

PHARMACEUTICAL NEEDS ASSESSMENT

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Sharon Daye (Interim Director of Public Health)
Papers with report	None

1. HEADLINE INFORMATION

Summary	<p>From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the Pharmaceutical Needs Assessment (PNA). The PNA assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also uses the PNA when making decisions on applications to open new pharmacies.</p> <p>This paper presents to the Hillingdon Health and Wellbeing Board (HWB) the key findings from an update of Hillingdon's PNA and draft recommendations from the updated assessment. The paper seeks permission from the Board to proceed to a statutory 60-day consultation.</p>
Contribution to plans and strategies	An up-to-date pharmaceutical needs assessment contributes to the development of Hillingdon's Health and Wellbeing Strategy.
Financial Cost	There are no direct financial implications arising from the recommendations set out in this report.
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. agree the draft recommendations set out in Hillingdon's Pharmaceutical Needs Assessment (PNA).
2. agree the plan to review and publish Hillingdon's PNA by the required deadline, including the statutory requirement to undertake a minimum 60 day consultation.
3. agree to delegate the final approval of Hillingdon's PNA consultation document prior to consultation to the Chairman of the Health and Wellbeing Board.

3. INFORMATION

PNA requirements

1. The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) to improve the health and wellbeing of the local population and to reduce health inequalities. The Act transferred the responsibility to develop and update Pharmaceutical Needs Assessments (PNA) from Primary Care Trusts to HWBs, effective from 1 April 2013.
2. The PNA is a statement of the current provision of needs for pharmaceutical services for the population in the area of the HWB. The PNA allows consideration to be given to applications for new pharmacies or changes to existing services by seeing how the services provided will meet an identified need. The PNA also assists in identifying whether changes to commissioned services are required to ensure that both current and future needs are met.
3. HWBs are required to publish their first PNA by 1 April 2015, and to publish a revised PNA within three years of the first assessment. Non-compliance with the regulations may lead to a legal challenge, for example where a party believes that they have been disadvantaged following the refusal of their application to open a new pharmacy business.
4. For the purpose of the assessment, pharmaceutical services include:
 - § **Essential services** - Every community pharmacy providing NHS pharmaceutical services must provide essential services which are set out in their terms of service. This includes the dispensing of medicines (including repeat dispensing), medicines disposal, promotion of healthy lifestyles and support for self-care.
 - § **Advanced services** – These are services which community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. Advanced services include: Medicines Use Reviews (MUR), the New Medicines Service, Appliance Use Reviews and the Stoma Customisation Service, which can be provided by dispensing appliance contracts and community pharmacies.
 - § **Locally commissioned services** – These are known as enhanced services. Such services include, but are not restricted to: Patient Group Directions (where specific medicines can be supplied to patients without the need for a doctor to write a prescription), needle and syringe exchange, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.
5. The PNA must align with other plans for local health and social care services, including the Joint Strategic Needs Assessment (JSNA). The pharmaceutical needs assessment should be a statement which has regard to the following:
 - § the demography of the area
 - § the pharmaceutical services available in the area of the Health and Wellbeing Board
 - § whether, in the area, there is sufficient choice with regard to obtaining pharmaceutical services
 - § the differing needs of localities within the area
 - § the pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Board which affect:
 - the need for pharmaceutical services

- whether further provision of pharmaceutical services in the area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type. This could include for example new services in response to new housing developments.
6. It is expected that the statement will also include information about:
- § How the assessment was carried out – the localities in the area and how these were determined, the different needs across the localities including those people who share particular characteristics and a report on the consultation undertaken.
 - § Maps: HWBs are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided. The Health and Wellbeing Board is required to keep the map up to date.
7. When making an assessment of local pharmacy services, each Health and Wellbeing Board must take account of likely future needs having regard to likely changes to the number of people who require pharmaceutical services, the demography, and the risks to the health or well-being of people in the area. Specifically the assessment should identify potential gaps in provision that could be met by providing a greater range of services offered by pharmacies or through opening more pharmacies.

Management of the process

1. The Board agreed at its July 2014 meeting to a 'task and finish' approach to developing the Hillingdon PNA. Good progress has been made. A Task and Finish Group, as well as a Steering Group have been established, to oversee the completion of the PNA. The Board agreed that the Steering Group should be a multi-agency group which includes representation from London Borough of Hillingdon, NHS Hillingdon Clinical Commissioning Group, Healthwatch, the Local Pharmaceutical Committee and the NHS England Area Team.
2. The update of Hillingdon's PNA has involved reviewing and analysing the most up to date health and wellbeing data, population data as well as information about the provision of pharmacies across the Borough and the services they provide. Feedback has been received from all the pharmacies in Hillingdon.

