



Report of: Ian Cameron (Director of Public Health, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 23 November 2017

Subject: Pharmacy Needs Assessment 2018-21

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Legislation changes

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of Pharmaceutical Needs Assessment (PNAs) to Health and Wellbeing Boards (HWBs), becoming effective from 1st April 2013.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need, as set out in the relevant PNA.

Therefore, the primary purposes of the PNA are:

- To enable NHS England to determine whether or not to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- To identify any gaps, or potential gaps in community pharmacy coverage that may reduce access to pharmaceutical services for members of the public.

Pharmacy Needs Assessment process

The current Pharmacy Needs Assessment, which was approved by the Leeds Health and Wellbeing Board on 25th March 2015, expires on 31st March 2018 and an updated version to cover the next 3 years is being prepared. Data has been collected, collated and

analysed and the PNA is now being drafted ready for sending out for a wider public consultation period running from 4th December 2017 to 2nd February 2018.

Data was gathered from the public, community pharmacists and stakeholders about current service provision, with a view to ensuring that Leeds has good coverage of pharmaceutical services with any gaps in provision identified.

Recommendations

The Health and Wellbeing Board is asked to:

- Note that the Pharmacy Needs Assessment is on track and progressing to consultation stage.
- Note that the Pharmacy Needs Assessment will be placed on the Leeds Observatory website <http://observatory.leeds.gov.uk/> for a period of 60 days for public consultation from 4th December 2017 to 2nd February 2018.
- Note that the updated Pharmacy Needs Assessment will be brought to the Health and Wellbeing Board on 19th February 2018 for final approval and sign off, ready for publication by 1st April 2018.
- Note the measures to be taken to address the gaps identified so far.

1 Purpose of this report

- 1.1 To update the Health and Wellbeing Board on the current status of the 2018-21 Pharmacy Needs Assessment, assure them that work is progressing and that the Pharmacy Needs Assessment is on track to go out to wider consultation stage on 4th December 2017. It will then be finalised and brought for approval by the Health and Wellbeing Board on 19th February 2018 ready for publication before 1st April 2018.
- 1.2 To provide an early indication of the findings of community pharmaceutical services across Leeds and highlight any gaps that have become evident at this stage of the work.
- 1.3 To inform the Health and Wellbeing Board that the Pharmacy Needs Assessment will be placed on the Leeds Observatory website <http://observatory.leeds.gov.uk/> for a period of 60 days from 4th December 2017 to 2nd February 2018.

2 Background information

- 2.1 Health and Wellbeing Boards are required to publish and keep up to date their local Pharmacy Needs Assessment. The current one, which took effect from April 1st 2015 will expire on 31st March 2018 and a new one must be published.
- 2.2 The Leeds Health and Wellbeing Strategy aims to put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. The Leeds Health and Well Being Board is responsible for overseeing the achievement of this vision and as a key part of the local health infrastructure, community pharmacists are ideally placed to help.

- 2.3 A Pharmacy Needs Assessment project group has been working together since April 2017 to plan the work and ensure collection and analysis of information which is now being used to compile the 2018-2021 Pharmacy Needs Assessment.
- 2.4 Information has been gathered from the public, community pharmacists and stakeholders about current service provision, with a view to ensuring that Leeds has good coverage of pharmaceutical services with any gaps in provision identified.

Public Survey

- 2.5 A questionnaire was developed and distributed electronically to 3,350 online residents and in paper format to 600 residents through the Leeds City Council's Citizens' Panel.
- 2.6 Additional measures were taken to try to capture the views of young people via Youth Clubs and the LCC Young People's Voice and Influence Team. Further engagement mechanisms were used in an effort to reach minority ethnic groups and other hard to reach groups through Healthwatch and the LCC Communities Team. Tweets were also shared through various council twitter accounts including – @LeedsCC_News @HWBBoardLeeds @BetterLivesLds @OneYouLeeds and a range of others were tagged, to stimulate involvement.
- 2.7 In the live survey period between 22nd August and 29th September 2017, 1059 online and 365 paper responses were received. Although not all returns were via Citizen Panel, the majority were and an approximate response rate of 36% was achieved.

