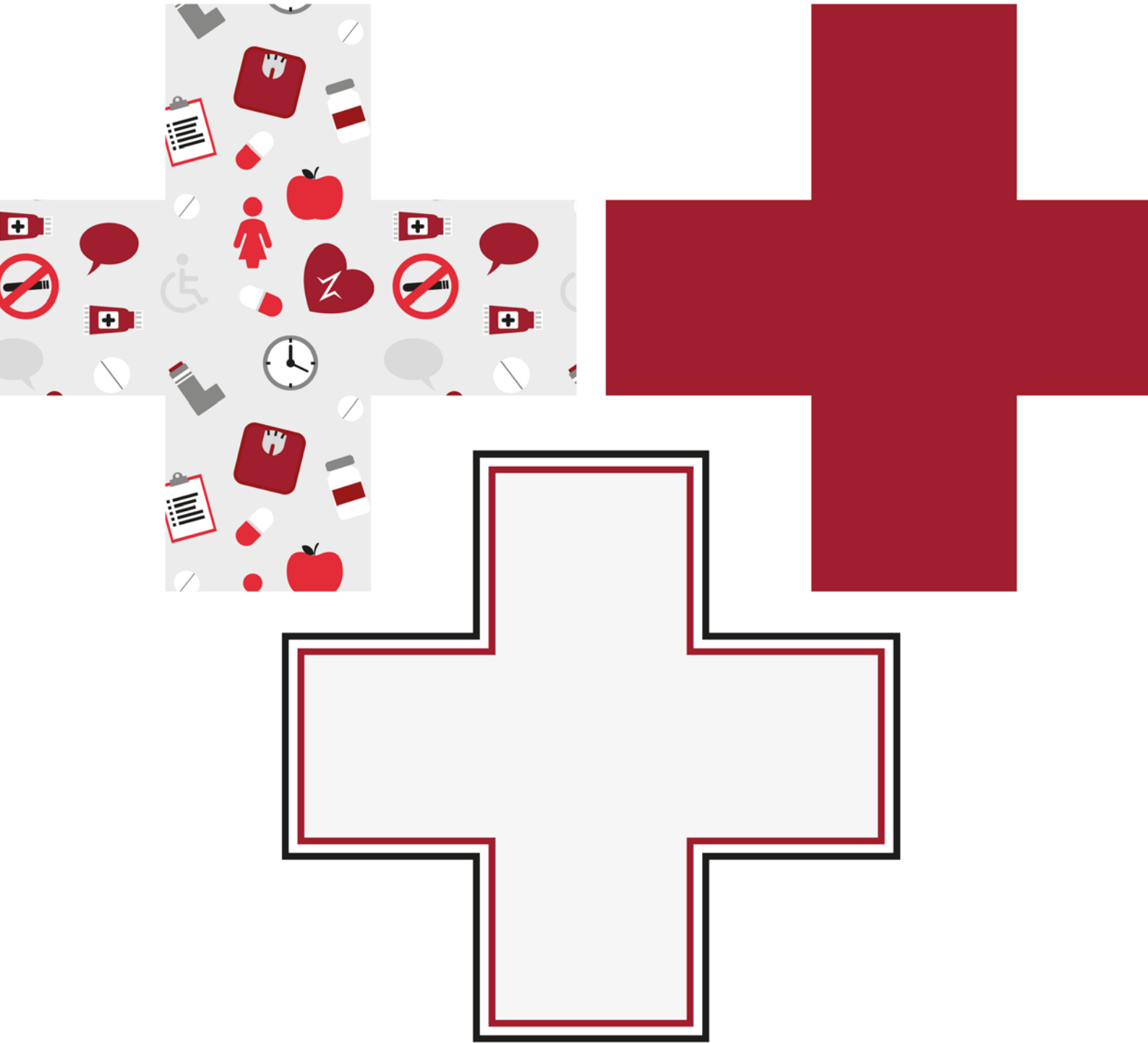


Barking & Dagenham
Health and Wellbeing Board

Pharmaceutical Needs Assessment 2018



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2 Context for the PNA

2.1 Context

The current round of PNAs, due to be published by 31 March 2018, are being undertaken in a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report recommends major changes to the way in which pharmaceutical services should be delivered. At the time of writing, the changes to the Pharmacy Contract have not yet been fully implemented. It is complex to predict the impact of such alterations on residents before it is understood which services may be reduced, changed or closed.

