) 2013 Regulations to publish and keep up to date a statement of the need for pharmaceutical services in its area.

6.2 The 2017 PNA was produced complying with all the regulations associated with its production.

6.3 It is recommended that the Health and Wellbeing Board approves the final draft of the 2017 East Sussex PNA and agrees to the publication of the report.

CYNTHIA LYONS

Acting Director of Public Health

Contact officers: Nicholas Kendall, Public Health Practitioner

Tel No. 01273 336079; Nick.Kendall@eastsussex.gov.uk

The revised PNA report and Appendices will be available to view on the [East Sussex JSNA website](#) following this meeting of the Health and Wellbeing Board.