

# Report of the Director of Public Health to the meeting of Health and Wellbeing Board to be held on 3<sup>rd</sup> February 2015

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**Subject:**

**Q**

**Pharmaceutical Needs Assessment**

## **Summary statement:**

**This paper sets out the current position of the pharmaceutical needs assessment, and plans for update**

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**Portfolio:**

**Adult Services and Health**

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**Overview & Scrutiny Area:**

**Health and Social Care**

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## 1. SUMMARY

1.1 This paper gives a summary of the revised Pharmaceutical Needs Assessment (PNA) for Bradford.

1.2 NHS commissioners have been required to produce a PNA since the introduction of the NHS (Pharmaceutical Services) Regulations in 2005. The previous version of the PNA was published in 2011 with a short supplementary statement in 2012. This can be found online:

<http://www.cpwv.org/pharmacy-contracts-services/pharmacy-needs-assessments.shtml>

1.3 Health and Wellbeing Board (HWB) in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

1.4 The responsibility for completion of PNA lies with the Director of Public Health. The PNA is intended to inform commissioning of community pharmacy and locally enhanced or commissioned services. The commissioning responsibility for community pharmacy essential, advanced and enhanced services rests with NHS England - this is discharged by the Area Team. Other locally commissioned services can be offered by local authorities and Clinical Commissioning Groups and the PNA may be used to inform commissioning of such services also.

## 2. BACKGROUND

### What is a Pharmaceutical Needs Assessment

2.1 Pharmacies represent an important component of NHS care, and there may be an argument that the pharmacy sector is currently underutilised in terms of the skills and capacity within it.

2.2 PNAs have been used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These are commissioning decisions made by NHS England.

2.3 PNAs are relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.

2.4 PNAs will also have a role in terms of targeting specific services that are currently provided through pharmacies or targeting newly commissioned services.

2.5 Community pharmacies can also be a valuable and trusted public health resource, and given the high volume of public contacts there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.



2.6 Community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.

2.7 Each Health and Well Being Board will need to publish its own revised PNA for its area by 1st April 2015. This will require board-level sign-off and a period of public consultation beforehand.

### **Current PNA, plans for refresh**

2.8 The previous PNA was published in 2011, with an update in 2012. This is available online. It is hosted on the Community Pharmacy West Yorkshire website - <http://www.cpwv.org/pharmacy-contracts-services/pharmacy-needs-assessments.shtml>, as are the other PNAs for other areas.

2.9 It sets out background demographics, current service provision, identified gaps in provision and a set of commissioning intentions.

2.10 There is a requirement Health and Well Being Boards to publish revised PNAs by 31 March 2015. This is a responsibility of the Director of Public Health. In Autumn and Winter 2014/15 the PNA for Bradford was refreshed and revised, in line with the existing guidance and regulations for this document.

2.11 The revised PNA has adopted a similar format to the previous PNA and has taken into account good practice guidance published by the Royal Pharmaceutical Society <http://www.rpharms.com/promoting-pharmacy-pdfs/nhs-reforms---pnas-for-local-authorities--jan-2013.pdf>

2.12 The revision was undertaken by the Public Health Dept with input from all relevant stakeholders including NHSE, CCGs, WY Community Pharmacy and others

2.13 The revised PNA is attached to this paper. In addition, there are a large number of appendices. These are detailed in the contents page of the PNA document. For brevity these are not attached to this paper but can be found on the Bradford Public Health Observatory website - <http://www.observatory.bradford.nhs.uk/Pages/Default.aspx>. These appendices form a part of the process as a whole. The complete feedback from the PNA consultation can be found in appendix 10.

2.14 There has been a relatively low response to consultation - about 10 feedback forms in total. The responses have been very helpful and some very minor amendments have been made to the PNA. These are fully documented in the appendix. The responses to the consultation have confirmed there (in the view of responders) are no substantial gaps in current provision, and limited commissioning intentions have been expressed by commissioners in this area.

2.15 It is intended that the PNA will be published it will be an addendum to the Joint Strategic Needs Assessment.

2.16 It is important to note that the PNA is NOT a strategy for pharmaceutical services, but it forms a part of the strategy.



### **3. OTHER CONSIDERATIONS**

none

### **4. FINANCIAL & RESOURCE APPRAISAL**

There are no financial issues arising from this report. The PNA is not a commissioning or a policy document.