2.2 National policies on pharmacy services

2.2.1 Legal framework for PNAs – the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

The [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) set out PNA requirements (Part 2, Regulations 3–9).

Available at: http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf

The minimum requirement for PNAs include the following:

- A statement of the pharmaceutical services currently provided that are necessary to meet needs in the area
- A statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision)
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area
- A statement of other NHS services provided by a local authority, the NHS commissioning board (NHS England), a clinical commissioning group (CCG) or an NHS trust, which affect the needs for pharmaceutical services
- An explanation of how the assessment has been carried out (including how the consultation was carried out)
- A map of providers of pharmaceutical services
- Consultation. HWB must consult the bodies set out in regulation 8 at least once during the process of developing the PNA. The minimum consultation period required is 60 days

2.2.2 The National Health Service Act 2006

Part 7 of the [NHS Act 2006](#) applies to 'pharmaceutical services and local pharmaceutical services' and includes a description of pharmaceutical arrangements that must be put in place within an area and the type of professional authorised to prescribe (Section 126).

2.2.3 2008 White paper

The 2008 White Paper, [Pharmacy in England: Building on strengths – delivering the future](#), sets out 'a vision for building on the strengths of pharmacy, using the sector's capacity and capability to deliver further improvements in pharmaceutical services'.¹ The White Paper advocated expanding the pharmacy role to include additional clinical services e.g. treating common minor ailments, providing public health services such as smoking cessation support and sexual health services, supporting those with long-term conditions, delivering some clinical services such as blood tests and screening programmes and involvement in clinical pathways that support integrated care.

2.2.4 The Murray Report

The Chief Pharmaceutical Officer for England, Dr Keith Ridge, commissioned an [independent Community Pharmacy Clinical Services Review](#) ('the Murray report') published by The King's Fund in December 2016. The review summarises national policies that describe opportunities for expanding the role of the community pharmacist.

'Community pharmacy has the potential to help meet both the short term and long-term challenge to provide better outcomes as part of wider integrated services that are efficient and that work for patients. It is widely recognised that community pharmacists and their teams are an underutilised resource. Pharmacists undergo a four-year full-time university degree plus a year's work-placed preregistration training culminating in a further academic examination before being admitted to the pharmaceutical register. In addition to this many also undertake post-graduate academic qualifications and training. Pharmacy technicians are also highly trained and are a registered profession working in all health sectors.'²

2.2.5 NHS Community Pharmacy Contractual Framework (the 'Pharmacy Contract')

The Pharmacy Contract is made up of three different service types:

- **Necessary services (essential services)** are commissioned by NHS England and are provided by all pharmacy contractors. These services include the dispensing of medicines and appliances, repeat dispensing, disposal of unwanted medicines, clinical governance, promotion of healthy lifestyles, signposting and support for self-care. For the purposes of this PNA, necessary services are defined as all Essential Services.
- **Advanced services** are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC),

¹ Pharmacy in England Building on strengths – delivering the future. Department of Health. 2008

² Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

NHS Urgent Medicine Supply Advanced Services (NUMSAS). For the purposes of this PNA, relevant services are defined as all Advanced Services.

- **Locally commissioned/enhanced services** are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population. For the purposes of this PNA, relevant services are defined as all Locally commissioned and Enhanced Services.

2.2.6 2016 Changes to the Pharmacy Contract

2.2.6.1 Overview

On 20 October 2016, the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17. Contractors providing NHS pharmaceutical services under the framework will receive £2.687 billion for 2016/17, a reduction of 4% compared with 2015/16. This will be followed by a further 3.4% reduction to £2.592 billion in 2017/18.³

Stakeholder consultation by the Department of Health (DH) has led to key changes in the national pharmacy contract with the aim of creating a more efficient service that is better 'integrated with the wider health and social care system' in order to 'relieve pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, and will mean better value and patient outcomes.'⁴

The findings outlined in the [consultation document](#) suggested that efficiencies can be made without compromising service quality or public access because:

'There are more pharmacies than necessary to maintain good patient access;

'Most NHS funded pharmacies qualify for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider;

'More efficient dispensing arrangements remain largely unavailable to pharmacy providers.'

2.2.6.2 Key changes in the way pharmaceutical services are delivered

Key changes include:

- simplifying the NHS pharmacy remuneration system
- helping pharmacies to become more efficient and innovative
- encouraging longer prescription durations where clinically appropriate
- to develop the role of community pharmacist outside of the community pharmacy.

