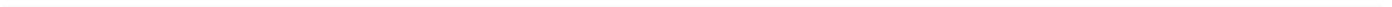


# **Pharmaceutical Needs Assessment Executive Summary**

Version V2.0  
Herefordshire Council Public Health Team

**25 April 2018**



## Executive summary

The production and publication of a Pharmaceutical Needs Assessment (PNA) became a statutory requirement in the Health Act 2009. Following the abolition of Primary Care Trusts (PCTs) in 2013, this statutory responsibility was passed to Health and Wellbeing Boards (HWB) by virtue of the National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services (Amended) Regulations 2013, which came into force on 1 April 2013.

Each HWB was required to publish its own revised PNA for its area by 1 April 2015 and update it every three years thereafter. The HWB must describe the current pharmaceutical services in the county, systematically identify any gaps, unmet needs, and in consultation with stakeholders, make recommendations on future development.

The PNA is a key document used by the NHS England local area Pharmaceutical Services Regulations Committee (PSRC) to make decisions on new applications for pharmacies, relocations by current pharmacies or changes of services. It is also used by all commissioners of pharmaceutical services to review the health needs for services within their particular area and to identify if any of their services can be commissioned through community pharmacies.

A local pharmacy has much more to offer than the safe and effective dispensing of medicines. It is increasingly expanding its provision of additional clinical services, becoming a persuasive force in improving the health and wellbeing of individuals and communities, and reducing health inequalities. Pharmacies are easily accessible and are often the first point of contact, including for those people who might not otherwise access health services, with no appointment needed.

### Local context

The PNA for Herefordshire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Joint Strategic Needs Assessment (JSNA). This PNA does not duplicate those detailed descriptions of health needs, but should be read alongside the JSNA.

Herefordshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. The city of Hereford, in the middle of the county, is the centre

---

for most facilities; other urban locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. The health of Herefordshire is generally similar or better than the England average, but important local variations exist within the county. Under rurality regulations, NHS England defines the areas in Herefordshire that are rural in character (also known as 'controlled localities') and within these strict regulations, determine where doctors are allowed to dispense from their surgeries.

Community pharmacies are based in the heart of local communities, in rural as well as urban areas, where people live, work and shop. With the significant contribution that community pharmacies can make to improving healthcare, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. The PNA helps to achieve this and highlights the pharmaceutical needs of people of all ages.

The pharmaceutical services delivered by Herefordshire contractors, namely 27 community pharmacies and 10 dispensing GP practices, have been evaluated. Opening times, services provided and locations have been summarised under the essential, advanced and enhanced elements of the NHS core pharmacy contract, alongside other locally commissioned services. Public and service user views have been sought, with 311 responses from a public questionnaire on pharmaceutical services.

The picture of current service provision is presented in Section 3 of the PNA, which continues to examine the local health services currently commissioned by either NHS England, Herefordshire Clinical Commissioning Group or Herefordshire Council. Section 4 details the view of the public and Section 5 concludes with an assessment of current provision, potential gaps and considerations of 'pharmaceutical needs' for the future.

Health and Wellbeing Boards (HWB) must consult during the process of developing the PNA for a minimum period of 60 days. The responses received during this period will be considered and incorporated into the final report presented to HWB for approval.

### **Key findings and recommendations**

The PNA has not identified any current needs for any new NHS pharmaceutical service providers that cannot be met by the existing 27 pharmacy and 10 dispensing practice contractors over the next three years of this PNA. Any improvements such as better access, would be best addressed in the first instance through working with existing contractors, possibly on a locality basis to consolidate services.

The PNA concludes that the assessment made in terms of accessibility, locations and population density suggest that there is satisfactory access to NHS pharmaceutical services. The geographical mapping of pharmaceutical service provision highlights that most services are located and delivered in the most densely populated areas of the county. In the main, these are also areas with the highest level of socio-economic deprivation and ill-health. Areas not within a one and five mile buffer zone from a pharmaceutical provider, (representing the walking and driving distance respectively), are largely considered uninhabited and rural and correlate well with current pharmaceutical provision.

