

Committee: Health and Wellbeing Board

Date: 27 March 2018

Wards: ALL.

Subject: Pharmaceutical Needs Assessment

Lead officer: Dr Dagmar Zeuner, Director of Public Health.

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Barry Causer, Head of Strategic Commissioning (Public Health).

Recommendations:

That Health and Wellbeing Board members:

- A. note the collaborative work that has produced a Merton Pharmaceutical Needs Assessment (PNA) that is compliant with the regulations and best practice.
 - B. note that the process of undertaking the PNA has led to extended opening times and therefore improvements in accessing community pharmacies in the east locality in evenings during the week and on Saturday afternoons.
 - C. agree to adopt the PNA, attached in final draft form as an appendix to this report, in advance of the statutory deadline of 1st April 2018.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to set out the headline findings of the Pharmaceutical Needs Assessment (PNA) and ask that the HWB formally adopt it, so that it can be published on the Merton Council website by the statutory deadline of 1st April 2018.

The Merton PNA, attached in final draft form as an appendix to this report, concludes that there are no gaps or improvements that can be made to pharmaceutical services in Merton.

2 BACKGROUND

- 2.1. From 1 April 2015 it became a statutory requirement that Health and Wellbeing Boards publish a PNA and publish a revised assessment within 3 years. The revised PNA is required to be published by 1st April 2018.
- 2.2. Its primary purpose is for market entry purposes; and it is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.
- 2.3. A PNA is a tool for identifying current and future need and improve quality and effectiveness of pharmaceutical services. It uses robust, up to date evidence to ensure that pharmacy services are provided in the right place and that services commissioned from pharmacies by local authorities and

Clinical Commissioning Groups meet the needs of the community that they serve.

- 2.4. The regulations set out that the following should be included in the PNA: current provision, gaps in provision, other relevant NHS services, recommendations for improvements and better access, methodology as to how the assessment was carried out and maps of provision. The regulations also name particular organisations and other interested parties that should be consulted for a minimum of 60 days; which has been complied with for the Merton PNA.

3 JOINT WORKING ACROSS SOUTH WEST LONDON

- 3.1. Merton Public Health has worked collaboratively with the London boroughs of Kingston, Wandsworth and Richmond on the refresh of their PNAs.
- 3.2. A steering group was set up, covering Wandsworth and Merton. This has guided the development of the PNAs across both boroughs, following the same stipulated process, and provides assurance that the final draft PNA meets the regulations.

4 HEADLINE FINDINGS

- 4.1. Assessing the need for pharmaceutical services is a complex process and this PNA considered a number of factors, including the size and demography of the population across Merton, the protected characteristics, whether there was adequate access to pharmaceutical services across Merton, different needs of the different localities (east and west) within Merton and the pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Merton. It also included a survey of community pharmacists and a 63 day statutory consultation.
- 4.2. The main headline findings from the PNA (see final draft document in the as an appendix to this report) are as follows-
Number of pharmacies
- 4.3. There are 41 pharmacies in Merton, provided by 34 contractors. 19 of these are located in the east locality (including one distance selling/on-line pharmacy) and 22 are in the west locality. These are generally located in areas of higher population density and around town centres.
- 4.3.1 Across Merton, the number of community pharmacies per 100,000 residents is 19.4 (excluding the distance selling pharmacy), which is slightly lower than the South London (20.3) and England (21.3) average. When looking across the localities, the picture is as follows
 - a) The number of community pharmacies per 100,000 residents in the east locality is 16.6 and is lower than the South London (20.3) and England (21.3) average.
 - b) The number of community pharmacies per 100,000 residents in the west locality is 22.5 and is higher than the South London (20.3) and England (21.3) average.

Although the number of pharmacies is lower than the South London and England averages, this does not necessarily lead to a need for additional community pharmacies as there would appear to be unused capacity in

dispensing activity (see 4.4) and cross border provision that contributes to meeting pharmaceutical need at times of less demand e.g. Sunday afternoon.