Draft PNA recommendations

1. **To recognise that Pharmaceutical services in Hillingdon are well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**
Reason for recommendation
 Pharmacy provision is good across all three localities in Hillingdon. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future.
2. **Pharmacy services should be promoted to the local population.**
Reason for recommendation
 Many residents may require health advice from a health professional when their GP Practice is closed. The pharmacy could be the first port of call due to the high degree of accessibility to pharmaceutical services across Hillingdon.

3. Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.

Reason for recommendation

This could include local and national public health campaigns (e.g., NHS healthchecks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.

4. Encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).

Reason for recommendation

There are many people on GP disease registers some of whom would have more than one disease who would benefit from a frequent review of their prescription medicines.

5. Community pharmacists should use the 'Making Every Contact Count' (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents.

Reason for recommendation

Earlier intervention through targeted health promotion advice by health professionals would aid positive life style changes. Contact with residents through local pharmacies in Hillingdon is a good opportunity to promote health and wellbeing.

Key findings and background information included in Hillingdon's updated PNA

The London Borough of Hillingdon

- Hillingdon has 22 electoral wards within three localities: Ruislip & Northwood in the northern part of the Borough, Uxbridge & West Drayton in the central part of the Borough and Hayes & Harlington in the south.

Demography

- The population resident in Hillingdon in 2015 is estimated at 295,000 persons. This is split between the three localities of Ruislip & Northwood (32%), Uxbridge & West Drayton (33%) and Hayes & Harlington (35%). The population is expected to rise by 1.4% per annum over the next 5 years which is higher than the rate of both London and England. Most wards in Hillingdon will see a 500-1,000 person increase in their population over the next 5 years. The ward of Uxbridge North is expected to see an increase of 4,500 persons, due to the St Andrews Park development. The main increases in the Borough are expected in the age bands 0-17, 25-39 and 40-64 years. All age groups are expected to see an increase in the proportion of Black and minority ethnic groups between 2015 and 2020.
- The main driver of population growth in Hillingdon over the next 5 years is projected to be natural change (the surfeit of births over deaths). 30% of the population growth is projected to result from net inward migration. The number of births will increase slightly to 4,900. The number of births is higher in Hayes & Harlington, than in Uxbridge & West Drayton, which in turn is higher than Ruislip & Northwood.
- Hillingdon has a mixed socio-economic profile, the deprivation level of which is the same as England. The wards in Ruislip & Northwood tend to have the least deprivation while

those wards in Hayes & Harlington tend to be more deprived than the Hillingdon average. The highest number of older people (age 60+ years) is in Ruislip & Northwood.

- Hillingdon is economically prosperous. The Borough has a lower proportion of economically inactive people than London or England. The proportion of the working age population (age 16-64 years) receiving carers allowance is highest in the ward of West Drayton (1.6%). The number of carers aged 65+ is highest in Ruislip & Northwood and lowest in Hayes & Harlington. Car and van ownership in all wards in Hillingdon is higher than the average for London. 37% of working aged residents (age 16-74) use a car or get a lift to work, 25% use public transport, are on foot or use a bicycle.

Epidemiology (diseases and their cause within populations)

- In general Hillingdon enjoys a higher life expectancy in both males and females than the average for London or England. Botwell has the lowest life expectancy in both males (age 77) and females (age 80).
- Mortality rates from all causes have been falling in Hillingdon in line with London and England, both for all ages and for those aged under 75 years.
- The number of people on GP registers for obesity and diabetes in Hillingdon is highest in Hayes & Harlington. GP register derived prevalence for coronary heart disease, hypertension, chronic kidney disease, cancer, osteoporosis and depression are highest in Ruislip & Northwood. Register derived prevalence of chronic obstructive pulmonary disease is highest in Uxbridge & West Drayton.
- The number of people attempting to quit smoking and the number of people successfully stopping is highest in Hayes & Harlington.
- Influenza immunisation in Hillingdon is comparable to England as a whole at 71%, however, this is below the Chief Medical Officer's (CMO's) target of 75%. Looking at higher risk groups, coverage is 53% which is higher than England, but still below the CMO's target of 60%.
- Teenage pregnancy in Hillingdon has decreased year on year recently and is lower than the England average. The rate of conceptions (age <18 years) in the wards of Harefield and Heathrow Villages, however, was double the England rate in 2011 (the latest available comparative data). The rate of diagnosis of Sexually Transmitted Infections in all ages in Hillingdon (nearly 1.0%) is higher than the England average.
- Drug treatment services achieve more successful outcomes in Hillingdon than across England. Alcohol specific admission rates in Hillingdon are in line with England other than among younger drinkers. Hospital admission rates among those aged under 18 are significantly higher than the England average.