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

Failure to produce a robust PNA could lead to legal challenges to the commissioner on account of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

The PNA can be challenged when it is first published – there's no right of appeal against the conclusions or content in the PNA but it could be subject to Judicial Review within the first months when it is published. The likelihood of this is considered small as none of the respondees to the consultation had identified any major gaps in provision or noted any omissions from the consultation document .

### **6. LEGAL APPRAISAL**

N/A

### **7. OTHER IMPLICATIONS**

#### **7.1 EQUALITY & DIVERSITY**

Any future service developments and changes to the delivery of pharmacy will be subject to an Equality Impact Assessment. As the PNA is not a commissioning or policy document a limited Equality Impact assessment has been undertaken.

#### **7.2 SUSTAINABILITY IMPLICATIONS**

N/A

#### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

N/A

#### **7.4 COMMUNITY SAFETY IMPLICATIONS**

N/A

#### **7.5 HUMAN RIGHTS ACT**

N/A



**7.6 TRADE UNION**

N/A

**7.7 WARD IMPLICATIONS**

none

**8. NOT FOR PUBLICATION DOCUMENTS**

None.

**9. RECOMMENDATIONS**

**Members of the Health and Well Being Board are invited to:**

**a) Accept that the Pharmaceutical Needs Assessment has been updated according to the regulations and that the PNA as it is presented is agreed as current for Bradford.**

**10. APPENDICES**

The Pharmacy Needs Assessment. Main document. Appendices to the PNA can be found on the internet at <http://www.observatory.bradford.nhs.uk/Pages/Default.aspx>

**11. BACKGROUND DOCUMENTS**

None





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<b>Name of Author</b>	Greg Fell
<b>Target Audience</b>	City of Bradford District council staff; commissioners; Community Pharmacy West Yorkshire; NHS England; Local Pharmaceutical Committee; Current pharmaceutical services providers; future/potential pharmaceutical providers; Neighbouring Health and Wellbeing boards. Other stakeholders
<b>Responsible Committee</b>	Bradford Health and Well-being Board
<b>Version</b>	1
<b>Supersedes</b>	Pharmaceutical Needs Assessment 2011
<b>Supporting procedures</b>	Joint Strategic Needs Assessment (JSNA); NHS Bradford and Airedale Community Pharmacy Strategy 2008-11
<b>Contact for further Details</b>	
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<b>Appendix 10</b>	Consultation process, feedback and responses

*N.B full list of maps in Section 4.5*



## **1 EXECUTIVE SUMMARY**

Previously the responsibility of the PNA was on the Primary Care Trust (PCT,) since the disbanding of the PCTs and the development of the Health and Social Care act 2012 responsibility was transferred for the developing and updating of PNAs to Health and Well-being boards (HWBs.) The NHS Act (the “2006” Act) amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs. The PNA is a statutory requirement which came out of the National Health Service Regulations 2013 which states that HWBs must complete a PNA by the 1<sup>st</sup> April 2015 and are required to produce a revised assessment within 3 years of publication of their first assessment. If significant changes in need for pharmaceutical services arise during the three years then the HWBs are required to publish a revised assessment as soon as is reasonably practical, if there is a change in pharmaceutical services and not in service need, then a supplementary statement outlining these changes will suffice.

If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”) there is a strict criterion in which an individual must meet in order to gain entry onto the pharmaceutical list. The regulations under the health act 2006 described a regulatory test entitled unforeseen benefits where a routine application is submitted with the premise that their service will secure improvements or better access for people with a protected characteristic where these were not included in the PNA. In order for an application with expression of unforeseen benefits to be granted it must be fully evidenced as to why the improvements are needed, and a detailed explanation why approving the application would confer significant benefits.

The PNA document provides details of current Community Pharmacy West Yorkshire (CPWY) service provision as well as information about other services that may impact upon the provision of pharmacy services (such as primary care provision, secondary care services etc.) as with previous PNA documents there is information regarding gaps in enhanced services and gaps that may occur within the next 3 years (when this document is due for review.) There is a focus on identifying gaps and potential gaps in essential service provision and understanding how population changes will affect the future requirements for essential service provision and understanding how population changes will affect the future requirements for essential services providers.