Dispensing data

- 4.4. In 2016/17 there were 2,929,820 items prescribed for Merton residents and 77.1% of these were dispensed by contractors or GP surgeries within the HWB area. When including items that were dispensed by contractors in the neighbouring boroughs for Merton residents, this figure increases to 95.7%.
- 4.4.1 There would appear to be capacity in the existing community pharmacies for additional dispensing need. This is evidenced by-
- a) The average number of items (56,482) dispensed by community pharmacy (excluding the distance selling pharmacy) in Merton being lower than those pharmacies in South London (70,715) and in England (93,976).
 - b) The number of items dispensed per person (10.9) being lower than South London (14.3) and in England (20).
 - c) When looking at localities, the average items dispensed in the east locality (62,430) and in the west (51,615) locality is also lower than the South London (70,715) and in England (93,976).

Access to premises

- 4.5. For access to community pharmacies, we have considered four key times; weekdays up to 7pm, weekdays after 7pm, Saturdays and Sundays.
- 4.6. For each of these times we considered how residents may travel to the premises; walking up to 1.6km, driving within 10 minutes and using public transport for a journey of 20 minutes and if appropriate cross borough provision over the borough boundary.
- a) Weekdays up to 7pm. Access to community pharmacy during this time is good.
 - b) Weekdays after 7pm. Access to community pharmacy during this time is good. It should be noted that access at these times has been improved through the process of developing the PNA, with a community pharmacy in the east locality extending their opening hours until 7.30pm every evening. Cross border provision by community pharmacies in Sutton also support access for residents in the south of the borough after 7pm.
 - c) Saturdays. Access to community pharmacy during this time is good. It should be noted that access at these times has been improved through the process of developing the PNA, with two community pharmacies in the east locality extending their opening hours (using a rota system) on a Saturday afternoon until 3.30pm. Cross border provision by community pharmacies in Sutton also support access for residents in the south of the borough on Saturday afternoons.
 - d) Sundays. Access to community pharmacy during this time is good. It should be noted that there is naturally a lower demand for

pharmaceutical services at this time and cross border provision (particularly Sutton and Croydon) contributes to meeting the pharmaceutical need for Merton residents.

- 4.6.2 The HWB should be aware that the draft PNA, used for the consultation, identified that some small improvements could be made in the opening hours in the east locality on a Sunday afternoon and provision of the Minor Ailments Service. Having considered responses to the consultation, engaged with clinical colleagues including community pharmacists, looked into the activity data for the GP access hubs and explored cross border provision in greater depth, particularly just over the borough boundary into Croydon and Sutton; these small improvements are not an established need in the final draft PNA.

Conclusion

- 4.7. The Merton PNA concludes that there are no gaps or improvements that can be made to pharmaceutical services in Merton.

Supplementary statements

- 4.8. It is important that the PNA reflects any changes in pharmaceutical need in Merton. If the HWB becomes aware that a change may require the PNA to be updated, then they can issue a supplementary statement.

5 ALTERNATIVE OPTIONS

- 5.1. Publishing a PNA is a statutory requirement of Health and Wellbeing Boards under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

6 CONSULTATION UNDERTAKEN OR PROPOSED

- 6.1. The consultation on the PNA is clearly set out with regulations for the consultation to last at least 60 days and to consult with the Local Pharmaceutical Committee, the Local Medical Committee, persons on the pharmaceutical lists and any dispensing doctors in the area, the LPS chemist in its area, the Local Healthwatch, any NHS Trust or NHS Foundation Trust, NHS England, neighbouring HWB's and any other patient, consumer or community group in its area who has an interest in the provision of pharmaceutical services in the area. The consultation took place from 18th December 2017 until 19th February 2018 for a period of 63 days and had 16 responses.
- 6.2. A contractor questionnaire was sent to all community pharmacies in Merton to validate the information provided by NHSE and provide commissioners with additional information e.g. availability of consultation facilities. This ran from 14th August 2017 to 2nd October 2017 and had 24 responses (uptake rate of 58%).

7 TIMETABLE

- 7.1. The deadline for the HWB to publish a revised assessment is 1st April 2018.

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 8.1. The approach set out has no financial implications.

9 LEGAL AND STATUTORY IMPLICATIONS

Publishing a PNA is a statutory requirement under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The final draft PNA was sent to Legal Services, who confirmed that the PNA complies with the regulations.

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The PNA is concerned with delivering a balanced and equitable provision of service throughout the borough. In order to address health inequalities it is important that there is access to accurate data which reflects real needs.

11 CRIME AND DISORDER IMPLICATIONS

None.

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None.

13 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Merton Pharmaceutical Needs Assessment (Final draft).

14 BACKGROUND PAPERS

- 14.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

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