

Section 7:

Key Considerations - Future Service Provision

The key considerations emerging from the Pharmaceutical Needs Assessment are discussed below.

7.1 Consideration 1 – Community Pharmacy SWOT Analysis (Section 1)

The following table summarises the baseline key strengths, weaknesses, opportunities and threats of community pharmacy for consideration and feedback by users of the PNA. Awareness of this SWOT analysis has been a key factor in the development of our final PNA recommendations.

Strengths:	Weaknesses
<ul style="list-style-type: none"> • Locations –65 pharmacies embedded within communities, on the high street and supermarkets • Footfall – Over 1.8 million patient visits per day in the UK, approximately 7800 per day in Newcastle. Crucially with a different demographic footprint when compared with general practice • Efficiency – Community Pharmacy is an existing skilled health service provider with fixed costs (premises, utilities, core staffing, skill mix). • Engagement – Locally in Newcastle community pharmacy have been highly motivated and supportive of local commissioners. 	<ul style="list-style-type: none"> • Capacity Challenge – it is unknown how many services can be provided from each site • Inconsistent delivery across the estate for some services Additional training requirements amongst pharmacy staff will mean changes to practice may not all commence equally across the city
Opportunities	Threats
<ul style="list-style-type: none"> • To improve integration with other NHS providers e.g. to receive referrals from GPs • To raise awareness of 'new' services by the public and Healthcare Professionals • For more proactive negotiations with local commissioners to address local health priorities. 	<ul style="list-style-type: none"> • Changes to service provision against a backdrop of financial austerity and cuts to the public sector. • New entrants to the service provision market competing with community pharmacy. • New community pharmacies who wish to provide more services in areas where there is a need.

7.2 Consideration 2 – PNA Identified Health Need (Section 3)

The health needs identified in Section 3 of this document are summarised below and will be used to consider future commissioning intentions and priority areas for action. Some pharmacies will be commissioned to deliver against these identified needs. Decisions will be based on local need, local access and available funding.

Theme	Identified Health Needs
Population	<ul style="list-style-type: none"> • Growth - As there is a growing population there is a growing health need in the city. It is known that requirements for pharmacy services will change as this growth occurs. Ensuring adequate provision of pharmaceutical services must be a priority for these areas. • Variation - Differing population characteristics / clusters across the city, including: deprivation, ethnicity, age (children, students, elderly), disability, occupation etc. lead to differing requirements across the city. Especially for highly deprived areas. • Access - Equitable provision for all people within the city leads to a need to consider levels of accessibility, disability of patients, language challenges, housebound population, age, carers etc.
Smoking	<ul style="list-style-type: none"> • Mortality Rate - Reduction in the prevalence of smoking across the city is required to bring about significant improvements in health – both a reduction in the numbers of residents starting to smoke and an increase in the numbers trying to quit and successfully quitting. • Policy - Alignment of healthcare advice with respect to e-cigarettes.
Substance Misuse	<ul style="list-style-type: none"> • Alcohol – There is a need to raise awareness of alcohol risks and for a reduction in high risk drinking behaviours across the city – especially binge drinking. • Drugs and Alcohol - Retaining existing service users in treatment long enough to complete treatment and achieve a successful completion. . • Drugs- Increase in the numbers of clients screened for Hep B, C and HIV. • Drugs & Alcohol - An increase is required in the numbers of drug users accessing treatment services – especially 18-24 year old groups. • Harm Reduction – Increasing demand for these services in Newcastle suggests improved infrastructure and capacity is required. • Prescription Drug Abuse – Higher than North East rates found in Newcastle. • Increasing challenge of Novel Psychoactive Substances ('legal highs')
Obesity	<ul style="list-style-type: none"> • Rates – Newcastle has significantly higher than England rates of obesity in younger population. Future costs in terms of health and financially to the NHS will be significant.

