

Pharmaceutical Needs Assessment

2022 - 2025

Session overview

- PNA requirements
- Process summary
- Findings
- Consultation outcome
- Recommendations



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What is a PNA?

- Statutory requirement
- Required every 3 years
- Must describe:
 - Current **need** for pharmaceutical services
 - Current **provision** of pharmaceutical services locally
 - Whether current **need is met by existing service provision**
 - Potential **future need**, and
 - Potential **need for new services**.



How are PNAs used?

Pharmacies are private businesses, but have to apply to NHSE/I. PNAs guide NHSE/I decisions on applications. PNAs;

Do signal to market where an application is likely to be successful

Can affect the **conditions of approval** (e.g. hours of operation, services required)

Don't determine **whether** applications are made

Can't influence **where** new pharmacies applications are located



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Process overview

- ✓ Responsibility of the HWBB
- ✓ Prepared by Pub Health team with oversight from Steering Committee
 - ✓ Data collection from NHSE/I, NHS BSA; Pharmacies, JSNA,
 - ✓ Analysis using SHAPE Maps; Deprivation analysis throughout
- ✓ Internal review
- ✓ External consultation (60 days: 24th May – 26th July)
 - Review by HWBB (Sept 2022)
 - Publication by 1st October 2022



Session overview

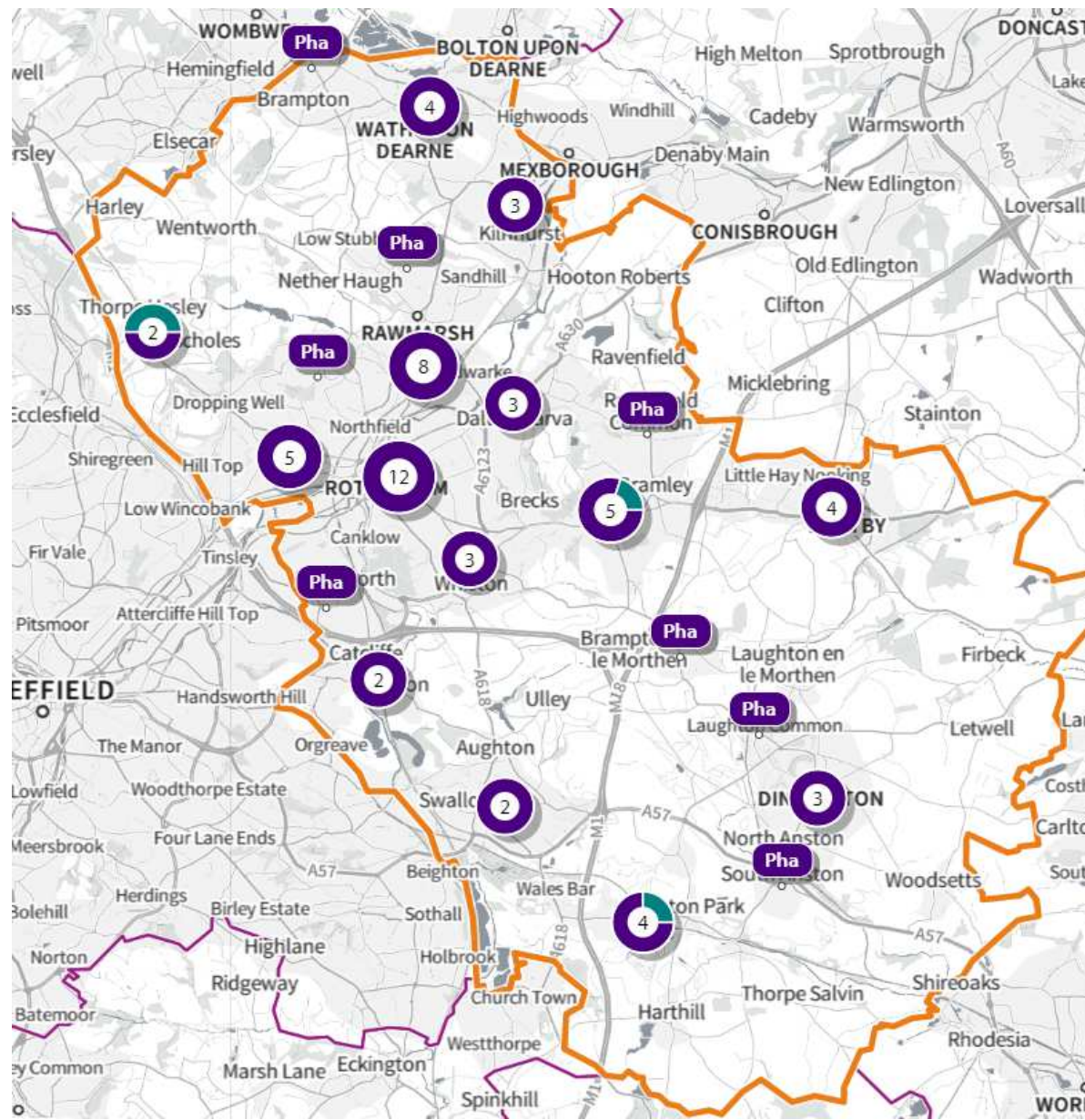
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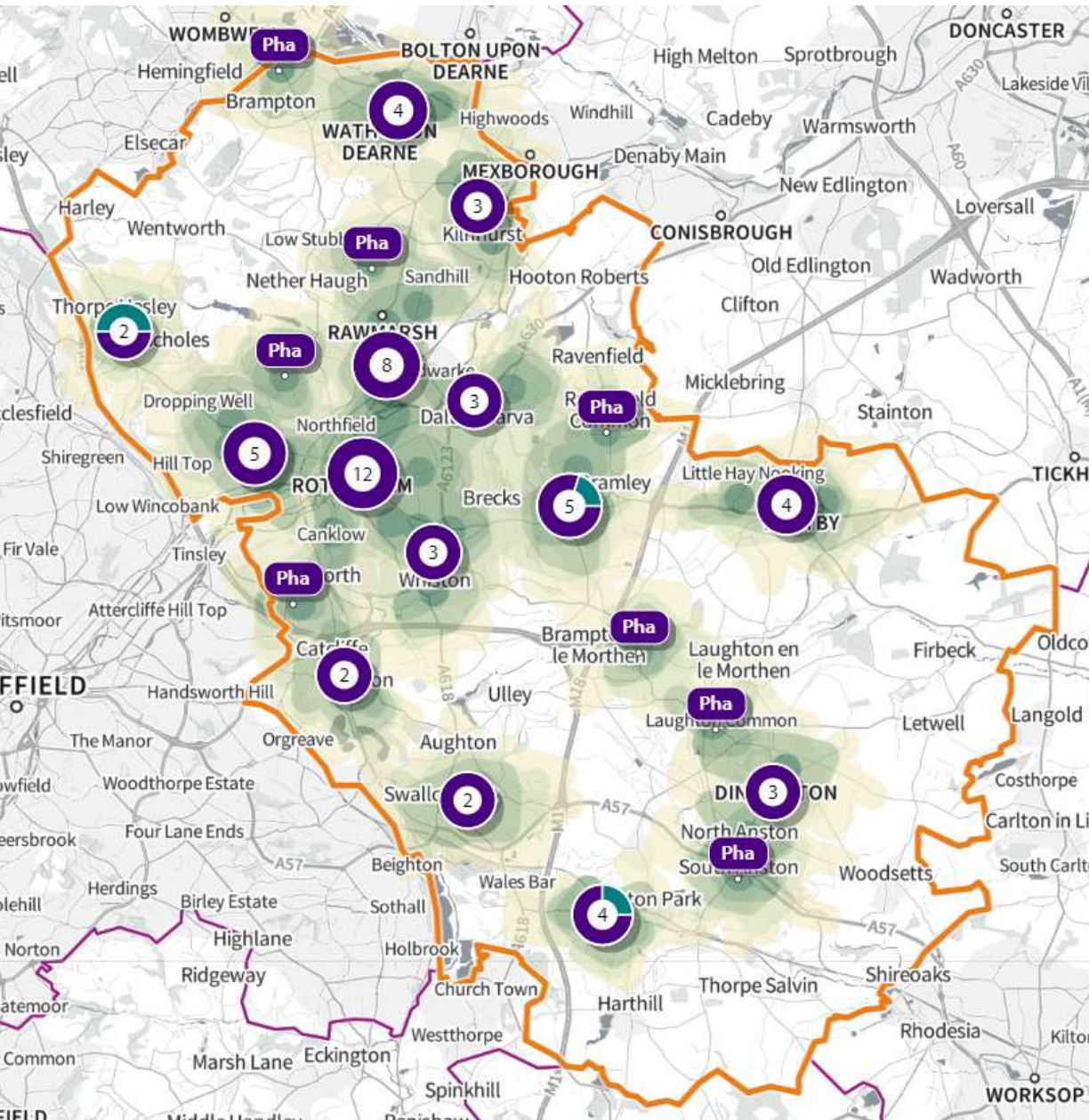


