

## 2) Brighton and Hove Pharmaceutical Needs Assessment 2015 (Draft for discussion by Health & Wellbeing Board 14<sup>th</sup> October 2014)

### Conclusions and recommendations

#### *Key summary*

- Compared to the rest of England, there are proportionally more men and women aged 20-59 and fewer residents over 55 years and below 15 years.
- Between 2012 and 2018 the population is expected to grow by 4.5%.
- There are currently 60 community pharmacies in the city. This equates to 22 pharmacies per 100,000 residents. These figures compare favourably to the Kent, Surrey and Sussex combined average of 19 per 100,000 residents and the England average of 22 per 100,000 residents. Currently and in line with future population projections the number of pharmacies per head of population are considered to be sufficient to meet the pharmaceutical service needs of residents.
- There is good coverage across the city of advanced and public health commissioned locally commissioned services. The PNA has not identified any significant gaps in the current pharmaceutical provision.
- Residents on the whole are satisfied or very satisfied with pharmacy services however opportunities remain to maximise the role of pharmacies to support reducing health inequalities and improving health and wellbeing.
- Respondents to the public survey were largely (83%) satisfied with that existing pharmacy opening hours met their needs. We recommend that information about pharmacies opening after 6pm and during the weekends is made more readily available through different channels and in different places to ensure residents are aware of where and when services are delivered. There are a significant number of pharmacies distributed across the city that provide services after 6pm on week days and a service during the weekend.
- Findings from both the public and GP and non-medical prescribers survey showed a lack of knowledge and understanding about the services delivered by community pharmacies. This report recommends that information on pharmacy services should be made more readily available locally to different audiences.
- There are significant opportunities for maximising the role of pharmacies within primary care and public health. Recommendations within this report support this.

#### **1.1 Brighton and Hove population profile**

Brighton and Hove has an estimated population of 278,112 (2013). Compared to the rest of England, there are proportionally more men and women aged 20-59 and fewer older residents and young people under the aged of 15 years. Between 2012 and 2018 the population is expected to grow by 4.5% and it is expected that the west locality will see the largest growth in total population. However currently and in line with these projections the number of pharmacies per head of population will remain sufficient to meet the pharmaceutical service needs of increasing numbers of residents.

Over the last decade the city has seen increased ethnic diversity. In 2001 white British residents made up 94.2% of the city in comparison to 80.5% in 2011. The overall age structure of Black and Minority Ethnic residents is comparably younger than the white population; 17% of BME residents are 0-14 years old compared to 15% of the White British population and 78% of BME residents are between 15 and 64 years compared with 70% amongst White British residents.

The average life expectancy in Brighton and Hove is 83.0 years for females and 78.7 for males. Life expectancies for both genders were lower than the South East, by 10 months for females (83.8 years) and two years for males (80.3 years).

There is a nine year difference in life expectancy between the most deprived ward and the least deprived wards in the city. As has been seen nationally, whilst mortality rates in the city are falling in all groups (and therefore life expectancy rising), they are falling at a faster rate in the least deprived areas of the city and inequalities are widening.<sup>1</sup>

As well as a lower life expectancy, people living in more deprived areas have poorer outcomes on a range of health and wellbeing indicators such as teenage pregnancy, smoking, alcohol and heart disease.

In order to maximise the role of community pharmacy in supporting efforts to reduce health inequalities the following recommendations in this report have been informed by the findings of the public, GP and pharmacy surveys, the pharmacy focus group and interviews with residents and other NHS providers.

## **1.2 Pharmaceutical dispensing activity and trends**

There is a growing trend in the number of prescriptions dispensed both nationally and in Brighton and Hove. However pharmacies in Brighton and Hove have dispensed on average, significantly less than the England and Kent, Surrey and Sussex averages between 2006-07 and 2012-13.

## **1.3 Current pharmaceutical service provision**

There are currently 60 community pharmacies in the city, one more pharmacy than was recorded in the previous PNA published in 2011. This equates to 22 pharmacies per 100,000 residents, ranging from 20 per 100,000 residents in the west locality to 25 per 100,000 residents in central. These figures compare favourably to the Kent, Surrey and Sussex combined average of 19 per 100,000 residents and the England average of 22 per 100,000 residents. Considering the projected population of Brighton and Hove in 2018, assuming no change in the number of community pharmacies, there will be 21 pharmacies per 100,000 residents (19 per 100,000 in west locality, 21 per 100,000 in the east and 24 per 100,000 in central).

When compared with other areas within a peer group the provision in Brighton and Hove appears to be better in terms of the number of pharmacies per head of population and if the local population grows in line with 2018 projections, the current number of pharmacies still provides sufficient coverage for the city.