The PNA has been developed using the skills and knowledge of a working group which consisted of representatives from key stakeholder groups. These include Community Pharmacy West Yorkshire, NHS England, Bradford District CCG, Bradford City CCG, and Airedale Wharfedale and Craven CCG. Other stakeholders have been involved in the documents development through email contact and updates including commissioners from Public Health. Initially the working group met to discuss the requirements on the PNA, and plan how it will be completed; who needs to be involved, and who will take responsibility for each section, following on from the initial meeting a scoping exercise in which members of the working group and other key stakeholders including Public Health. The scoping exercise was designed to get input on the current pharmacy provision across Bradford District, whether or not they feel there are any gaps in current provision, or can envisage over the next 3 years (the life of the current PNA.) It also established whether their organisations had

any commissioning intentions for the future and any plans within their own organisation which may impact on the future pharmaceutical provision. The feedback from this scoping exercise is incorporated throughout this document. Once the document was completed in draft form it went out to consultation as required by the Regulations and the feedback from the consultation can be found in appendix 10. All of the responses from the consultation did not highlight any gaps in current provision and therefore did not impact on the overall conclusions made in this document.

DRAFT

## 2 BACKGROUND AND INTRODUCTION

Accountability for the PNA was transferred to the Health and Wellbeing Board as a result of the Health and Social Care Act 2012. Prior to this responsibility for the production of the PNA was on the PCTs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

Pharmaceutical services are currently divided into 3 distinct categories: essential services, advanced services and enhanced services (see section 4 of this document for a definition of each of these services). Historically, PCTs were able to develop and commission enhanced services to meet local needs. However, essential service provision has been governed by the 'control of Entry' regulations, which placed the onus on the applicant to demonstrate that a new provider of essential services was either necessary or expedient to secure adequate provision of pharmaceutical services within that neighbourhood. The 2013 Pharmaceutical regulations no longer includes the exemption criteria which allowed pharmacies to open without satisfying the requirements for entry onto the pharmaceutical list, the 2013 regulations does however include excepted applications which includes amongst others; applications from NHS chemists in respect of providing directed services, relocations that do not result in significant change to pharmaceutical services provision, distance selling premises applications, and temporary arrangements during emergencies or because of circumstances beyond the control of NHS chemists.

This document will demonstrate the current provision of pharmaceutical services within Bradford, will identify any gaps that may exist within those services and will also clearly detail how the NHS England (and other commissioners) may commission services to fill those gaps. In addition it will cover how gaps in essential service may be reduced or filled, and how the NHS England expects to deal with essential service provision in the future.

The PNA considers current gaps in provision and any that can be anticipated to arise within the next 3 years. A revised PNA must be published within 3 years of its predecessor document to meet the regulatory requirements. However, should any substantive changes occur in the interim that may be relevant to the consideration of applications to the pharmaceutical list, a revised PNA must be published as soon as reasonably practicable after the change has taken place. However publishing any further PNA's will require full consultation as set down in the regulations so this process may be quite lengthy and time consuming. Therefore if changes take place in service provision (rather than in pharmaceutical need) during the next 3 years and the HWB is satisfied that it would be a disproportionate response to revise the PNA in full, the HWB may publish a supplementary statement. This only applies to changes in provision however.

As the PNA is now a requirement of the Bradford Health and Wellbeing Board, the locality defined is Bradford District residents and therefore the pharmacies that will be looked at in detail will be those within this boundary. The boundary and related pharmacies can be seen in Appendix 1. The main protected characteristic identified within this document is age; specifically Young people and Older people, therefore the following section looks at the current population and the projected population of these groups in more detail.

The PNA should be considered alongside the JSNA. The JSNA can be accessed via the following link: <http://www.observatory.bradford.nhs.uk/Pages/JSNA.aspx>

### **3. LOCAL INFORMATION**

#### **3.1 POPULATION AND DEMOGRAPHIC INFORMATION**

The current resident population for Bradford is 531,300. Bradford has a higher than average young population (0-19 year olds) when compared to the overall national picture, this is more evident among the South Asian population. In the next 10 years (2014-2024), the total population of Bradford is projected to increase by 32,300 (+6.1%). This increase is lower than the average for England, where the population is expected to increase by 7.1%. The population projections are based on the 2012 mid-year population estimates, from the Office of national statistics, and use a variety of sources to calculate the projections including; National population projections registration and births and deaths, long term migration data from the International Passenger Survey (IPS) and Asylum seeker data from the home office.

