



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Pharmaceutical Needs Assessment	
Date of Meeting:	06/03/2018	
Report of:	Brighton & Hove Pharmaceutical Needs Assessment Steering Group	
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Wards Affected:	All	
FOR GENERAL RELEASE		
Executive Summary		
<p>The Health and Wellbeing Board (HWB) has a statutory responsibility to publish a revised Pharmaceutical Needs Assessment (PNA) every three years. The PNA maps current pharmaceutical services, identifying gaps and highlighting future needs. It's used by NHS England to decide upon applications to open new pharmacies and informs the commissioning of pharmaceutical services by NHS England, Brighton and Hove Clinical Commissioning Group (CCG) and Brighton and Hove City Council (BHCC).</p>		
<p>This paper presents the 2018 PNA to the Health and Wellbeing Board. It describes the changes that have taken place in the provision of pharmaceutical services to the city since the last report was published in 2015. As part of the process, the PNA Steering Group carried out four surveys with the public, GPs, pharmacists and care homes. In addition to in-depth engagement through surveys as part of the PNA process, there was a formal consultation period of two months which included completion of a questionnaire by the neighbouring Health and Wellbeing Boards. The report includes recommendations for the CCG, NHS England and BHCC based upon assessment of health assets and needs, analysis of demographic and service level data and the findings from the surveys.</p>		

The next PNA will need to be completed and approved by the HWB in April 2021. If there are significant changes before this time, the HWB are asked to approve the process for supplementary statements and to delegate authority to the Director of Public Health working with the PNA Steering Group to identify and implement any future amendments to the report.

Glossary of Terms

Chapter 11 is a Table of abbreviations used in the report.

1. Decisions, recommendations and any options

- 1.1 That the Board approves publication of the 2018 Pharmaceutical Needs Assessment Report.
- 1.2 The HWB are asked to approve the process for supplementary statements delegating authority to the Director of Public Health working with the PNA Steering Group to identify and implement any future amendments to the PNA and to bring back a full revised PNA to the HWB in April 2021. Before this any pharmacy closures will be reported to the HWB.

2. Relevant information

- 2.1 There are 56 community pharmacies in the city (including one distance selling online pharmacy), four less than at the time of the 2015 PNA. This translates to 19 pharmacies per 100,000 residents compared to a range of 18 to 26 per 100,000 for our comparable local authority neighbours (where 2018 PNA data has been published) with a median of 19 per 100,000. This is the same as 19 per 100,000 for Kent, Surrey and Sussex and lower than 22 for England. The PNA Steering Group concludes that the current number of pharmacies and pharmacists is sufficient to meet needs of residents. This is due the proximity of pharmacies in the city to where residents live and travel times to reach a community pharmacy (see appendix 1: PNA report Map 2 page 49 and Maps 7, 8 page 59) as well as and the increasing numbers of pharmacist roles (such as through the Better Care work) and the numbers of non-medical prescribers which supports increased access to pharmaceutical advice and support overall. Mapping was done showing the travel distances between closed pharmacies and the next nearest pharmacy (see appendix 1: PNA report Map 9 page 60).
- 2.2 The PNA steering group has noted that if the number of pharmacies continues to reduce, this may have an impact on the capacity of the remaining pharmacies to pick up the additional workload. This could potentially lead to longer waits for prescriptions to be dispensed for patients and may reduce the ability of pharmacies to decrease the GP practice workload by offering services such as minor conditions advice. One strategy being implemented to ease the burden on GPs is to move pharmacists into GP Practices, as with the Better Care Pharmacists, who conduct medicine reviews with patients. However they do not dispense and therefore will not offset any further loss of community pharmacies. The PNA Steering Group on behalf of the Director of Public and Health and Wellbeing Board will review capacity

should another pharmacy close. The Steering group is not aware of other pharmacies planning on closing.