Service Provision (pharmacies)

- The number of pharmacies are evenly geographically distributed across Hillingdon with at least 21 per locality. The number of pharmacies per head of population in Hillingdon exceeds the England and London averages. In Hayes and Harlington provision is just below the England average rate per head of population, however, there are additional 20 or so pharmacies within 1 km, but sited in neighbouring boroughs. There appears to be very good accessibility with 99.7% of households in Hillingdon within a 5 minute drive of a pharmacy.
- Of the 66 pharmacies in Hillingdon:
 - 28 are provided by large multiple providers, 31 are independent pharmacies and 6 are part of chains of fewer than 5 pharmacies.

- 64 provide a Medicines Use Review (MUR) service, helping people to understand and administer their medications appropriately. 19,000 MURs were conducted in 2013/14.
- 64 have offered a new medicines service over the last year.
- 6 pharmacies (2 in each locality) provide a stoma appliance customisation service.
- Most pharmacies across all three localities would be willing to provide services that they do not yet provide.

Next steps

1. The National Health Service Pharmaceutical and Local Pharmaceutical Services Regulations 2013 state that there is a statutory requirement to undertake a minimum 60-day consultation with stakeholders for the updated PNA. Subject to agreement by the Board of these recommendations, it is proposed that the 60-day consultation will run between 24 September 2014 and 23 November 2014.
2. The following stakeholders are required to be invited to comment on the draft PNA:
 - § Local Pharmaceutical Committee (LPC)
 - § Local Medical Committee (LMC)
 - § Representatives from the local Pharmacists
 - § Hillingdon Clinical Commissioning Group
 - § Healthwatch Hillingdon
 - § Hillingdon Hospitals Trust
 - § Other hospital trusts used by Hillingdon residents, e.g., Ealing, and Northwest London Hospitals Trust
 - § Neighbouring HWBs
 - § NHS England Area Office
3. The full PNA consultation document will be placed on the Council website from 24 September for 60 days. The stakeholders will be contacted by e-mail which will contain the web-link directing them to the consultation document and the following suggested questions:
 - a. Do you think the purpose of the PNA has been adequately explained?
 - b. Do you think the PNA provides an adequate assessment of pharmaceutical services in the London Borough of Hillingdon?
 - c. Do you think the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the population of the London Borough of Hillingdon?
 - d. Do the recommendations reflect the findings of the PNA?
4. Comments from the consultation will be reviewed and included in the PNA where appropriate. The final PNA will be presented to Hillingdon's Health and Wellbeing Board for consideration and agreement on 5 December 2014. The Health and Wellbeing Board are required to publish the PNA by 1 April 2015.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendations will inform future commissioning decisions to ensure sufficient and effective provision of pharmaceutical services to meet local needs. Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services.

Consultation Carried Out or Required

None at this stage. The PNA action plan and timetable presented to the Health and Wellbeing Board includes consultation with key stakeholders on the draft pharmaceutical needs assessment for a minimum period of 60 days.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no direct financial implications arising from the recommendations set out in this report.

Hillingdon Council Legal comments

From the 1 April 2013, *The Health and Social Care Act 2012* placed a statutory obligation on local authorities, through Health and Wellbeing Boards (HWBs), to develop and update Pharmaceutical Needs Assessments (PNAs). Pursuant to *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* HWBs are required to produce their first PNAs by 1 April 2015, and reviewed every three years thereafter. Schedule 1 of the *2013 Regulations* sets out matters to be covered in the PNAs.

HWBs are committees of the Local Authority, with non-executive functions, constituted under the *Local Authority 1972 Act*, and are subject to local authority scrutiny arrangements.

6. BACKGROUND PAPERS

NIL.