

Executive summary

Chapter 1 Introduction

The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments to Health and Wellbeing Boards who are obliged to produce an updated PNA by 1 April 2015. **This PNA covers the period from April 2015 to the end of March 2018.**

NHS England will use this PNA to help inform decisions related to applications for new pharmacies to determine the need for new pharmacies and / or extended hours.

Newcastle City Council and its health and wellbeing board partners will use this PNA to inform the commissioning of services from Newcastle pharmacies to meet the needs of our local population.

This document focuses on defining Pharmaceutical Needs Assessment and its purpose

- To determine if there are sufficient community pharmacies to meet the needs of the population of Newcastle and secondly;
- To determine what services could be delivered by community pharmacies to meet the future identified health needs of the population.

Consideration is given to local leadership and commissioning, and the present contractual obligations are described.

Chapter 2 Pharmaceutical needs assessment process: a brief overview of the methodology adopted in bringing together the information contained within the pharmaceutical needs assessment (PNA) is described. Existing service provision by Community Pharmacy has been assessed, for the purposes of this PNA, through a combination of two main data sources:

- Newcastle PNA questionnaire (a questionnaire sent to all practicing pharmacies in the city)
- Existing commissioning data held by the Local Authority and the NHS.

In August 2014 an electronic questionnaire was made available via PharmOutcomes, an IT platform used by many community pharmacies and commissioners across the UK. All 65 community pharmacies within Newcastle responded to the survey. Additionally, data related to those pharmacies already commissioned to deliver services via Local Authority Public Health Contracts helped determine present utilisation and gaps in service provision.

These two main data sets provide the main body of information from which conclusions can be drawn.

Chapter 3 Identified health needs: This chapter identifies an overview of the broad health needs of Newcastle's population taken from the most recent Newcastle Future Needs Assessment. The population profile is described to include ethnicity and deprivation, life expectancy and disease prevalence, long term conditions and the role of carers.

Lifestyle factors that impact on health and wellbeing are described to include smoking, substance misuse (Drugs and Alcohol), sexual health and obesity.

Prevalence with the city is described e.g. The prevalence of smoking in Newcastle

for all groups is higher than the England average. The current prevalence for all adults aged 18 and over is 23.7%, Routine and manual occupations is higher still at 32.7%, and mothers who are smoking at the time of delivering their baby at 16.6%.

This information helps contextualise the development of pharmacies as prime providers of accessible support from within local communities.

Chapter 4 Current Provision of Baseline Pharmacy Services -

The essential and minimum pharmaceutical services which must be provided within a standard 40 hour week are detailed. There are an average 22 pharmacies per 100,000 population nationally. Newcastle compares favourably with an overall 23 pharmacies per 100,000 population.

Access and availability of existing provision are described to demonstrate the range of local provision to include opening hours, proximity to General Practices in the city, and physical accessibility. Additional work is necessary to determine the level of access to those people who need wheelchair access.

Provision to deliver extended and confidential services is also described.

Whilst there is good provision across the city between Monday – Friday 9am and 5pm, evening and weekend opening hours are less accessible. Specifically only 10 / 65 pharmacies are open on Sundays.

Chapter 5 Current provision of local commissioned services

As well as national services provided by all pharmacies, the pharmacy contract also includes services that are commissioned at a local level by local Clinical Commissioning Groups (CCG), Local Authorities (LA) or NHS England. Chapter 5 describes this provision.

- 61 out of 65 Newcastle pharmacies report that they provide a Think Pharmacy First (minor ailments) service in Newcastle
- 10 Newcastle pharmacies report they provide a needle exchange service
- 57 out of 65 pharmacies across Newcastle deliver supervised consumption of medicines
- 52 pharmacies report that they provide Plan B services e.g. Emergency Hormonal Contraceptives. There are currently 8 pharmacies reporting they provide the Chlamydia treatment services.
- 42 out of 65 pharmacies are currently providing smoking cessation services in Newcastle.
- Some drugs are not routinely stocked in pharmacies because they are prescribed infrequently. To ensure that patients and professionals can access these drugs, e.g. for terminal care, a few community pharmacies are commissioned to hold these drugs in readiness. There are currently 7 pharmacies indicating they provide a specialist drug access service, with no provision in the west locality.
- Pharmacies will often provide advice and support to residents and staff within the care home. There are currently 14 pharmacies indicating they provide a care home advice service.
- 38 pharmacies have indicated that they provide Flu vaccination services.

Chapter 6 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by local commissioners. These services are often very valuable for special patient groups, for example the housebound or elderly, but are provided at the discretion of the pharmacy owner. In Chapter 6 these non-commissioned services are described and include for example cholesterol, glucose and blood pressure testing.

Chapter 7 Key Considerations - Future Service Provision

In Chapter 7 the strengths, weaknesses, opportunities and potential threats are stated. Thereafter, a summary of the identified health needs, provision and gaps in provision are provided for consideration with commissioners and partners.

