

Agenda

Health and Well-Being Board

Tuesday, 23 September 2014, 2.00 pm
County Chamber, Wyre Forest House,
Finepoint Way, Kidderminster

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ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਸ਼ਹੂਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health and Well-Being Board

Tuesday, 23 September 2014, 2.00 pm, Council Chamber, Wyre Forest House, Kidderminster

Membership: Mr M J Hart (Chairman), Dr Carl Ellson (Vice Chairman), Mrs S L Blagg, Liz Eyre, Mr Simon Hairsnape, Mr A I Hardman, Dr Richard Harling, Dr A Kelly, Peter Pinfield, Gail Quinton, C Cumino, Dr Simon Rumley, Dr Jonathan Wells, Mrs A T Hingley, Supt. M Travis, Clare Marchant, Campbell and Brian Hanford

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Agenda produced and published by Patrick Birch, Director of Resources, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or a copy of this agenda contact Kate Griffiths, on 01905 766630, KGriffiths@Worcestershire.gov.uk

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Worcestershire Health and Wellbeing Board's Pharmaceutical Needs Assessment

April 2015

Executive Summary

Background – What is a Pharmaceutical Needs Assessment (PNA)?

The responsibility for PNAs transferred from PCTs to Health & Wellbeing Boards (HWBs) in 2012. The *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (The 2013 Regs)* of April 2013 state that HWBs must produce their first PNA by no later than 1st April 2015.

A PNA presents a comprehensive picture of current pharmaceutical service provision, which includes dispensing of prescriptions by community pharmacies, dispensing doctors and other providers, as well as a range of other services provided by community pharmacies.

Community pharmacies are based in the heart of local communities, in rural as well as deprived inner city areas, where people live, work and shop. Community pharmacy teams understand the needs of their local communities through regular interactions and provide convenient access, without the need for an appointment, to all members of the community. They are often the first point of contact and for some the only contact with a healthcare professional.

With the very significant contribution that community pharmacy can make by, improving public health, accessing hard to reach groups and reducing health inequalities, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. It is also important to make sure that the potential of each contractor is utilised to the full.

The PNA helps to achieve this by reviewing;

Current access – where do patients have to go to receive these services and when can they be obtained?

The **range of services** – there is a long list of services that community pharmacies can provide. Which ones are available and from where?

Is the range **adequate** – does a locality have all of the necessary services that the local population needs?

Choice of provider – is there a degree of choice that allows for preference and needs of the individual?

This picture of current provision is presented in **Part A** of the **PNA**.

The next section, **Part B**, looks at the local health needs and priorities that have been identified and prioritised by the Health and Wellbeing Board for each of the six defined localities that make up Worcestershire.

The next section of the PNA, **Part C**, considers the summary of current provision of pharmaceutical services alongside the health needs of the localities. This process identifies where current service provision may be deemed to be inadequate and highlights potential gaps or “pharmaceutical needs”.

The PNA then considers how the needs and service gaps that have been identified could be met by the provision and development or extension of existing pharmaceutical services.

When considering whether patients are able to gain reasonable access to pharmaceutical services, it should be remembered that people’s interpretation of “access” varies.

For instance, if there are areas in Worcestershire where there is a total lack of provision, where the population has to travel an unreasonable distance to obtain a service, at different times of day and over 7 days a week, this could imply the need for a new contract to allow a pharmacy to open or a general practitioner to start dispensing for their patients.

There could also be circumstances where a service that is considered necessary in a locality is not being provided by those who have the potential to deliver the services. The PNA must also consider the local health needs that have been identified and prioritised by the Health and Wellbeing Board (HWB) to improve health in the county and whether the development of current pharmaceutical services could complement those provided by other healthcare professions and agencies, all with a shared objective.

In this way the PNA acts as a steer for planning and commissioning of relevant future services and helps to ensure that valuable NHS and other public resources are appropriately spent.

Process – how has the PNA been developed and what happens now?

The pharmaceutical services delivered by Worcestershire contractors (including community pharmacies and dispensing doctors) have been evaluated. Each contractor has contributed a service profile and opening times and locations have been mapped.

A number of key documents have been considered and reviewed that examine the health needs of the local population with the aim of improving health and wellbeing and reducing inequalities.

The views of the public, local patients and service users county wide have been sought. A public and patient engagement programme has sourced the views of over 1000 contributors from Worcestershire.

Following completion of sections A and B, a comparison of service provision and need was carried out to identify potential gaps in services. This will provide a steer

for future commissioning and support decisions on control of entry applications. There is also a consideration of future need and demand.

HWBs must consult during the process of developing the PNA for a minimum period of 60 days. The Health and Well-being Board will consider the draft PNA for consultation on 23 September 2014 and the responses received during the consultation period will be considered when the final version is completed.