A high proportion of users for pharmacies would be expected from the young children population and the older population. The current population of 0-9yr olds in Bradford is 81,000 this is projected to increase by 200 over the next ten years (2014-2024)(+0.2%), which is considerably lower than the overall projections for England, where the population of 0-9yr olds is projected to increase by 4.4%. The current population of 65-yr olds in Bradford is 74,900 this is projected to increase by 16,400 (+21.9%) over the next ten years which is slightly higher than the overall projections for England, where the population of 65+yr olds is projected to increase by 21.3%.

The population has a diverse ethnic base. 36% of the Bradford Population are not White British. 22% of the population of Bradford are of South Asian origin, which are predominantly people of Pakistani heritage. A further 14% are from other non-white British nationalities.

Bradford has poorer health than the national average, as evidenced in many metrics. There are deep health inequalities; the gap between the most and least deprived areas is the widest within any Local Authority within the whole of England. 31.4% of people in Bradford live in areas within the 10% most deprived communities in the whole of England, with some areas within the 1% most deprived communities in the whole of England. Areas of residence, community, economic activity and levels of income all influence health outcomes, and the wide variances across the district pose unique challenges in terms of appropriate commissioning of services to meet very localised needs.

The PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area and the risks to the health and wellbeing of people in the area, has not identified any future needs which are not already met by providers currently on the pharmaceutical list.

#### **3.2 CURRENT HEALTHCARE SERVICES PROVISION**

##### **3.2.1 SECONDARY CARE**

The current secondary and intermediate care providers based within Bradford District are:-

- Airedale Hospital Foundation Trust, Airedale Hospital, Skipton Road, Steeton, BD20 6TD.

- Bradford Teaching Hospitals Foundation Trust (Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ & St Luke's Hospital, Little Horton Lane, Bradford, BD5 0NA)
- Bradford District Care Trust, New Mill, Victoria Road, Saltaire, BD18 3LD
- Yorkshire Ambulance Service, Springhill, Brindley Way, Wakefield 41 Business Park Wakefield WF2 0XQ

Treatment centres currently operational within Bradford Health & Well-being board district area are:-

- Eccleshill Independent sector treatment centre, Harrogate road, Bradford
- The Yorkshire Clinic, Bradford Road, Bingley
- Yorkshire Eye Hospital, 937 Harrogate Road, Bradford
- Westbourne Green Community Health Care Centre, 50 Heaton Road Bradford
- Westwood Park Diagnostic Treatment Centre, Swift Drive, off Cooper Lane, Bradford

### **3.2.2 PRIMARY MEDICAL CARE**

As at September 2014 there are 81 medical contracts over 101 premises (some practices have more than one site, and some premises house more than one practice). There are currently 2 dispensing GP practices in the Bradford Health & Wellbeing Board district sited at Haworth and at Addingham. There is also a GP led health centre facility at Hillside Bridge (patients can also register there if they wish), with this walk in centre facility being open 2pm –8pm every day.

### **3.2.3 DENTAL SERVICES**

There are 68 dental contracts currently in place, with an additional 3 orthodontic only contracts. The district also has an emergency dental service that offers emergency appointments on a daily basis for those not registered with a dentist currently, as well as offering emergency provision at bank holidays and weekends.

### **3.2.4 OPTOMETRY SERVICES**

63 mandatory (shop based) contracts and 59 additional contracts (that allow practitioners to undertake sight tests within patient homes) are in place as of September 2014.

## **4 COMMUNITY PHARMACY WEST YORKSHIRE SERVICE PROVISION**

### **4.1 ESSENTIAL SERVICES**

Essential services are negotiated and the funding structure agreed at national level. These services comprise: dispensing, repeat dispensing, medicines waste (disposal of patient returns); public health; signposting; support for self-care; and clinical governance.

As of September 2014 there are 145 essential service providers within the HWB area. With the addition of 2 dispensing GP practices. Appendix 1 shows the distribution of pharmacies within the Bradford District, the map highlights that there is sufficient choice with regard to obtaining pharmaceutical services Appendix 7 illustrates this further showing a 1 mile radius around each pharmacy and pharmacies within 3 miles of the Bradford District boundary, which indicates the ample choice.