For full details see the Department of Health's Community Pharmacy in 2016/2017 and Beyond: Final Package.

2.2.6.3 Change to payment fees

Pharmacy currently receive an establishment payment as long as they dispense above a certain prescription volume – this will be gradually phased out over a number of years,

³ [Consultation document](#)

⁴ Community Pharmacy in 2016/2017 and Beyond: Final Package. Department of Health. October 2016

starting with a 20% reduction in December 2016 and reduced by 40% on 1 April 2017.⁵ A range of fees including the professional or 'dispensing' fee, practice payment, repeat dispensing payment and monthly electronic prescription payment service payment will be consolidated into a single activity fee.

2.2.6.4 A new quality payments scheme

A range of quality criteria have been introduced which, if achieved, will help to integrate community pharmacy into the wider NHS/Public Health agenda. Contractors adhering to gateway criteria will receive a quality payment if they meet one or more of the quality criteria, details of which can be viewed at <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/>.

2.2.6.5 The Pharmacy Access Scheme (PhAS)

Changes also include the introduction of a new Pharmacy Access Scheme (PhAS). The scheme is designed to ensure populations have access to a pharmacy, especially those with high dependency that live in regions where pharmacies are sparsely located. A national formula has been used to identify 1,356 pharmacies which will receive an additional payment to ensure that they are protected from the full effects of the December 2016 funding cut.

2.2.6.6 Changes to Regulations to Facilitate Pharmacy Mergers

Amendments to NHS 2013 Regulations⁶ were made in December 2016, including a new regulation that facilitates the consolidation of two or more pharmacies onto one existing site. 'Importantly a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.'⁷

"Applications to consolidate will be dealt with as 'excepted applications' under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment ('PNA') produced by the Health and Wellbeing Board, (HWB). Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation.... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (Regulations 12 and 13).

If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (amendment of regulation 6)."⁸

⁵ <http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/>

⁶ National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013

⁷ <http://psnc.org.uk/contract-it/pharmacy-mergers-consolidations/>

⁸ National Health Service England. The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016

2.3 Joint Strategic Needs Assessment (JSNA) Review

2.3.1 Introduction

A Joint Strategic Needs Assessment (JSNA) is an assessment of the health and wellbeing needs of the local area. Since 2007, there has been a statutory duty for local authorities and CCGs to undertake this assessment and there is also a legal requirement for NHS and local authority commissioners to use the information in the JSNA when commissioning services. In practice, the JSNA process is led by the Director of Public Health and undertaken on behalf of the HWB for the area.

The work is undertaken each year to provide a shared, evidence-based consensus about key local priorities and to support commissioning to improve health and wellbeing outcomes and reduce health inequalities.

The London Borough of Barking & Dagenham (LBBD) continues to experience deprivation with high rates of unemployment. The demography comprises a young, fast growing, mobile population. Both life expectancy and healthy life expectancy are significantly lower than the London and England averages for males and females.

Barking & Dagenham has strong partnerships and is developing new approaches to integrated care and place-based care via localities. The borough is an NHS innovation test bed (Care City). One growth area (Barking Riverside) has been appointed by NHS England as London's only Healthy New Town. A Growth Commission report was commissioned with a focus on ensuring there is 'no-one left behind' in maximising the opportunities of growth.

2.3.2 Key priorities identified in other documents by the JSNA

- *The Joint Health and Wellbeing Strategy (JHWS)* – priorities identified by the JSNA from the JHWS include the following: prevention, improvement and integration of services, care and support, and protection and safeguarding. The social determinants of health (e.g. built-up environment) intersect with these themes. The JHWS strategy takes a life course approach covering each stage in relation to these themes.
- *The Corporate Plan and the Growth Commission Report* – priorities identified by the JSNA include social determinants of health, prevention, integration and care, and safeguarding as council priorities.
- *Sustainability and Transformation Plan (STP)* – priorities identified by the JSNA include sustainable health and social care services built around the needs of local people, new models of care with better outcomes focused on prevention and out of hospital care.
- *Developing an integrated care model* – working across, Havering and Redbridge to develop an approach to integrating and commissioning care for the area. Priorities for this model include stronger communities, investment in prevention and improved health and social care through integrated high-quality care pathways and improved access and a locality delivery model of care.

2.3.3 Priorities and Implications for pharmacy services

While the role of pharmacists is not directly referred to in the JSNA, an expanded role for pharmacists could enable their involvement in addressing many of the borough's priorities.