- 2.3 A patient and public survey was conducted with a high response rate. 727 respondents submitted questionnaires. This was analysed alongside data from an annual city wide survey, the City Tracker and 9 reports on the use of pharmacies submitted by voluntary sector groups. Findings from the City Tracker survey showed that 94% of respondents were very or fairly satisfied with their local pharmacy. More than 4 out of 5 residents (86%) had used their local pharmacy in the previous 12 months, and in this group, satisfaction with their local pharmacy rises slightly to 96%. User satisfaction with community pharmacy has been at 95% or above in 4 out of the last 5 years falling to 90% in 2014. Results from the 2017/8 PNA patient and public survey found that 87% of respondents are satisfied with pharmacy. 76% of respondents to the PNA community survey agreed that they can find and use an open pharmacy when they need with only 5% disagreeing, in comparison to 78% agreeing they could find and use an open pharmacy and 9% disagreeing in 2014.
- 2.4 There is good geographical coverage across the city of community pharmacies including advanced and public health commissioned locally commissioned services such as Healthy Living Pharmacies (HLPs) and smoking cessation. There are 28 HLPs a significantly improved number from 12 in 2014/15. HLPs carry out additional health improvement activities. The findings from the previous PNA drove HLP developments and coverage across the city, particularly within deprived areas (see appendix 1: PNA report page Map 19, page 79).
- 2.5 The PNA report includes 27 recommendations summarised below (see appendix 1 PNA report page 124 onwards):
- 2.8.1 **Access to pharmaceutical services:** The population demographics, housing projections and distribution of community pharmacies in Brighton & Hove suggest that the current level of pharmacy services will be sufficient to meet current need until the next PNA is published in 2021. However, where housing developments are planned and/or pharmacies have a change in contract which may result in their closure within the lifetime of this PNA, further consideration may be required.
- 2.8.2 **Service Quality Improvements:** The CCG and BHCC should develop a campaign to improve GPs' and non-medical prescribers' knowledge and understanding of the services offered by community pharmacies. Pharmacists should provide information and advice on medication aids and medications, including side effects and drug interactions. In particular this advice or training should be given to people with complex needs, including older people, and those with mental ill health, long term conditions and carers.
- 2.8.3 **Improving outcomes:** Develop the HLP service to include more mental health elements and joint campaigns with neighbouring GP Practices. In view of the projected increase in the proportion of older people living in the city all community pharmacies should be trained in communicating with older people. Public Health to promote the uptake of Make Every Contact Count training amongst community pharmacies.

The role of pharmacies in offering stop smoking services should be strengthened through the development of action plans and training and review of payments. When commissioning, the CCG, NHS England and BHCC should consider the role of community pharmacies to support patients with long term conditions.

2.8.4 Medicines optimisation: The CCG to increase the proportion of electronic prescriptions converted to electronic repeat dispensing (eRD). Communication systems to be improved between community pharmacies and GPs, non-medical prescribers, Better Care pharmacists, care and nursing homes, Nursing Home Medication Review Team and hospital pharmacies. CCG to promote the understanding of the role of Better Care pharmacists amongst community pharmacists in each GP Practice cluster.

2.8.5 Information Management Tools (IMT): Data sharing of patients' records by GPs with pharmacies to be improved, where appropriate. Improve joint working through greater use of digital communications between community pharmacies and GP Practices.

2.6 In conclusion, the PNA considers there to be sufficient coverage of community pharmacies and related services. The report supports commissioners to design services to address local health and wellbeing needs and reduce health inequalities.

3. Important considerations and implications

Legal

3.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations") set out the legislative basis and requirements of the Health and Wellbeing Board for developing and updating the PNA. The proposals set out in this paper are consistent with ensuring that the HWB is in a position to discharge its duties.

Lawyer consulted: Elizabeth Culbert Date: 29/01/2018

Finance

3.2 There are no financial implications as a direct result of the recommendations of this report.

Finance Officer consulted: David Ellis Date: 29/01/2018

Equalities

3.3 We have incorporated Equality Act 2010 requirements throughout the PNA. During the PNA process we have taken into consideration protected characteristics and vulnerable groups at each stage of the process and details relating to how services affect different groups are detailed in the main report.

In the PNA report's appendix 3 there is a "Statement of Due Regard" relating to the Equality Act 2010. As advised by the Equalities Team, this states that the needs assessment has paid due regard to the council's duties.

Equalities officer consulted: Sarah Tighe-Ford Date 30/01/2018

Sustainability

- 3.4 Brighton & Hove CCG and Community Pharmacies have been working to reduce pharmaceutical waste through the “Breathe Better Waste Less” scheme for inhalers and the “Green Bag” scheme for carrying current medication when admitted to hospital or a care home.

Health, social care, children’s services and public health:

- 3.5 Implications for health, social care, children’s services and public health are included throughout the PNA report.

Supporting documents and information

Appendix1: PNA Report 2018