### **4.2 ADVANCED SERVICES**

Advanced services are also negotiated and the funding structure agreed at national level, To participate in advanced services a contractor must be accredited to do so, and his premises must meet minimum standards (such as having an appropriate consulting room etc.) there is no discretion for a HWB as to who provides these as long as minimum requirements are met.

There are currently four advanced services;

- Medicine Use Reviews (MUR.) – MUR was the first advanced service to be added, MURs are carried out by pharmacists with patients on multiple medicines, in particular those with long term conditions, the aim of the service is to ensure that people understand the medicines they are taking, why they are taking them and to ensure that they are taking them correctly to reduce the risk of inappropriate use, which may lead to a stay a hospital. There is however a cap on how many MURs can be carried out, with each accredited premise being allowed to undertake a maximum of 400 MURs per year. As at September 2014, 106 contractors were accredited to provide MURs in the district. In order for a pharmacist to become accredited they must have successfully completed an assessment undertaken by a higher education institution based on the nationally agreed competencies. Data is collected throughout the MUR process and if an issue has arisen then the patient will be referred back to the GP practice.
- Appliance Use Reviews (AUR) – AUR was the second advanced service to be added into the NHS community Pharmacy Contract AURs can be carried out by a pharmacist or a Specialist Nurse, in the pharmacy or at the patient's home. The aim of the service is to establish how the patient is currently using the appliance and offers advice on safe use of the appliance and how they dispose of old or unwanted appliances. There are six conditions which an pharmacy must fulfil before they can conduct an AUR, occasionally, any or all pharmacies can provide this service however the majority of the time people will use appliance only contractors. More information on AURs is available at <http://psnc.org.uk/services-commissioning/advanced-services/aur/>
- Stoma Appliance Customisation (SAC) - SAC is the customisation of more than one stoma appliance, based on the customisation of a patient's stoma appliance when they have more than one, to ensure proper use and comfortable fitting of

the stoma appliance and to improve the duration of usage, thereby reducing waste. As with the AURs any pharmacy can offer the service ensuring that they fulfil the required conditions more information can be found at <http://psnc.org.uk/services-commissioning/advanced-services/sac/>

- New Medicine Service (NMS) – NMS provides support for people with long term conditions newly prescribed a medicine to help improve medicines adherence which will lead to better health outcomes. And reduce NHS costs through a reduction in medicines wastage and a reduction in hospital admissions due to poor use of medicines. The pharmacies which currently provide this service are illustrated in appendix 8. More information on NMS can be accessed at <http://psnc.org.uk/services-commissioning/advanced-services/sac/>

### **4.3 ENHANCED SERVICES**

Enhanced services are negotiated and funding structures agreed locally. There are a number of national template specifications for enhanced services although a commissioner can commission any service through community pharmacy through an enhanced service. This gives an opportunity for HWB and PBC commissioners to commission services through community pharmacy to address local health needs. At the present time the following enhanced services are commissioned by NHS England:

- Palliative care- 12 pharmacies currently provide this service. This service was commissioned from a restricted number of pharmacies only, to ensure adequate geographical coverage. This service is currently under review and is subject to change.
- Medication Administration Record (MAR) - 46 Pharmacies currently provide this scheme. This scheme is currently under review and may be subject to change.

The Enhanced services currently commissioned from each community pharmacy within the Bradford district are detailed at Appendix 8.

### **4.4 LOCALLY COMMISSIONED SERVICES**

In addition to the 3 main types of services there are also some locally commissioned services which are commissioned by the Clinical Commissioning Groups (CCGs)

- Pharmacy first - 67 community Pharmacies currently provide this service, prior to this service there was the minor ailments scheme. Pharmacy first is commissioned by Bradford City CCG and Airedale, Wharfedale and Craven CCG. The purpose of this service is to provide the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments; releasing capacity in general practice or other health care environment (i.e. A&E or out of hours service). Patients are provided with advice from a pharmacist, given printed information where appropriate and, where necessary, supplied medication from a defined formulary, Medication supplied will be free of charge to those exempt from prescription charges. The conditions are managed (not treated as medication is not always supplied.) there are twelve conditions covered, these include; Cough, Cold, Earache, Sore Throat, Threadworms, Teething, Athletes foot, Thrush, Hay fever, Fever, Blocked nose, Sprain or Strain.