Views of Community Pharmacists

- 2.8 A total of 178 community pharmacies, who were on the NHS England Pharmaceutical list were sent a paper questionnaire and 154 responses (94 paper and 60 online responses) were received back during the survey period, which ran from 25th August 2017 to 22nd September 2017. This corresponds to an 87% response rate. A further two pharmacies were later identified as a result of cross checking of information.

Stakeholder Views

- 2.9 Stakeholder views were sought from a number of stakeholders including:
- Community Pharmacy West Yorkshire
 - Leeds CCG Partnership
 - Healthwatch Leeds
 - Leeds Local Medical Committee
 - Leeds Teaching Hospital Trust
 - Adult Social Care LCC
 - Children's Services LCC
 - The Third sector representatives on the HWB
 - Carers Leeds
 - Leeds Involving People
 - Tenfold

- MESMAC
- Local Professional Network (LPN) for Pharmacy

3 Main issues

Early findings of coverage of Community Pharmacies in Leeds

- 3.1 Mapping of service provision has shown that geographical coverage of community pharmacies is generally very good, although parts of the Outer North East and Outer East areas are less well covered. There are 180 community pharmacies now operating in Leeds, only one less than in 2015. Of the 154 which replied to the PNA survey, 22 (14%) are 100 hour pharmacies and 89% are, or are working towards becoming Healthy Living pharmacies.
- 3.2 The majority of the Leeds population is living within one mile of a pharmacy and can reach it either by car, public transport, walking or other transport within 10 minutes (73%). 78% can access a pharmacy in an evening and 74% on a Sunday or Bank holiday if needed.
- 3.3 The public survey found satisfaction with community pharmacies was generally high. 42% of people rate the availability of pharmacies in their area as very good and 38% good. 36% of people rated the quality of pharmacies very good and 40% good.
- 3.4 In the main the PNA has revealed that most people regularly use community pharmacies for traditional dispensing (35%), repeat prescriptions (57%) and repeat prescription services (57%). 40% regularly use the prescription collection service and 11% regularly use the prescription delivery service. However, few in this sample said they regularly used pharmacies for lifestyle advice/support such as healthy weight advice (1.1%) or stop smoking (0.4%). Slightly more (3%) regularly and (7%) sometimes use pharmacists for long term condition advice.
- 3.5 The majority (86%) of people have nothing stopping them from visiting their local pharmacy. Of the 13% who do, disability, sensory impairment and poor mobility, coupled with parking difficulties, and some physical and personal safety barriers, both en route and at the premises were identified.
- 3.6 Community pharmacists appear generally well geared towards meeting the needs of older and disabled individuals and felt their premises were fit for current and future purposes. The majority (91%) of pharmacists also said that the extended GP opening hours had not had an effect on the services they provide. Of the 8% that were currently affected, most said that they were busier, had more uptake of prescriptions, or had opened on a Saturday. As well as increasing access for patients, it appears to be generating more revenue for pharmacies. Some pharmacies are responding to increased GP hours by adjusting their own opening hours to reflect those of the surgery.
- 3.7 In Leeds there is a citywide plan to reach 100% of GP practices offering greater access for patients at evenings and weekends by March 2019 and although this can be expected to increase the workload for pharmacies, those in this sample found

that more footfall had generated more business and seemed to be viewed as a positive development.

- 3.8 The city is also looking at how it can further enhance its integrated offer within the community and the current Integrated Neighbourhood Team Model to include Primary Care. This new model is being referred to as 'Local Care Partnerships' and is likely to view community pharmacists as key contributors to the new models of care.