Findings

The PNA has concluded that the level of access to pharmaceutical services currently commissioned across Worcestershire, generally meets the needs of the population. A pharmaceutical service in Worcestershire is provided by a cohort of contractors that are appropriately located, to meet the needs of the vast majority of the population.

The total opening hours that contractors cover, provides access from early morning to late evening, during the working week and at weekends. Whilst access is more extensive during normal working hours over the working week, reflecting the rise and fall in demand that normally occurs, access is still considered adequate outside of normal hours and at weekends.

The dispensing pharmaceutical service provided by pharmacies is complemented by the service provided by dispensing GPs in the more rural areas reducing the distance that users have to travel to access the service. There is a mix of independent, supermarket, multiple and 100-hour pharmacy contractors and dispensing GPs to provide a level of choice for dispensing pharmaceutical services.

Overall a comprehensive range of services has been found to be easily accessible for patients, to generally meet local health and pharmaceutical needs and provide good use of NHS financial resources. A locality may have adequate provision of essential services to meet the needs of the population, but have a need for more specialist services, such as the management of a long-term condition.

It was noted that there is still some capacity within the existing service profile for community pharmacy to provide further support to help meet the needs and address the priorities of the HWB.

There are also opportunities for service development. A more focused use of the Medicines Use Review (MUR) and New Medicines Service (NMS), to allow face to face sessions for patients with pharmacists to provide support for long-term conditions will improve patient understanding of their medicines, promote closer following of treatment directions and improve management of the patient's condition. The NMS service provides support during the early stages of treatment when patients, for a number of reasons, are more likely to stop following directions or stop taking medication altogether.

The developing specialist public health advisory role for community pharmacy within the structure of the Healthy Living Pharmacy programme offers further opportunity for community pharmacies to support the HWB.

The public patient process revealed a high level of acceptance on the part of respondents:

- 84% state that they have easy access to services with no problems
- Almost 70% did not identify any barrier to access to services
- Just under 40% of respondents need to travel less than a mile to reach a pharmacy
- 70% of patients need to travel less than 2 miles to access a pharmacy
- Over 76% of patients need to travel for less than 15 minutes to reach a pharmacy
- 83% of respondents are very or fairly satisfied with opening hours when pharmaceutical services are available

The lack of awareness of the range of services available from pharmacies and more general information about times of availability and access that has been requested by the public group could be addressed by a local awareness campaign aimed at the public and the engagement of contractors to promote their individual service profiles.

Recommendations

There are some serious challenges to overcome in the drive to improve health and well being in Worcestershire. To meet these challenges there will need to be a much greater emphasis on prevention, early intervention and early help to preserve people's health and independence.

There are a number of key areas where community pharmacy can contribute to making improvements in health and well-being in Worcestershire. These include:

- Advice and support relating to medication as part of the dispensing service
- Support and delivery of public health messages/campaigns, advice and guidance to help with self-care and sign posting
- Medicines Use Reviews and New Medicines Service provided under the current contract particularly in the case of long term conditions
- Enhanced and additional services currently commissioned such as stop smoking and sexual health services
- Commissioning of new services specifically to meet local need

Community pharmacies are located in and have close links with their communities and are therefore well placed to support the HWB to deliver their priorities.

Examples of where innovative service delivery has been developed elsewhere involving community pharmacies are discussed and there is a willingness on the part of local contractors to develop the service portfolio.

The role of the community pharmacist has undergone rapid expansion in recent years with a significant emphasis now placed on delivering person-focused services, including promoting healthy lifestyles and modification of health-related behaviours, as well as providing medicine-related services.

Community pharmacies can now offer a wide range of services, which are designed to help address a range of public health priorities.

However it is clear from the summary of current provision that improvements in health can be achieved by all pharmacies continuing to develop their range of services and skills and by utilising to the full, the current service profile to maximise the contribution they can make to improving healthcare. For example;

- Each pharmacy should fulfil their full quota of MURs and NMS services by targeting appropriate patients who will benefit from these interventions
- Further uptake of the Healthy Living Pharmacy Programme should be encouraged
- The public/patient engagement programme has highlighted a number of areas where further improvements in service delivery can be made. All contractors are encouraged to consider and reflect on the range of comments made as part of this process

The dispensing of prescriptions remains the cornerstone of pharmaceutical service provision and is a vital local service, clearly valued by patients in Worcestershire and delivered by a range of contractors, including community pharmacies and dispensing GPs.

The term "*pharmaceutical services*" however incorporates a range of services that can be commissioned from community pharmacy and it is acknowledged that the Pharmaceutical Needs Assessment presents an opportunity for representatives of community pharmacy and service commissioners to explore how the development of "*pharmaceutical services*" can further help to deliver the priorities of the HWB in Worcestershire.