



**HEALTH AND WELLBEING BOARD: 16 SEPTEMBER 2014**

**REPORT FROM DIRECTOR OF PUBLIC HEALTH**

**PHARMACEUTICAL NEEDS ASSESSMENT**

**Purpose of Report**

1. The purpose of this report is to present the draft findings of Leicestershire's Pharmaceutical Needs Assessment (PNA) and to seek the Board's approval to undertake a formal 60 day consultation period of the findings of this report.

**Background**

2. The purpose of the PNA is to:
  - a. identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future;
  - b. inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
  - c. inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.
3. The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services.
4. This PNA has reviewed the pharmacy coverage in relation to the population health needs of the people of Leicestershire. This has involved looking at the existing services, their locations, the breadth of services they are providing and the views of the people that are using them.
5. The scope of the PNA has been focussed on the services that are currently provided in pharmacy rather than looking to the future of pharmacy and expanding the role of pharmacies to support the wider primary care system in the future.
6. Within the scope of this document, community based pharmacies are meeting the current needs of the Leicestershire population for essential and advanced services. The consistency and quality of the advanced services should be continually reviewed and the uptake of Medicines Use Reviews and the New Medicines Service in the community should be increased wherever possible. The Community Based Services (CBS) provision across Leicestershire is good with a number of well-developed schemes that are constantly developed and improved. It has been identified that more needs to be done to increase uptake of CBS and

to ensure that services across the county are consistent. Across all areas of pharmacy (essential, advanced and community based services) there is a need for commissioners to ensure consistency in the range of and quality of services offered by pharmacists.

7. Community pharmacists are the most accessible health care professionals for the general public. Locally, they are highly valued by their customers. The role of pharmacy in the delivery of the wider health agenda will be essential to supporting the health and care system going forwards. Across Leicestershire, the delivery of primary care is changing. The Better Care Fund sets out the plans for health and social care in Leicestershire to support more patients to manage their own care more effectively in the community, reducing unnecessary hospital admissions. To support this there will be changes in primary care, including plans to move to seven day working. All three commissioners of pharmacy services in Leicestershire need to consider the ways that pharmacies can be utilised to support these changes.
8. There are many additional services that could be commissioned from community based services, including pharmacies. There is interest from our community in accessing minor ailments services in community pharmacies. However, there are other community based services that could be provided in pharmacies. These include (this list is illustrative, any additional pharmacy based scheme would need to be subject to a full evidence review before it could be commissioned):
  - a. Anti-coagulation services;
  - b. Minor ailments services;
  - c. Anti-coagulation services;
  - d. Home blood pressure monitoring and supporting patient access to tele-health;
  - e. Support for inhaler technique;
  - f. NHS Health Checks;
  - g. Targeted “not dispense scheme” to reduce medicines waste;
  - h. Integration with multi-disciplinary teams to support proactive/ integrated care; and
  - i. Support across the primary and secondary care interface to promote referrals from secondary care and increase uptake of NMS and MURs for eligible patients post discharge.
9. CCGs must incorporate the wider role of pharmacies in their primary care strategies to ensure that the opportunities to provide effective local services are maximised locally.

### **Existing Framework / Previous Decisions**

6. The Pharmaceutical Needs Assessment is a statutory duty of the Health and Wellbeing Board and there is a duty for the Health and Wellbeing Board to publish their PNA by the 31<sup>st</sup> March 2015.
7. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs

and can be found at <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

8. The Health and Wellbeing Board have previously approved the Terms of Reference for the PNA Project Team (July 2014) and approved their work programme for developing the PNA.
9. The current PNA for Leicestershire was produced in 2010 by the then Leicestershire County and Rutland Primary Care Trust. The responsibility shifted to Health and Wellbeing Boards in the general reforms embodied in the Health and Social Care Act (2012).

### **Consultations**

10. The PNA is subject to a 60 day statutory consultation period which will start once the Health and Wellbeing Board has approved the draft for consultation.
11. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:-
  - a. the Local Pharmaceutical Committee;
  - b. the Local Medical Committee;
  - c. any persons on the pharmaceutical lists and any dispensing doctors list for its area;
  - d. any Local Pharmaceutical Service chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
  - e. Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area;
  - f. any NHS trust or NHS foundation trust in its area;
  - g. the NHS England; and
  - h. any neighbouring Health and Wellbeing Board.

### **Resource Implications**

12. The PNA will influence commissioning decisions by NHS England, CCGs and Leicestershire County Council.

### **Equal Opportunities Implications**

13. The draft PNA will be subject to an equalities impact assessment during the consultation period.
14. The PNA engagement plan sets out additional plans to consult widely with hard to reach groups to ensure that the PNA adequately reflects their needs.

### **Partnership Working Implications**

15. The recommendations within this report focus on the things that need to be done across the County Council to improve the populations health. The

recommendations focus not just on the actions that Public Health will need to take as a lead agency, but on the actions that they can support as a partner as well as the actions that they can influence as an advocate. The basis of the report is improving population health in partnership with other key agencies and addressing the wider determinants of health is only possible through partnership working.

### **Conclusions / Recommendations**

16. It is recommended that the Pharmaceutical Needs Assessment be approved for consultation, subject to the Director of Public Health being authorised to make minor drafting amendments to ensure that it is ready for consultation.

### **Appendix**

Appendix A – First Draft of the Leicestershire Pharmaceutical Needs Assessment

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