Table 1 Potential roles for pharmacists in addressing selected Joint Health and Wellbeing Strategy priorities

Theme	Priority	Potential pharmacist role
Pre-birth and early years	Children to start well – this means having a good level of development	<ul style="list-style-type: none"> • Healthy start vitamins • Healthy start service
	An integrated Early Years service from conception to age 5	
	Children to be protected against diseases that can be prevented	<ul style="list-style-type: none"> • Vaccinations
	Children to have regular check-ups and less dental decay	
Primary school children	Children to be more active and eat healthier diets	<ul style="list-style-type: none"> • Weight management service • Promoting healthier lifestyles
	More children to take regular physical activity	<ul style="list-style-type: none"> • Promoting healthier lifestyles
Adolescents	Empower adolescents to make informed choices about their sexual emotional health	<ul style="list-style-type: none"> • Chlamydia screening and treatment service • Condom supply service • Emergency hormonal contraception service • Pregnancy testing • Schools service
	Continue to improve the educational attainment of children and young people	
	Fewer adolescents to smoke and/or problematically use alcohol	<ul style="list-style-type: none"> • Alcohol screening and prevention service • Stop smoking voucher service
Maternity	Fewer adults smoke or problematically use alcohol	<ul style="list-style-type: none"> • Alcohol screening and prevention service • NHS Health Checks • Stop smoking voucher service
	More adults have a healthy weight and have access to healthy food/produce	<ul style="list-style-type: none"> • Gluten-free food service • NHS Health Checks • Weight management service • Promoting healthier lifestyles
	The majority of women to take up the opportunity of antenatal screening	

	More women in pregnancy from vulnerable groups to have dedicated support	
	More infants are breastfed in the first months of life	
Adulthood	Fewer adults smoke or problematically use alcohol	<ul style="list-style-type: none"> • Alcohol screening and prevention service • NHS Health Checks • Stop smoking voucher service
	More adults have a healthy weight and have access to healthy food/produce	<ul style="list-style-type: none"> • Gluten-free food service • NHS Health Checks • Weight management service • Promoting healthier lifestyles
	More adults to take regular physical activity including cycling and walking	<ul style="list-style-type: none"> • NHS Health Checks • Promoting healthier lifestyles
	More adults to take up the offer of screening for cancers including breast, bowel and cervical	
	More adults with early signs of chronic disease to be identified in primary care and start treatment and care	<ul style="list-style-type: none"> • Dementia identification service
		<ul style="list-style-type: none"> • Anticoagulant monitoring service • Asthma support service • Care home service; Carer support • COPD support service • Diabetes support service • Domiciliary support service • DOT service for TB treatment • Inhaler technique service • Medication review service • Medicines assessment and compliance support service • In demand availability of specialist medicines • Post hospital discharge medication support • Supervised consumption of prescribed medicines • Appliance use reviews (AURs) • Medicines Use Reviews (MURs) • New medicines service
	Improve services for people living with long-term conditions	

		<ul style="list-style-type: none"> • Blood pressure monitoring • Palliative care service • Repeat prescription service • Supportive services • Influenza vaccination service
	Active case finding: around a half of all patients with COPD remain undiagnosed	
	Residents with dementia to be on a GP register and to have access to the services they need	
	More vulnerable adults to have employment opportunities	
General	Relevant across all the above priorities	<ul style="list-style-type: none"> • Electronic prescriptions • Independent prescribing by pharmacists • Out of hours access to medicines • Home delivery service • Language access service

2.4 Joint Health and Wellbeing Strategy (JHWS) Review

2.4.1 Introduction

Barking & Dagenham's Health and Wellbeing Board brings together commissioners and providers of services (across the NHS, public health, adult social care and children's services), elected councillors and Health Watch to assess local needs, provide an overarching strategy for health and wellbeing, scrutinise policies and performance and support the integration of services.

The [Joint Health and Wellbeing Strategy 2015 to 2018](#) outlines priorities for improving the health and wellbeing of those who live and work in the borough and reflects the changing health and social care needs of the population, as described by the JSNA.

2.4.2 Selected data and analysis

Data and analysis relevant to the Joint Health and Wellbeing Strategy are outlined in the JSNA.