## **1.4 Range of pharmaceutical services provided in Brighton and Hove**

### **1.4.1 Advanced services**

Pharmacies in Brighton and Hove provide Medicine Use Reviews (MURs), New Medicines Service and the Stoma Appliance Customisation (SAC) Service.

The proportion of pharmacies providing MURs in Brighton and Hove was higher than the national average in the years 2010-11 to 2012-13. The average number of MURs per provider was also higher than the England averages over this period. During the year March 2013 – February 2014 the proportion of Brighton and Hove providing the New Medicines Service (85%) was lower than the Kent, Surrey, Sussex 2012-13 year average (86.9%) but higher than the England average (82.3%). For Stoma Appliance Customisation, in 2012-13 6.8% of pharmacies in Brighton and Hove provided this service, which was significantly lower than both the Kent, Surrey and Sussex average (14.3%) and the England average (15.2%). The average number of SACs carried out by local providers has remained similar year on year.

In summary overall there is good access to advanced services within the city

### **1.4.2 Locally Commissioned services**

There is a variation in the number of community pharmacies who provide locally commissioned services (LCS) across the city. Community pharmacies provide most of these services in addition to other service providers.

#### *Intravenous medications within the community*

The one CCG commissioned LCS is to provide Intravenous medications within the community. There are 2 pharmacies providing this service in different parts of the city and as this is a low use service that is also reliant on paying for transport for patients or carers this is considered to be good coverage.

The following services are commissioned by Brighton and Hove City Council public health directorate.

#### *Stop smoking service*

There is good coverage of community pharmacies offering the smoking cessation service with 34 (57%) pharmacies offering these services across the city.

#### *Sexual health service – Emergency Hormone Contraception service including condoms and Chlamydia screening*

Just over half (31) of pharmacies in the city provide the EHC service, which includes C-Card (information and condoms) and Chlamydia screening. Although coverage by providers across the city is good, there are some issues regarding the hours that the service is available from individual pharmacies. In the future pharmacies will be required to provide the services throughout all opening hours.

#### *Supervised consumption of prescribed medications for substance misusers*

Forty two community pharmacies provide supervised consumption services ensuring good coverage across the city.

### *Needle exchange and syringe exchange programme (NSP)*

There are 24 community pharmacies providing (NSP) distributed across the city ensuring good coverage of the service.

A new contract for Substance Misuse services will begin in April 2015. Responsibility for overseeing the ongoing management of the pharmacy based needle exchange and supervised consumption services will pass to the provider. Details of how these services will run from April are under development however there should be no impact on the service experienced by people using the above two services.

Following publication of the previous PNA in 2011, there has been a significant increase overall in the number of pharmacies delivering public health locally commissioned services (previously named Locally Enhanced services). In 2011 on average 21 pharmacies delivered any one of the above named LCSs in comparison to 33 currently delivering these services. This demonstrates an improvement and overall good coverage of services.

## **1.5 Findings from public survey**

We know from previous waves of the City tracker survey and the Healthwatch Urgent Care report (2013) that residents in the city are largely satisfied or very satisfied with pharmacy services. The City Tracker city-wide survey is conducted with residents aged 16 and over to find out what they think of Brighton and Hove as a place to live and to track key performance indicators including satisfaction with key services. Analysis carried out across all 6 waves of the survey showed that satisfaction for pharmacy services was high across different demographic groups. A review of the detailed reports compiled to inform the Health Watch Urgent care report (2013) did highlight slight differences between certain groups regarding the use of pharmacies.

The public survey carried out as part of the PNA was completed by 421 individuals. It should be noted it may be more likely that people who use pharmacy services completed the survey than those that do not.

Over 50% of respondents to the survey access a pharmacy close to their home on a weekday between 9.00am and 5.00pm. Eighty six percent of respondents were satisfied that they travelled a short distance to use their pharmacy, just over half use a pharmacy to collect their prescription and 15% had medications delivered to their home by their pharmacy. A few respondents requested for more information regarding home delivery service of medications.

Although during the PNA process we received feedback from various stakeholders regarding the lack of a 24 hour pharmacy within Brighton and Hove, survey respondents were largely (83%) satisfied that existing pharmacy opening hours met their needs. The minority (14%) within the survey who were not happy with current opening hours reported the main issue being that their pharmacy closed at 17.00 and they found it difficult to go to a pharmacy during daytime business hours. However as the maps 6, 7, 8, 9 in this report show there is a good distribution of pharmacies across the city that are open after 6pm on a weekday and at weekends. To support residents to access urgent care appropriately, the CCG is developing a website to share information about the range of services including pharmacies available at different times outside of and within business hours.

Although quite a large proportion, (42%) of survey respondents take their unwanted / unused medicines to a pharmacy for disposal discussions with key stakeholders revealed there is a need to highlight issue of safe disposal of medicines to patients.