The scheme is administered by CPWY (Community Pharmacy West Yorkshire) and an up to date formulary is available on [www.cpwyl.org](http://www.cpwyl.org)

- West Yorkshire Pharmacy Urgent Repeat Medicine (PURM) Service- 10 Pharmacies currently provide this service; the service is commissioned by all 3 CCGs within Bradford and neighbouring CCGs, it is designed to relieve pressure on urgent care services by providing a means of accessing a repeat prescription, for patients in emergency situations.
- Stop Smoking Services (Tier 2) -24 pharmacies currently provide this service. This service has previously been open to all pharmacies that wish to provide it (subject to appropriate training.) However at present, no further pharmacies are being accepted to provide this service. Despite this if there is a gap in service identified then this may be changed.
- Emergency Hormonal Contraception (EHC) - 39 pharmacies currently provide this service. Pharmacies are commissioned to provide this service. The service can only be provided by commissioned pharmacies. For the commissioned pharmacy to provide the service there must be a pharmacist who has completed the required competency assessments. There are two distinct services EHC and EHC plus which requires the service to be available throughout the whole opening times of the pharmacy.
- Chlamydia testing – 14 pharmacies currently provide this service. This is currently only commissioned through pharmacies that are already providing the EHC plus service.
- Anticoagulant (Warfarin) monitoring – 8 pharmacies currently provide this service through 'sub-contracting' arrangements with GP practices. This service was developed by Bradford South & West PCT and at present only pharmacies previously 13. Currently this is going through an Any Qualified Provider process
- Supervised Methadone and buprenorphine consumption- 136 pharmacies have an individual contract to provide this service 127 of which are currently active. There is no specific training to provide this service, however pharmacists must be competent to deliver this service and must complete a competency assessment before doing so.
- Needle Exchange- 43 pharmacies currently provide this service.
- Sharps Disposal- 100 pharmacies currently provide this service. This service is entirely voluntary and no payment is made to participants. Open to any community pharmacy which may wish to provide it.
- Frontline staff flu immunisation service- CBMDC, through collaboration between Public Health and Adult and Community Services, have commissioned a flu immunisation service for frontline social care staff, both in the independent sector and in-house (nursing, residential and home care). This incorporates a voucher based scheme enabling access to flu immunisation at 40 participating pharmacists across the district. This scheme is running from Sept 2014-Jan 2015.



## 4.5 MAPS

The following maps have been produced to support the PNA and can be found in the appendices;

Appendix 1a: Map to show all of the pharmacies within the Bradford district including those which are dispensing GP practices.

Appendix 1b: Map showing all the pharmacies within a 3 miles distance from the boundary of Bradford district.

Appendix 1c: Map to show pharmacies within Bradford district including the ward boundaries, to show the distribution of pharmacies within each ward.

Appendix 1d: Map to show pharmacies location in relation to Deprivation, to show the distribution of pharmacies within areas of high levels of deprivation.

Appendix 2: Maps showing advanced services

Appendix 2a: Map of pharmacies offering Medicine Use Reviews (MUR)

Appendix 2b: Map of pharmacies offering a New Medicine Service (NMS)

Appendix 3 includes maps showing enhanced services

Appendix 3a: Map to show pharmacies providing palliative care

Appendix 3b: Map to show pharmacies providing Medication Administration Record Sheets (MAR charts)

Appendix 4 Maps to show locally commissioned services

Appendix 4a: Map to show pharmacies providing an Electronic Prescription Service (EPS.)

Appendix 4b: Map to show pharmacies providing a needle exchange service.

Appendix 4c: Map of pharmacies accepting sharps for disposal.

Appendix 4d: Map to show pharmacies offering Pharmacy first.

Appendix 4e: Map to show pharmacies offering Pharmacy Urgent Repeat Medicine Service (PURM)

Appendix 4f: Map of pharmacies providing Emergency Hormone Contraception (EHC) and EHC plus service with the rates of pregnancy terminations, to show whether these services are in the correct pharmacies.