Potential Gap

- 3.9 Whilst geographical coverage, opening times and access to community pharmacies appears to be meeting the needs of the majority of respondents in this assessment, there are certain sub groups of the population who may find it more difficult to access community pharmacy, despite them providing good physical access and being in the heart of the community.
- 3.10 This includes some of the most recent newly emerging, non-English speaking communities. Despite making additional efforts to engage BME groups in the community survey, 88.9% of respondents were White-English / Welsh / Scottish / Northern Irish / British and less than 1% of questionnaires were returned from respondents belonging to each of the other BME groups. This was with the exception of White Irish, White any other White background and Asian Indian, who returned just over, at 1% each.
- 3.11 Whilst many pharmacies have demonstrated they have access to staff who can speak languages other than English (60%), it is possible that these may not be appropriate languages to reach some sub populations such as Roma, which is one of the most rapidly growing ethnic groups in Leeds. Also 58% of the pharmacies do not have anyone in their team who is trained in Equality and Diversity, which may be a disadvantage in reaching our culturally diverse population.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 The work has received the views of a sample (1,424 citizens) from the local population via the Citizen's Panel and a number of other mechanisms. The draft document will be available for a further 60 days consultation on the Leeds Observatory website for all citizens and professionals in Leeds to view and comment from 4th December 2017 to 2nd February 2018.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Although additional measures were put in place to try to reach our diverse community, we were not successful in attracting a good response from BME or LGBT groups. A potential gap in terms of access by some newly emerging communities and other communities of interest has been identified and further measures will be implemented to try to reach this group and check out this possibility. This could include garnering views on the findings of the draft document

via targeted focus groups and speaking with community leaders during the 60 day consultation period.

- 4.2.2 The Pharmacy Needs Assessment has also detected a gap in the proportion of staff in community pharmacists, who are trained in Equality and Diversity. This could affect the willingness of individuals to use the pharmacists, especially for sensitive issues. The Pharmaceutical Needs Assessment project team will collectively explore what can be done to address this.

4.3 Resources and value for money

- 4.3.1 This piece of work is being done in house by Public Health colleagues with the assistance of a small project group. The only additional funding has been spent on essential items such as printing and postage for paper surveys and for final layout of the document, prior to publication.

4.4 Legal Implications, access to information and call in

- 4.4.1 There are no access to information and call in implications arising from this report.

4.5 Risk management

- 4.5.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs). The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.
- 4.5.2 The NHS Act (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.
- 4.5.3 The Pharmacy Needs Assessment Project Group is working to ensure that the 2018-2021 Pharmacy Needs Assessment is completed on time and to the required standard and compliance as in the above Acts.

5 Conclusions

- 5.1 The 2018-21 Pharmacy Needs Assessment work is progressing and on track to go out to wider consultation stage, before being finalised and brought for approval by the Health and Wellbeing Board on 19th February 2018.
- 5.2 During the 60 day consultation period between 4th December 2017 and 2nd February 2018, further measures will be put in place to help ascertain whether certain groups are experiencing reduced access to community pharmacy.
- 5.3 The Pharmacy Needs Assessment Project Group will consider the identified gaps in Equality and Diversity training of community pharmacy staff and consider how this can be addressed.

5.4 The completed Pharmacy Needs Assessment will be brought to the Health and Wellbeing Board on 19th February 2018 for final approval and sign off, ready for publication by 1st April 2018.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note that the Pharmacy Needs Assessment is on track and progressing to consultation stage.
- Note that the Pharmacy Needs Assessment will be placed on the Leeds Observatory website <http://observatory.leeds.gov.uk/> for a period of 60 days public consultation from 4th December 2017 to 2nd February 2018.
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7 Background documents

None

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How does this help reduce health inequalities in Leeds?

In terms of reducing health inequalities, community pharmacies could be an easily accessible place for highly vulnerable groups, who have limited access to other health and care services, to receive self-care advice. The Pharmaceutical Needs Assessment aims to ascertain whether Leeds has good coverage of community pharmacy, for the whole population, but especially in deprived neighbourhoods and for vulnerable groups.

How does this help create a high quality health and care system?

The Pharmaceutical Needs Assessment has taken the views from both the public and community pharmacists to gain a view from the public on their perceptions of current quality of service and community pharmacists in terms of services currently provided, access to facilities and premises suitability for future purpose.

How does this help to have a financially sustainable health and care system?

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need, as set out in the relevant Pharmaceutical Needs Assessment.

Future challenges or opportunities

Compiling the Pharmaceutical Needs Assessment is providing the opportunity to ascertain current provision of community pharmaceutical services in the context of the current health landscape and demographics of Leeds, both of which have evolved considerably since the last (2015) Pharmaceutical Needs Assessment.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X