Respondents are largely satisfied with current access to and use of pharmacy services across all localities. However older residents are more likely to find their pharmacist, and the staff in the pharmacy, helpful than those aged under 25 years.

We asked residents about the services they used within pharmacies aside from collecting their prescriptions and what services they would like to see delivered in this setting. The top four services that residents used were:

- Minor conditions advice
- Medicines use check
- Urgent medications out of hours
- New medicines service

The top six services that residents would like to see pharmacies deliver in the future were:

- Minor conditions advice
- Urgent medications out of hours
- Medicines use check
- NHS health check
- Advice about managing your condition
- Advice about NHS / council services

The services that survey respondents would like to see provided in the future chime with the plans to increase the role of pharmacy with the EPIC pilot project. The EPIC pilot project aims to increase the role of pharmacies in the delivery of primary care services. Within this project pharmacies are accredited to deliver increasing numbers of patient group directions in order to manage care for patients and to take pressure off general practice for particular groups. The findings from the pilot project and this PNA should inform future services to be commissioned within pharmacies.

Among survey respondents whose first language is not English, 44% reported that their pharmacist made arrangements to communicate with them in their first language. The CCG commissions the Sussex Interpreting Service to provide interpreting services where necessary.

Additional information and feedback provided by survey respondents reflected how satisfied the vast majority of patients are satisfied with pharmacy services. This correlates with the data from the responses to the other survey questions and other sources. The recommendations below are made to help improve existing high quality services rather than a call to significantly change what and how services are delivered within pharmacies.

### ***Draft Recommendations***

- To improve the public's knowledge and understanding of the services delivered by community pharmacies. This could be achieved through a

national campaign lead by NHS England and to improve understanding of pharmacy services across the country. Brighton and Hove City Council and CCG should also ensure information is available locally in a number of different ways to different audiences to ensure residents are aware of and have easy access to up to date information about what, when and where services are provided by pharmacies.

- For there to be no significant reduction to existing opening hours for pharmacies across the city. Where there are pharmacies open in the evenings, late at night and throughout the weekend, more information should be made available to patients / residents using different avenues (web and non-web based).
- To develop and deliver new initiatives including a local campaign regarding safe disposal of medications tailored to target groups as identified by the survey findings.
- For NHS England to note that patients would like to know more about the home delivery of medications service that some pharmacies provide.
- Pharmacies to train staff to communicate well with younger age groups as well as older residents.
- NHS England, Brighton and Hove City Council and CCG and pharmacies to work together to communicate clearly with patients regarding pharmacy services that are already available such as minor conditions advice.
- NHS and public health commissioners to consider commissioning new services within pharmacies in response to a given need, e.g. NHS health checks and advice regarding managing long term conditions
- Brighton and Hove CCG to share information regarding Sussex Interpreting service and for this to be shared widely with both pharmacists and residents to ensure arrangements are made for patients to communicate with pharmacies in their chosen language.

## **1.6 Findings from the GP and non-medical prescriber<sup>1</sup> survey**

All GPs and non-medical prescribers were invited to participate in the survey. The 29 GPs and non-medical prescribers that responded to the survey came from 18 out of the 46 practices in the city and 57% of the responses came from the central locality. It is to be expected that those who responded to the survey are professionals who themselves may more engaged and interested in pharmacies and as the numbers of respondents for this survey are low, the results should be considered within this context. However an overwhelming finding from the survey is that the respondents either generally considered pharmacy services to be fair, good or very good or weren't sure about the quality of service. A significant theme within the free text comments provided within survey responses focused on requests for pharmacies to take more of a lead in specific areas of care, similar as to those services that are being piloted within the EPIC project.

Across a number of questions, respondents repeatedly reported that they thought the services that they knew about within pharmacies were generally good but that they didn't know about the range of services provided.

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<sup>1</sup> A non-medical prescriber is a healthcare professional (who is not a doctor e.g. nurse or pharmacist) qualified to prescribe medications.

The majority of respondents to the survey were not sure about the quality of the range of different pharmacy services (essential, advance and locally commissioned services). There were mixed responses in terms of feedback following medicines use reviews, 45% of respondents received feedback and 40% stated this sometimes happened.

The majority (65%) of respondents had weekly contact with pharmacies and most of this contact was considered of good or very good quality. In response to a question about how to improve working between pharmacy and general practice, aside from GPs needing to understand more about pharmacy services, there were recommendations for more communication between pharmacies and practices and more joined up working.