Herefordshire has a number of housing developments planned, but taking the scheduled progress of these into account, there is capacity through existing providers to accommodate the pharmaceutical needs of patients within the time frame of this PNA. However, pharmaceutical services in Hereford city south, Ledbury and Bromyard in particular, will need to be monitored closely as housing developments progress and there may be a need for interim Supplementary Statements to be issued within this PNA timeframe. Provision of a seven day service by primary care will need to carefully monitor extending further opening hours of existing pharmacy and dispensing doctor contractors. To support this aspect in particular, there will be a need for NHS England to update the Determination of Rurality reference document, which defines the locations where dispensing GP practices can provide a limited dispensing service to eligible registered patients only and where patients receive pharmaceutical services from a community pharmacy.

The public, patient and service user engagement process revealed a high level of satisfaction on the part of respondents. The results of the questionnaire have provided a sample of views from the population:

- 78% stated that they have easy access to services with no problems.
- 68% stated that they use the pharmacy at least once a month.
- 90% stated that they could reach a pharmacy within 20 minutes of travel.
- 18% reported some parking difficulties .
- Proximity to the GP practice or home were reported as the main determinants of pharmacy choice.
- 79% reported waiting times for medicines as excellent or good.
- 9% reported being unhappy with current opening hours. This would require more work to

understand where these originated and any options to improve them, but request for improvements in opening hours before 9am and after 8pm on Saturdays and Sundays are noted.

- 81% reported receiving a satisfactory amount of supplementary information on how to take their medicines at the point of dispensing.

The dispensing of prescriptions however, remains the cornerstone of pharmaceutical service provision and is a vital local service, clearly valued by patients. The term 'pharmaceutical services' however, incorporates a range of services that can be commissioned from a community pharmacy.

The PNA concludes that Herefordshire community pharmacies are accessible, a key public health resource and demonstrate a willingness to provide a range of locally commissioned services. A number of non-commissioned, non-NHS services are also currently provided to patients by pharmacies, such as delivery of medicines. Detailed service outcome measures are expected and are provided by community pharmacies in order to demonstrate patient benefits and cost effectiveness of commissioning through a community pharmacy which are captured within this PNA. It is acknowledged that the PNA presents an opportunity for service commissioners and representatives of community pharmacies to explore in partnership, how the development of pharmaceutical services can further help to deliver the priorities of the Health and Wellbeing Board in Herefordshire.

Going forward, a number of specific recommendations are made to develop pharmaceutical services, which are in line with HWB and Sustainability and Transformation Partnership priorities. These include:

- Ensuring public facing information is up to date and timely additions of Bank Holiday rota arrangements are produced and communicated to the public through a variety of media.
- Pharmacies need to complete their full quota of Medicine Use Reviews (MURs) and optimise New Medicine Services (NMS) through closer working at locality level by linking in with the development of Primary Care Home.
- Ensure that the pharmacy based flu vaccination service continues to contribute to increasing the uptake of the flu vaccination in target groups, including an opportunity for a domiciliary / home based service.
- No reduction in the service provision of emergency hormonal contraception Emergency Hormonal Contraception (EHC) services, stop smoking, needle exchange or supervised consumption services for which detailed patient outcomes provide evidence of appropriate

management of these groups.

In the future, increasing the use of IT by working more closely with primary care colleagues will see an increase in electronic repeat dispensing, electronic repeat prescribing, ordering prescriptions online and safe transfer of care between care settings, for which a pharmacy can receive accurate information in advance of prescription changes thereby improving patient safety. Patients must be better informed on their choice of dispenser and electronic prescribing and electronic repeat dispensing must further be embedded into primary care prescribing.

Opportunities exist in a number of ways to increase the prevention agenda. These include providing a complete 'one stop' stop smoking service, blood pressure checks, weight management service, progressing the Healthy Living Pharmacy framework, advice on self-care particularly for minor self limiting conditions and commencing diabetes screening, all of which can be optimised through locality working. Ensuring that Care Navigation is properly embedded into GP practice and Countywide provider engagement will enhance inter-professional working on appropriate signposting.

The changing patient and population needs for healthcare and in particular, the demands of an ageing population with multiple long term conditions, mean there are some significant challenges to overcome in the drive to improve health and wellbeing in Herefordshire. There will need to be a much greater emphasis on early intervention and advice to maintain health and independence. Community pharmacies have very close links to their neighbourhood communities and are well placed to support the Health and Wellbeing Board to deliver its priorities.

---