

## Somerset Pharmaceutical Needs Assessment 2017

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### 1. Summary

- 1.1. All Health and Wellbeing Boards have a statutory duty to report on the accessibility of pharmacies and pharmacy services from rural, dispensing GP practices in their localities. A report needs to be produced every three years, with the next due by April 2018. This report is sent to NHS England, who use the information contained within to assess applications by pharmacies to open or change their services; NHS E is also required to ensure that gaps in provision are filled. The evidence used in this consultation draft suggests that there are no gaps in provision that will not be filled by existing arrangements. The report also finds that changes in the next three years will not be of a scale or nature that will require new provision.
- 1.2. There is a 60 day statutory consultation period from 21<sup>st</sup> September to 20<sup>th</sup> November 2017. Full details are available at [www.somersetintelligence.org.uk/pna](http://www.somersetintelligence.org.uk/pna) during this period.
- 1.3. This item supports the County Plan vision for better health in Somerset.

### 2. Issues for consideration / Recommendations

- 2.1. Members of the committee are invited to comment on the draft. Please note that this is necessarily a long and detailed factual report. The main body of the report is 115 pages long, and there are over 250 pages of annexes.
- 2.2. The findings - from analysis of where pharmacies and dispensing practices are, when they are open and what they offer – are that the 102 pharmacies, 20 dispensing practices and 5 branches are well distributed, open generally when people want them to be and provide a good range of services, not only the 'essential' services such as filling prescriptions and repeat prescriptions, but also the large majority provide additional services, commissioned by NHS England, Somerset County Council and Somerset Clinical Commissioning Group, such as medicine use reviews, advice on new medicines, supervised administration and emergency contraception. These services, too, are well distributed around the county.
- 2.3. The population of Somerset is expected to grow by 17,000 by 2021, and is becoming more elderly, with nearly half of the growth being in the population aged over 65. That will increase the demands on pharmacy services, but there is no evidence that this growth will necessarily require more pharmacies or dispensing practices to open. The growth away from the main population

centres is relatively limited and is very unlikely that new outlets will be required there. In the main towns of Taunton, Yeovil and Bridgwater, it is expected that there will be considerable growth in housing estates on the edge of town. For Bridgwater in particular that growth will include accommodation for workers on the Hinkley Point C construction project. We do not, though, think that the level of growth will require additional providers of pharmaceutical services. (EDF is making private provision for its workers on site.) Similarly, the provision of additional services such as medicines reviews and emergency contraception is widespread and there is no evidence that patterns will need to change significantly.

- 2.4. This consultation draft has largely been drawn from official sources of information. We welcome any comments on whether the facts are correct, and whether the interpretation of their implications for current and future pharmaceutical services in Somerset is correct. It is a strategic overview, and there may be important details of access for particular population groups, perhaps particularly associated with public transport, that we have not been able to include.
- 2.5. We cannot expect everyone in Somerset to have very local access to every pharmaceutical service, but do want to enable the best access reasonably available given existing resources. We would welcome thoughts on the standards we have taken as 'reasonable' access.

### **3. Background**

- 3.1. The PNA is a statutory duty on the Health and Wellbeing Board, and NHS England is required to take account of its findings in assessing applications to change the way in which pharmaceutical services are provided. It is a legal document that can be used in, or subject to, judicial review.

### **4. Consultations undertaken**

- 4.1. The draft PNA is produced by a working group appointed by the Health and Wellbeing Board, with members drawn from Healthwatch, Somerset CCG, NHS England, Somerset Local Medical Committee, Somerset Local Pharmaceutical Committee and Somerset County Council.
- 4.2. There is a statutory 60 consultation period, which runs from 21<sup>st</sup> September to 20<sup>th</sup> November 2017. In addition to the Healthwatch network, views are sought particularly from groups representing people with protected characteristics under the Equality Act 2010 to ensure that issues of access for people with particular pharmaceutical requirements are not overlooked.

### **5. Implications**

- 5.1. The PNA needs to be factually correct to avoid legal challenge to decisions made as a result of its assertions. If gaps in provision come to be identified through the consultation process and endorsed by the Health and Wellbeing Board then NHS England is required to address those gaps, which may require the diversion of resources from elsewhere in NHS services. If gaps in provision emerge during the period then pharmacies are able to apply to fill them as 'unforeseen

changes'. Any poor provision of pharmaceutical services as a result of failings in the PNA will disadvantage the health of the Somerset population, and may divert patients away from 'self-care' into the primary or secondary health sector.

## **6. Background papers**

- 6.1.** The report, including relevant regulations and links to legislation, is available at [www.somersetintelligence.org.uk/pna.html](http://www.somersetintelligence.org.uk/pna.html).