Overall respondents were positive about new services being delivered by pharmacies. The top four services that survey respondents would like to see pharmacies delivered in the future were:

- Help with weight – healthy eating and physical activity
- Alcohol support – advice and information
- Long term conditions advice
- Immunisation and vaccinations e.g. flu

Further recommendations (in addition to those directly below), regarding working between general practice and pharmacy, are found in the below section following the findings from the community pharmacy survey and the focus group with pharmacists.

#### ***Draft Recommendations***

- To improve the GPs' and non-medical prescribers' knowledge and understanding of the services delivered by community pharmacies. Brighton and Hove City Council and CCG should also develop training and a local information campaign to ensure GPs and non-medical prescribers are aware of, understand and have easy access to up to date information about what, when and where services are provided by pharmacies.
- To review and evaluate the impact of the roles pharmacies played within the EPIC project alongside the findings from this PNA to inform future commissioning of services.

### **1.7 Community pharmacy survey and focus group**

All 60 community pharmacies in the city were invited to participate in the survey and we held a focus group with pharmacists delivering services within Brighton and Hove who were also members of the East Sussex Local Pharmaceutical Committee. The findings within this section are derived from the 39 survey responses (from 36 pharmacies) and themes that emerged from the focus group. As 60% of pharmacies responded to the survey the findings from this survey should be considered in light of this.

Regarding pharmacy premises; 100% of pharmacies that responded have a separate consultation room, 25 (69%) have hand washing facilities and 10 (28%) have access to toilet facilities. Just under half of pharmacies that responded have

limited room for expansion and 40% have car parking facilities, with just under a third providing disabled parking facilities. This summary of the current situation of pharmacy premises demonstrates that although services within pharmacies are considered to be of good quality, they could yet be further improved by addressing the issues relating to the Equality Act requirements, access to hand washing and toilet facilities. In order for pharmacies to deliver a wider range of services to meet local patients' needs, issues relating to equality of access to facilities and premises will need to be addressed.

With very few exceptions, pharmacies have computer and printing facilities, internet access and computers that are enabled to deliver the electronic prescription service. Most pharmacies have one full time pharmacist and 66% have at least one regular locum.

Almost all pharmacies have at least one accredited pharmacist to deliver MURs and NMS and health care assistants to deliver stop smoking interventions. The findings relating to contact with GPs chimes with the responses to the GP survey. A significant proportion of respondents reported having weekly 'good quality' professional contact with GPs. Pharmacies are by and large interested in providing a whole range of new services in the future that are not currently commissioned.

Regarding the Health Living Pharmacy (HLP) initiative whereby pharmacies are accredited to deliver health improvement campaigns and interventions, 94% of respondents were aware of the scheme - 27% of whom are already a HLP and 58% are interested in becoming a HLP. Ninety four per cent of respondents have a display area for health promotion materials. There are significant opportunities to maximise the public health role of pharmacies and the knowledge and interest shown in the Healthy Living Pharmacy scheme provides insight into how the work with the HLP scheme should develop.

The focus group discussed how to improve existing provision of services within community pharmacy and working with practices. The key themes that came out of discussions focused on: repeat dispensing responsibilities, maximising the opportunity of the Electronic Prescription Service and improving channels of communication with GPs.

The recommendations below regarding improving working with general practice are about joining up different parts of the primary care system so that pharmacies are seen as part of the same 'team' as general practice and wider integrated team working being developed under the Better Care initiative.

### ***Draft Recommendations***

- All pharmacies should have an understanding of the 2010 Equality Act requirements for their premises.
- BHCC Public health directorate to further develop the Healthy Living Pharmacy scheme working with pharmacies to focusing efforts on reducing inequalities and addressing needs of vulnerable groups
- For pharmacies to have more of a lead role regarding repeat dispensing. Pharmacists would inform GPs which patients could go onto repeat



dispensing and receive prescriptions and medications directly from the pharmacy without having to go to the GP surgery.

- NHS England, Brighton and Hove CCG and City Council, pharmacies and patients to work together to reduce waste of medicines.
- To share practice and pharmacy email addresses between practices and pharmacies. Pharmacists should use an nhs.net<sup>2</sup> email account for communication.
- To improve more integrated ways of working linked with the Better Care work, joint meetings between GPs and pharmacist within local areas should take place. Exchanges and joint meetings should also happen between practice and pharmacy staff to help share understanding of different roles and issues pharmacies and practices both face.

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<sup>1</sup>South East Public Health Observatory. Health Inequalities Gap Measurement Tool [accessed 2014 Jun 24].

Available from URL: [http://www.sepho.nhs.uk/gap/gap\\_national.html](http://www.sepho.nhs.uk/gap/gap_national.html)

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<sup>2</sup> September 2014 NHS England invited all pharmacies, that didn't already have an nhs.net email account to make a request for one in order to facilitate sharing of information between professionals securely.