Sexual Health	<ul style="list-style-type: none"> Rates of sexual transmitted infections / diseases are higher in Newcastle than in England. Increased detection and treatment are needed as well as raised awareness of STIs.
Teenage Conceptions	<ul style="list-style-type: none"> Rates of teenage conception are higher in Newcastle than in the rest of England – especially in some wards.
Cancer	<ul style="list-style-type: none"> Incidence of cancer in Newcastle is significantly higher than the England average. Mortality rates are also higher, especially for Lung and Bowel Cancers. Smoking, obesity and alcohol are identified as major contributing factors.
Long Term Conditions	<ul style="list-style-type: none"> Detection – Newcastle has a need to increase the detection of Long Term Conditions – COPD, diabetes, heart disease and stroke. Treatment – options are as in Obesity, Smoking and Alcohol.
Older People	<ul style="list-style-type: none"> Support – pharmacy services could be designed to reduce incidence of falls due to polypharmacy (multiple medications). Domiciliary - Community services could support needs of house bound patients. Dementia – There is a need to increase detection and care for those with dementia Memory, Visual and Hearing - Increased support is required for those suffering sensory and memory impairment
Mental Health	<ul style="list-style-type: none"> Mental Health - Increased medicines support for patients with mental health disorders required and improved information for patients diagnosed with depression.
Immunisation	<ul style="list-style-type: none"> Flu immunisation uptake in Newcastle is above the North East and England average as well as the WHO target. However we still need to increase uptake of influenza vaccinations across Newcastle and in key vulnerable groups. .
Travel	<ul style="list-style-type: none"> Provision – continued provision of self-care advice, travel advice, malaria prophylaxis and emergency medicine supply for visitors and for those travelling from Newcastle.

7.3 Consideration 3 - Current Provision of Baseline Pharmacy Services in Newcastle (Section 4)

Pharmacy Services already being provided in Newcastle from Section 4 of this document are summarized below. Observations will help inform readers of opportunities for improvements in service provision and help identify gaps where they exist.

Theme	Observations
4.1 Current Provision of Essential Pharmaceutical Services	<ul style="list-style-type: none"> Newcastle by Geography - pharmacies are located primarily in areas of higher population density, close to GP practices and in the city centre with a good overall geographic spread across Newcastle city.

	<ul style="list-style-type: none"> Newcastle by Population - with the exception of North Newcastle, local populations here enjoy more pharmacies per 100,000 population than the North East generally and the England average. Newcastle West is particularly well serviced.
4.2 Current Advanced Services	<ul style="list-style-type: none"> Most pharmacies in Newcastle are performing Advanced Services under the Pharmacy Contract however the average number provided each month varies from pharmacy to pharmacy. The significant advanced service resource of community pharmacy is now accessible to commissioners and has been demonstrated by NUTH recently with ToC. Targeting of Pharmacy Advanced Services should be of high interest to CCG, NHS Trust and Local Authority commissioners for everything from discharged patients to falls prevention to medicines wastage reduction.
4.4 Dispensing doctors	<ul style="list-style-type: none"> The two dispensing doctors located within Newcastle CCG areas are both further than 1.6km from a community pharmacy.
4.5 Dispensing appliance contractors	<ul style="list-style-type: none"> NA
4.6 Hospital Pharmacy Services in Newcastle	<ul style="list-style-type: none"> NA
4.7 Pharmacy opening hours	<ul style="list-style-type: none"> Access to community pharmacy across the whole of Newcastle is well provided for during core hours. <ul style="list-style-type: none"> Weekday Evenings - there is provision until at least 8pm in all localities. Excellent. Saturdays - opening hours provide for each of the localities at multiple sites from 8am through until 9pm. Good. Sundays - opening hours provide for each of the localities from 10am through until 5pm with longer services in the East and West. Good.
4.8 Disability access	<ul style="list-style-type: none"> Most Pharmacies in Newcastle have acceptable wheelchair accessibility. There are 2 Pharmacies without wheelchair access and are therefore in breach of the Equality Act 2010.
4.9 Consultation rooms	<ul style="list-style-type: none"> Consultation room provision by pharmacies in Newcastle is excellent however wheelchair access may require further investigation. Privacy - The purpose of a consultation room is to provide privacy for patients when delivering services. The privacy provided by consultation rooms in Newcastle pharmacies will naturally vary

	depending on the style and quality of fitting. It has been noted during consultation exercises in the preparation of this PNA that some consultation rooms may not offer sufficient privacy. It is anticipated that the CPAF survey to be undertaken by the Area Team will provide more clarity on this issue.
4.10 Distance Selling Pharmacies	<ul style="list-style-type: none"> • NA
4.11 Electronic Transfer of Prescriptions	<ul style="list-style-type: none"> • NA

7.4 Consideration– Public Satisfaction with Pharmacy

Every Community Pharmacy in Newcastle each year is required to provide the Area Team with a significant number of completed patient satisfaction questionnaires. Unfortunately this data was not available for publication within the PNA as responses are normally collected on paper for each pharmacy. In the future the Area Team may establish an electronic means (e.g. PharmOutcomes) of recording the results of CPAF surveys. This would provide valuable data for benchmarking pharmacy services in Newcastle.

Despite the absence of statistics, it was clear during the preparation of this report that the public and healthcare organisations have a very high estimation of community pharmacy and the role that it plays for the health economy in Newcastle. Engagement with Healthwatch, Newcastle User Carers Forum and with the publication both of the PNA on the Newcastle City Council website and requests for information in the City Life Magazine anecdotally supported this view.