Appendix 4g: Map to show pharmacies providing a supervised methadone service.

Appendix 4h: Map to show pharmacies offering Level 2 Stop Smoking Service.

Maps within appendix 5 show the opening hours of the pharmacies

Appendix 5a: Map to show pharmacies open before 8am

Appendix 5b: Map to show pharmacies open after 6pm

Appendix 5c: Map to show pharmacies open after 8pm

Appendix 5d: Map to show pharmacies open on a Saturday

Appendix 5e: Map to show pharmacies open after 2pm on a Saturday

Appendix 5f: Map to show pharmacies open on a Sunday

Appendix 6a: Map of controlled locality: Addingham

Appendix 6d: Map of controlled locality: Howarth

Appendix 7: Map to show 1 mile radius around each pharmacy, on average people it would take around 20 minutes to walk 1 mile, this map is to demonstrate the accessibility of the practices and highlight any areas in which people may find it difficult to access a pharmacist and therefore may indicate a need for a new service, this map indicates that there is a good coverage, thus there is sufficient choice with regard to obtaining pharmaceutical services and therefore there is no need for any new pharmacies in the area.

## 5 IDENTIFIED GAPS IN SERVICE PROVISION

During the development of the PNA document, we worked with other stakeholders to gather information around current service provision. None of the respondents during this exercise expressed any concerns with the number, or position of sites of current pharmacy provision. It can be seen in appendix 1a that there is an excellent spread of pharmaceutical services, and 1b shows the distribution of pharmacies within 3 miles of the Bradford district boundary which highlights additional service provision in particular to the South and South East of the boundary. The previous PNA identified a gap in services open outside the regular opening time (Monday-Friday 9-5) however the increase in the number of pharmacies opening 100 hours has resolved this gap. In addition to necessary services there were no current gaps identified in the provision of other relevant services in the area of the health and wellbeing board.

### **Community Pharmacy West Yorkshire**

CPWY is found at the heart of our communities and is often the health care professional most close to where people live and work. We are not able to identify any substantial gaps in the provision of pharmaceutical services. Pharmacy staff reflects their local population with many languages spoken across the district in pharmacy. Patients and the public have a good choice of different pharmacies to meet their needs. NHS England's Five Year plan and the local Five Year forward plan highlighted the importance of the community pharmacy sector and the value this can add in redesigning health care systems to meet future challenges. We should be ambitious about growing the role of our pharmacy teams in the delivery of integrated primary care and public health recognising their unique accessibility and training. Intentions from CPWY are discussed in the next section. This is all highlighted in their three year strategy (<http://www.cpwyl.org/about-us/cpwyl-strategy.shtml>)

### **Potential Commissioning gaps for the future**

The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions. The following potential commissioning gaps are desirable services; however there is no current need for these services which are not being met elsewhere, and with current budget restrictions it is unlikely that they will be commissioned in the future.

There is a potential gap with respect to brief intervention around alcohol misuse. This could be addressed through pharmacy services. As of yet there is not a substantive commissioning intention to address this, as funding is not available.

There is also a potential gap with regard to the Health Checks initiative. There is a potential for community pharmacy to increase capacity and improve uptake. As of April 2014, there is no substantive commissioning intention in this area.

The delivery of Emergency Hormonal Contraception (EHC) is awarded to the pharmacist and not the pharmacy; therefore if the pharmacist leaves the pharmacy then this pharmacy will no longer be able to deliver this service, at the moment there is a good distribution of services and this is highlighted in appendix 3b which shows the position of pharmacies providing EHC, and highlights the areas which have the highest teenage conception rates.

Another area which may show a potential gap in the future is the sexual health services provided, in particular for pharmacies the chlamydia testing service. The contract for providing sexual health services is currently out for tender, depending on the outcome it will be up to the providers where they see fit as to who will provide this service, This may change the distribution of service, however this service is a very valued service and therefore any changes should reflect the needs of the population and hence will be a positive change.

The enhanced services (Palliative Care and the Medicine Administration Charts) are currently under review. The result of this could impact the current service provision. The reasons for the review are to ensure that the service is delivering the right care and any changes made will be for the better.