2.4.3 Priorities

The Barking & Dagenham strategy includes the following priority areas:⁹

2.4.3.1 Starting well

- Supported pregnancy, delivery and breastfeeding
- Healthier children with a better outlook for developing, learning and achieving
- Children and young people able to make their own healthier choices

2.4.3.2 Living well

- Easy access to free and low-cost resources for self-care and maintenance
- Alert to any health issues and able to deal with them
- Well informed and empowered
- Living a healthier, longer, more fulfilling life

2.4.3.3 Ageing well

- Easy access to care and support
- Early diagnosis of health issues
- Well supported carers
- Prepared for a healthier, longer, more fulfilling older age

⁹ Joint Health and Wellbeing Strategy 2015-18: London Borough of Barking & Dagenham Health and Wellbeing Board

2.5 Commissioning priorities review

2.5.1 Introduction

2.5.1.1 Clinical Commissioning Group (CCG)

The CCG works with health and social care partners to plan and buy healthcare on behalf of the local population. The group includes all GP practices and is governed by a body made up of GPs, other healthcare professionals, senior NHS managers and lay members. Further information about the CCG can be found at:

<http://www.barkingdagenhamccg.nhs.uk/>

2.5.1.2 Jointly commissions services by Barking & Dagenham, Havering and Redbridge CCGs

The CCG jointly commissions services with its neighbouring CCGs in Havering and Redbridge. The three boroughs take a joint approach to issues such as primary care commissioning and the development of the Havering and Redbridge (BHR) accountable care system. As they share the same acute hospital providers, as well as the same community and mental health service providers, joint working where appropriate is a logical strategy to improve the health of residents across the three boroughs.

2.5.2 Latest priorities

The CCG document *CCG Operating Plan 2017/19* sets out the 'must do' priorities for 2017-19 related to delivery of Five Year Forward View Priorities, covering general practice, urgent and emergency care, elective care, cancer, mental health and learning disabilities.

Full details of the operating plan priorities can be viewed at:

<http://moderngov.barkingdagenham.gov.uk/documents/s109390/CCG%20Operating%20Plan%202017%202019.pdf>

2.5.3 Locally commissioned enhanced services

The HWB has identified locally commissioned enhanced services as pharmaceutical services which secure improvements or better access to, or have contributed towards meeting the need for, pharmaceutical services in the area of the HWB. Currently commissioned services are in the services provide in Appendix E – Pharmacy opening hours.

2.6 Public Health Outcomes Framework Review

2.6.1 Introduction

National priority areas for improving health and wellbeing are set out by the Department of Health as an outcomes framework to offer local authorities a tool (most notably, <http://www.phoutcomes.info/>) and as PDF profiles for each local authority. These tools allow accessible analysis of trends over time and comparison of figures between different areas.

The Public Health Outcomes Framework (PHOF) for England, 2013-2016 sets out a vision 'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest'¹¹ with a focus on two high-level outcomes:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities.

2.6.2 Latest public health outcomes framework: priorities for improvement

The following indicators in the public health outcomes framework were significantly worse for than the England average (data as of August 2017):

2.6.2.1 Overarching indicators

- Healthy life expectancy at birth (male and female)
- Life expectancy at birth (male and female)
- Life expectancy at 65 (male and female)
- Gap in life expectancy at birth between each local authority, London boroughs and England (male and female)

2.6.2.2 Wider determinants of health

- Children in low income families (dependent children under 20 and under 16s)
- First time entrants to the youth justice system
- 16-18-year olds not in education, employment or training
- Percentage of people aged 16-64 in employment (persons and female)
- The rate of complaints about noise
- Statutory homelessness (eligible homeless people not in priority need, and households in temporary accommodation)
- Social isolation (adult social care users)

2.6.2.3 Health improvement

- Low birthweight of term babies
- Under-18 conceptions
- Child excess weight in 4-5 and 10-11 year olds
- Proportion of the population meeting the '5 a day' (adults and age 15)
- Average number of portions of fruit consumed daily (adults)
- Average number of portions of vegetables consumed daily (adults and age 15)
- Excess weight in adults
- Percentage of physically active adults
- Percentage of physically inactive adults
- Smoking prevalence in adults
- Successful completion of alcohol treatment

- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- Cancer screening coverage (breast, cervical and bowel)
- Abdominal aortic aneurysm screening coverage
- New born hearing screening coverage

2.6.2.4 Health protection¹⁰

- Population vaccination coverage – Hib/Men C booster (5 years old), PCV booster, MMR for two doses (5 years old), PPV, Flu (aged 65+), flu (at risk individuals), shingles vaccination (70 years old), flu (2-4 years old)
- Incidence of tuberculosis