7.5 Current Provision and Assessed Gaps for local commissioned services:

Service	Observations
Minor Ailments – “Think Pharmacy First” (Map 5)	<ul style="list-style-type: none"> • Provision - TPF coverage by pharmacies in Newcastle is excellent with only 1 pharmacy in the North, 1 in the East and 2 in the West not providing this service for patients. • On the whole, there are very few gaps in the provision of this service. A further 3 pharmacies are willing to provide the service in the future. • Promotion - Some pharmacies with the lowest provision (based on mean service provision) are in the most deprived areas of Newcastle. This could be considered by both commissioners and community pharmacy as an area for improvement. • A gap in the utilisation of Think Pharmacy First by commissioners exists in Newcastle. Aligned with its intended purpose, GP practices, NHS Trust Hospitals and the 111 service are currently making minimal patient referrals to pharmacies. Minor ailments consultations are therefore continuing in inappropriate care settings (GP Practices and Hospitals), utilising inappropriately qualified staff and incurring additional costs on taxpayers.
Drug & Alcohol Misuse (Map 6 & 7)	<ul style="list-style-type: none"> • Alcohol Service Provision – Against a background of some of the worst alcohol statistics in England there are no pharmacy alcohol initiatives provided in Newcastle. • Needle Exchange Service Provision – There appear to be significant gaps in Needle Exchange Service provision in Newcastle. • Supervised Administration Key Observations: <ul style="list-style-type: none"> ○ Provision - A high proportion of pharmacies provide supervised administration services in Newcastle. ○ Quality Standards – Clear processes need to be put in place to ensure regular audits,(more detail in section 5), training sessions, systems for the provision of management information or management meetings to support substance abuse services from pharmacies. ○ Signposting – There are no standard mechanisms in place to assure that substance misuse clients are appropriately signposted by pharmacy to other services in voluntary sector or other public health services. ○ Feedback from the consultation highlighted that some pharmacies may need to consider consumer privacy levels and dignity in relation to opioid substitution therapy.
Sexual Health Services – “Plan B”, LARC, C-Card and Chlamydia Treatment	<ul style="list-style-type: none"> • Provision – Provision of Plan B is at high levels in Newcastle. However there are 13 pharmacies who do not currently take part leaving some gaps in availability of services to Newcastle residents. • Quality/Standards – Processes are being developed to ensure there are regular service review

<p>(Map 8)</p>	<p>meetings. There are also significant amounts of data available to commissioners through the use of PharmOutcomes.</p> <ul style="list-style-type: none"> • Signposting – Although there are low levels of coil/LARC referrals coming from community pharmacy, this is mainly due to refusal by the women • Chlamydia – Levels of Chlamydia testing for patients accessing Plan B are low, again this is mainly due to women refusing testing • LARC – Levels of LARC provision through community pharmacy are low. Pharmacies are unable to access accreditation and training. Previously for those that were accredited, service volumes were low. • Coil Referral – Levels of Coil Referral from pharmacy are low as part of Plan B. • C-Card – Levels of accreditation to distribute free condoms from pharmacy are low. Commissioners report that additional coverage is required in areas - Fawdon, Kenton, Newbiggin Hall, Blakelaw, Cowgate, Newburn, Throckley, Walbottle, Lemington, East/West Denton, Fenham, Scotswood, Benwell and Heaton.
<p>Stop smoking service (Map 11)</p>	<ul style="list-style-type: none"> • Provision – Services are being delivered from 42 of 65 pharmacies in Newcastle. Of those pharmacies, 4 of the highest providers are in key areas of deprivation in the city. There are additional pharmacies wishing to provide stop smoking services which would increase access to patients in Newcastle. • Quality – An average quit rate of 57% from pharmacies in Newcastle is good. • Access – Pharmacy provides excellent access hours for this service. • Hard to Reach Groups – Pharmacy is well placed to provide this service to more resistant groups of patients.
<p>Specialist drug access service</p>	<p>NA</p>
<p>Vaccination Services</p>	<ul style="list-style-type: none"> • Flu Immunisation Provision – Community Pharmacy has been highly supportive of the local agenda to increase the uptake of flu vaccinations. This is a new service to community pharmacy in the area however it already includes 38 pharmacies aiming to deliver over 5000 vaccinations over the last quarter of 2014. The service should continue to grow over the coming years.

Care Home Advice

Specialist Drug Services in Newcastle

- Private Care Homes - This is an arrangement between community pharmacy businesses and private care homes.
- NHS or Local Authority Care Settings – Expertise held within local community pharmacy network should be considered when commissioning pharmaceutical advice or audit provision for care settings in the community.

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