Chapter 8 concludes the main document and describes the next steps and some of the anticipated developments during the forthcoming year 2015-16.

Chapter 9 Equality impact assessment

The PNA seeks to improve access to pharmacy services for all sectors of the population, with an emphasis on meeting the needs of specific groups. The PNA gives the Local Authority the opportunity to highlight ways to enhance available services to a wide range of target groups including those covered by the Equality Act. The very process of undertaking the analysis of the findings has also highlighted gaps in the survey questions asked. As such additional work will be required to establish access to pharmacy for those requiring wheelchair access.

Key Recommendations

Listed below are the **key recommendations** from the Pharmacy Needs Assessment for consideration and action where appropriate. Supporting evidence for each recommendation can be found in later sections.

1. Think Pharmacy First and Existing Pharmacy Emergency Supply Services – CCG commissioners of 111, GPs and Hospital Trusts could work more closely with Community Pharmacy to direct patients away from GP Practices or A&E Departments with the aim to reduce inappropriate use of NHS resources.
2. Long Term Conditions –NHS Health Checks (a national risk assessment, risk reduction and risk management programme) aim to help prevent heart disease, stroke, diabetes and kidney disease and should be available through Community Pharmacy. This would provide increased access to advice and support for those individuals identified as at-risk.
3. Health Living Pharmacies are planned to be commissioned in Newcastle to support the development of new services and high performance delivery of existing commissioned services especially in deprived areas.
4. Disability Access – There are still two pharmacies reporting that they do not provide adequate access for people with physical disabilities. It is recommended that this is resolved urgently as this in the future may be

unacceptable to commissioners. No assessment has been made to determine wheelchair access to the consulting rooms or alternative private space. This work needs to be undertaken as soon as possible and may help provide important information in relation to the commissioning of additional services.

5. We intend to include more pharmacies within our online access guide DisabledGo-Newcastle. This will provide disabled people with the information they need to help them to decide which pharmacy is most accessible to meet their individual requirements.
6. Pharmacy Coverage – Access - There are currently 65 pharmacies in Newcastle - including two 100 hour pharmacies. Being an urban area, access to community pharmacy across the city Monday to Friday, 9am to 5pm is excellent and access on evenings and weekends is also excellent (86% of pharmacies open longer than contracted hours). Data suggests however that the North Newcastle Locality has a lower number of pharmacies (16 per 100k) than the East and West and also the England Average (22 per 100k). Further investigation may be required to establish exact need of these populations especially in light of the fact that housing development is planned in this area over the next few years.
7. Pharmacy Harm Reduction Services (needle exchange) would benefit from review in line with the ongoing review of the substance misuse system in Newcastle, which would help to address gaps in service provision.
8. Students – Targeted services (e.g. sexual health/alcohol) could be commissioned in selected areas accessible for students (e.g. near campuses and in city centre) with endorsement by and engagement with city Universities/Colleges.
9. Promotion of Healthy Living – Health commissioners in Newcastle could make better use of Community Pharmacy as a promotional resource. There are 6 public health campaigns available from 65 high footfall locations across the city which are not fully utilised or synchronised with existing public health activity for maximum effect.
10. Medicines Risks – Medicines Use Reviews (MUR) and New Medicines (NMS) Service – Commissioners of services which prescribe medicines could benefit from engagement with community pharmacy to utilise the targeting of MUR/NMS services for specific groups – Example Objectives – Falls Prevention, Medicines Wastage Reduction, Medicines Reconciliation and Medicines Optimisation.
11. Obesity – The commissioning of pharmacy based BMI assessment presents opportunities for brief advice and to improve nutrition and physical activity.
12. Sexual Health – Community Pharmacy could increase the numbers of patients referred for Long Acting Reversible Contraceptives and Copper Coil – the preferred long acting methods of contraception. Increased numbers of participating Plan B Pharmacies would also be of benefit to the city. Ideally, all pharmacies should be supported by commissioners of the C-Card Service to not only providing free condoms but issuing C-Cards.

13. Older People Services – Pharmacies could provide a medicines management service to older people as part of a Citywide falls reduction strategy.
14. Mental Health and Dementia – As in number 9 above, Northumberland Tyne and Wear NHS FT may wish to discuss the potential targeting of medicines review services through community pharmacy in the future.
15. Substance Misuse Services – A review of the Pharmacists role in the provision of elements of the substance misuse pathway as part of the ongoing redesign of these services is recommended.
16. Alcohol Services – The introduction of alcohol screening and brief advice through pharmacy is recommended and would help provide early identification and would support individuals to reduce their consumption and where necessary provide signposting onto relevant services.
17. Childhood Vaccinations – Pharmacy's success in the provision of flu vaccinations opens the door for possible future delivery of other vaccination types – e.g. Childhood Vaccinations.