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## 6 FUTURE COMMISSIONING INTENTIONS

There were no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board during the scoping exercise by any of the stakeholders consulted and the only commissioning gaps. Appendix 7 shows the a 1 mile radius (approximately 20 minutes walking distance) around each pharmacy, and this clearly demonstrates excellent coverage of this provision, with the main area without pharmaceutical services being controlled localities being covered by the two GP dispensing practices (see also appendices 6a and 6b).

### **New pharmaceutical service providers (essential services)**

The current ratio of essential pharmacy services (excluding those contractors who solely dispense appliances) to Bradford's resident population is 1:3664 this has dropped substantially since the previous PNA; this is due to the different population figures used to calculate the ratio. The previous PNA calculated the ratio using the registered population figures this was due to the previous responsibility of the PNA being on the Primary Care Trust, who served the registered population within Bradford, and Airedale, now the responsibility has shifted to the HWB and the council the population is now the Bradford resident population.

The previous PNA highlighted that there was a gap in service provision outside the traditional opening hours (Monday-Friday 8.30am till 5.30pm,) however the increase in the number of the 100 hours pharmacies eradicated this gap, and this can be seen in appendices 5a-e.

### **Enhanced services**

Only providers of all of the essential pharmacy services within the Bradford District are entitled to provide enhanced services at the present time.

The Bradford CCGs five year forward view sees CPWY as a service provider that would support their "*Out of hospital*" programme working to support our integrated care agenda, joint approaches with other agencies; Including supporting self-care, medicines optimisation and medicine waste initiatives.

There are no current specific commissioning intentions from the CPWY however their three year strategy sets out their intentions to improve the service they provide to residents and their community. CPWY recognises that there are 'significant opportunities for them to do more to support their neighbours, families, friends and local communities.' Pharmacies should be used as a first port of call for health and well-being and take the burden off GPs and urgent and emergency care services by developing the role of Pharmacy First, and ensure that people using the NHS111 are signposted to the pharmacy wherever this is the most appropriate place to receive care. In order to achieve all of the above they will develop the partnership working with other key stakeholders and ensure that there is a seamless service with people moving back into the community after a hospital stay, ensuring that those with long term health conditions are managing them effectively with an increase in people using the Medicine Use Reviews provided to prevent them having to go into hospital or visit their GP.

The current Needle Exchange: Service Level Agreements currently in place between PH and individual Pharmacies will be reviewed over the next 6 months. The outcomes of this may

impact the provision which is currently being provided. There are currently no commissioning intentions with regards to stop smoking services.

### **Dispensing GP Practices**

At the present time, Bradford District has two dispensing GP practices based in Addingham and in Haworth. The current controlled locality maps for these dispensing practices can be seen in Appendices 6a and 6b respectively. Bradford District considers that it is extremely unlikely during the life of this PNA document that such substantive changes will take place in these areas that additional GP dispensing practices will be required, and therefore has not identified any gaps in this type of provision.

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## 7 GLOSSARY OF TERMS/ ABBREVIATIONS

AUR	Application Use Review
BACHS	Bradford and Airedale Community Health Services (provider services)
Control of entry	Regulatory Framework for assessment and approval or rejection of pharmacy applications
CPWY	Community Pharmacy West Yorkshire
EHC	Emergency Hormonal Contraception – “the morning after pill”
HASPS	Harmonisation of Accreditation Standards for Pharmacy Services (Previously known as the Harmonisation of Accreditation Group, or HAG)
HWB	Health & Well-being Board
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Super Output Area- a Super Output Area (SOA) that has been further divided in to very small groups of population (there are over 300 LSOAs in Bradford) – population of a minimum of 1000
LPC	Local Pharmaceutical Committee- representative committee of the local community pharmacy providers
MAR Chart	Medication Administration Record Chart- see enhanced services section 4.3. This service is to allow carers (with the support of a Community Pharmacist for advice and guidance) to administer medication and prevent unnecessary admittance to care homes/ facilities because a patient can no longer safely self-administer medications.
MUR	Medicines Use Reviews
NHSBA	NHS Bradford and Airedale
NMS	New Medicine Service
ONS	Office for National Statistics
PBC	Practice Based Commissioning
PNA	Pharmaceutical Needs Assessment
SAC	Stoma Appliance Customisation
SOA	Super Output Area- a defined geographical area designed to allow the collection and Publication and comparison of small area statistics

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