

Somerset Health and Wellbeing Board

Pharmaceutical Needs Assessment 2018-21

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	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	20.12.17
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	20.12.17
	Monitoring Officer (Somerset County Council)	Julian Gale	4.1.18
Summary:	<p>Production of a PNA is a statutory duty that transferred to the local authority under the Health and Social Care Act 2012. The current PNA covers the period 2015-18, meaning that a new PNA for 2018-21 needs to be in place by March 2018. This is a report from the Health and Wellbeing Board to NHS England, assessing the effectiveness of access to pharmaceutical services in Somerset.</p> <p>The draft here has been produced by a working group delegated to do so by the Health and Wellbeing Board in January 2017, and including NHS England.</p> <p>The report finds that access to pharmacies, and other providers, notably dispensing GP practices, and their services, is adequate for most people, most of the time. It also finds that the expected growth in the county's population can be accommodated by existing providers.</p>		
Recommendations:	<p>The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Endorse the Somerset Pharmaceutical Needs Assessment for 2018-21. • Publish the PNA 2018-21 and communicate the findings to NHS England. 		
Links to Somerset Health and Wellbeing Strategy	<p>The report supports all three themes of:</p> <ol style="list-style-type: none"> 1. People, families and communities take responsibility for their own health and wellbeing. 2. Families and communities are thriving and resilient. 3. Somerset people are able to live independently for as long as possible. 		

Financial, Legal and HR Implications:	Production of the report is a statutory requirement; there are no direct legal, financial or HR implications of the recommendations.
Equalities Implications:	The report explicitly addresses issues of access for different groups. It includes a full equality impact assessment. Whilst some groups such as disabled people or carers have both greater need and greater difficulties in access we did not find this to be disproportionate, and is covered by such mitigations as the delivery of prescriptions.
Risk Assessment:	Not to produce a report would be a failure to fulfil a statutory duty. Not only would this risk sanction but would also place NHS England in an invidious position when assessing applications for changes in the county's pharmacy provision.

1. Background

- 1.1.** The PNA describes the location of, and services provided by, Somerset's community pharmacies and those GP practices that dispense medicines. It assesses whether these services match the patterns of need. It also assesses likely future trends in population, and whether additional services may be required to meet needs within the three year period of the PNA.
- 1.2.** The PNA has been written by a working group set up by the Somerset Health and Wellbeing Board in January 2017. The membership is shown below:
- Somerset County Council Public Health
 - Somerset County Council Comms / Consultation
 - Somerset CCG
 - Somerset Local Pharmaceutical Committee
 - Somerset Local Medical Committee
 - Somerset HealthWatch
 - NHS England Area Team

2. Consultations undertaken

- 2.1** The PNA has been written by a working group made up of the major stakeholders, and can be considered part of the consultation process. Two broader consultation activities have also been undertaken to inform the PNA. Firstly, a number of bodies – consisting principally of the working group members as well as neighbouring HWBs – were asked for opinions on the draft. The invitation was also sent to the network of equalities groups in Somerset to ensure we did not miss issues of access experienced by specific populations. Secondly, the same groups, or any individuals who received the invitation, or visitors to the PNA website, were also invited to give comments on their experience of pharmaceutical services in the county. This could not be a representative survey, but was at least an opportunity for concerns to be raised.
- 2.2** The number of responses to both surveys was small – three formal representations were made on the draft, plus one by email; 19 people responded to the consultation on services. The contents of the former were generally supportive of the draft report, and the factual errors pointed out have been corrected in the final draft. The large majority of respondents were broadly content with pharmaceutical services, and where concerns were raised they have been passed to the appropriate authority. Most issues were of quality, rather than access, and so outside the scope of the PNA itself.

3. Implications

- 3.1** The PNA suggests that, taking into account the three applications for pharmacy opening that have been granted in the last three years, most people are broadly satisfied with services, and our analysis suggests that services are well distributed and open at appropriate times. The implication is that NHS England need not change its pattern of commissioning pharmaceutical services, and that the commissioning of specific services from pharmacies by Somerset Public Health and Somerset CCG is also effectively distributed.
- 3.2** The steering group will continue to monitor the need for pharmaceutical services in Somerset during the period covered by the PNA. Should they be needed, changes will be identified in supplementary statements published alongside the PNA.

4 Background papers.

- 4.1** The full Somerset PNA for 2018-21 can be viewed at www.somersetintelligence.org.uk/pharmaceutical-needs-assessment-2018-21.html. This is a long, technical document of 130 pages, excluding extensive annexes. It is not recommended for printing because of its size. The executive summary is copied below:

4.2 Executive Summary

The Pharmaceutical Needs Assessment is a report from the Somerset Health and Well-being Board on the effectiveness of provision of pharmacy services to the county. It includes community pharmacies and GP practices that dispense medicines in many rural areas. It considers whether pharmacy provision will remain adequate until the next assessment in 2021. It is written to inform NHS England, Somerset Clinical Commissioning Group and Somerset County Council in their

commissioning, and whether new pharmacies should be encouraged or permitted to open.

The analysis of where pharmacies and dispensing practices are, when they are open and what they offer found that the 101 pharmacies, 20 dispensing practices and 5 branches are well distributed, open generally when people want them and provide a good range of services, both the 'essential' services such as filling prescriptions and the additional services, commissioned by NHS England and SCC such as medicine use reviews and emergency contraception. These services, too, are well distributed.

Since the publication of the 2015 PNA, applications for three pharmacies to open in the county have been granted, for Coleford, Woolavington and Monkton Heathfield, with the latter being due to open in temporary premises in the spring of 2018. The unforeseen needs identified for these areas will be met when the pharmacies open. We have also heard that Lloyds pharmacy in Cheddar is set to close early in 2018; our view is that the existing 100 hour pharmacy in Cheddar will ensure the local population's needs are met.

The population of Somerset is expected to grow by 17,000 by 2021 with nearly half of the growth being in those aged over 65. That will increase the demands on services, but there is no evidence that it will require more pharmacies or dispensing practices. Growth away from the main population centres is relatively limited. In the main towns of Taunton, Yeovil and Bridgwater there will be considerable housing development on the edge of town. For Bridgwater that will include workers' accommodation for Hinkley Point C, although we are aware that they will have private provision arranged, including on site. We do not judge that the level of growth will require additional providers of pharmaceutical services. Similarly, the provision of additional services is widespread and there is no evidence that patterns will need to change significantly.

Representatives of equalities groups in Somerset have been invited to comment on this draft, and – other than the important consideration that carers may have restrictions on their time - we have not heard evidence of difficulties of access to pharmaceutical services that specific groups might face beyond those identified in the Equality Impact Assessment. We cannot expect everyone in Somerset to have very local access to every pharmaceutical service, but we did find that access is reasonable according to the criteria that we set out and consulted upon, and will continue to be so within the period of this PNA.

Thank you to everyone who contributed to writing of this report. We are aware that this PNA may see faster change in pharmacy provision than recent years. We will continue to monitor and assess access to services, and publish the findings at www.somersetintelligence/pna.

Christine Lawrence
Chair, Somerset Health and Wellbeing Board