2.6.2.5 Healthcare and premature mortality

- Proportion of five-year-old children free from dental decay
- Mortality rate for causes considered preventable (persons, male and female)
- Under 75s mortality rates from all cardiovascular diseases and cardiovascular diseases considered preventable (persons, male and female)
- Under 75s mortality rates from cancer and cancer considered preventable (persons and male)
- Under 75s mortality rates from liver disease and liver disease considered preventable (persons and male)
- Under 75s mortality rates from respiratory disease (persons, male and female) and respiratory disease considered preventable (persons and male)
- Emergency re-admissions within 30 days of discharge from hospital (persons, male and female)
- Health-related quality of life for older people
- Excess winter deaths – single year, all ages (persons and female), 3 years, all ages (persons and female), 3 years, age 85+ (persons and male)

¹⁰ Indicators in this domain are benchmarked against targets. The indicators noted here were in the worst category.

2.7 Implications for pharmacy services

2.7.1 Introduction

Community pharmacists work at the heart of communities and are trusted professionals in supporting individual, family and community health. Pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment.¹¹

2.7.2 Tiers of community pharmacy service

As previously mentioned, the Pharmacy Contract describes three tiers of community service. See Appendix E – Pharmacy opening hours and services for further details of all services within each tier. The broad spectrum of services described highlights the potential for pharmacist involvement in improving population health and wellbeing beyond just the dispensing of medicines.

2.8 Modifiable behaviours/healthier lifestyles

Non-communicable diseases (NCDs) affect people of all ages. Modifiable behaviours such as physical inactivity, poor diet, harmful alcohol or tobacco use all increase the risk of non-communicable diseases.¹² Although community pharmacies already offer health promoting services, they have the potential to play an increasing role in the future, in promoting health and wellbeing by combatting such behaviours through joint working (often in partnership with other service providers) on health improvement initiatives. Key areas to address include strategies to:

- build trust with the public to improve the level of insight and honesty regarding health behaviours that other health professionals might not have access to
- promote healthier lifestyles via motivational interviewing; education, information and brief advice; providing on-going support for behaviour change; and signposting to other services or resources
- be recognised as optimal, providers in the process of delivering health improvement initiatives and planning integrated care pathways.

2.9 Addressing inequalities

Long-term and lifestyle related conditions are more prevalent in deprived populations. Often the only healthcare facility located in an area of deprivation, pharmacies have the potential to play a vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services.¹³

Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. Pharmacies may also offer a language access service where required.

¹¹ The community pharmacy offer for improving the public's health. Local Government Association. 2016

¹² <http://www.who.int/mediacentre/factsheets/fs355/en/>

¹³ The community pharmacy offer for improving the public's health. Local Government Association. 2016

Pharmacy support could prove particularly valuable in more deprived communities or for vulnerable groups such as ethnic minorities who have a variety of poorer health outcomes.

2.10 Healthy Start/children

The Department of Health's *Healthy Start*¹⁴ scheme helps pregnant women and children under four in low-income families eat healthily through the provision of breastfeeding and nutrition support including free food and vitamin vouchers. The scheme provides vitamin supplements through arrangements with local community pharmacies.

Other ways in which pharmacists may play a role in child health include school services, promoting healthier lifestyles and weight management services for children.

2.11 Older people/care homes

Preventative approaches ensure older people remain healthy and independent in the community for longer, and to reduce the cost of health and social care services for this growing population. Pharmacists can support patients as they get older in maintaining their independence and avoiding hospital admissions through understanding safe use of medicines, offering services closer to home, providing healthy lifestyle and self-care advice (where appropriate), signposting services and when necessary making GP referrals. There is also potential for pharmacist teams to be involved in providing various forms of support and care home service that benefit the elderly.

2.12 Long-term conditions

For people living with long-term conditions pharmacy can play an important role in raising awareness of the risks associated with long-term conditions, medicines optimisation, patient reviews (monitoring medicines, appliances etc.), providing advice regarding health promotion and signposting and support for self-care.

A key recommendation of the Murray report includes integrating community pharmacists and their teams into long-term condition management pathways.¹⁵ Pharmacists may form part of an integrated care pathway working alongside GPs and other community practitioners to deliver optimal, integrated care closer to home.

¹⁴ <https://www.healthystart.nhs.uk/>

¹⁵ Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016