Assurance given!

Coverage

- 60 pharmacies
 - 1 Dispensing Appliance Contractor
 - 4 Dispensing GPs
- 24.5 community pharmacies per 100,000 pop (>national average of 21.3 as at 2017)





Access

No guidance given!

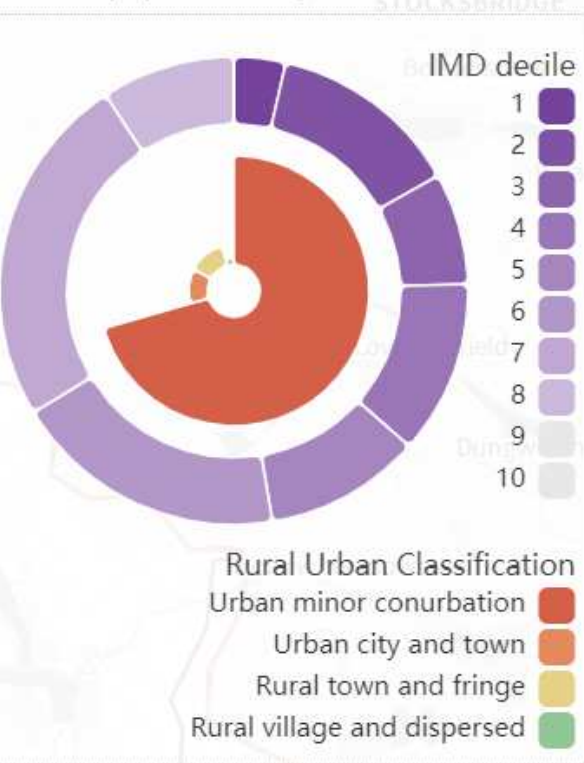
- 86% of population live within 15 minute walk
- 97% live within 1 mile walk
- 100% live within 10 minute drive (during rush hour)
- Inclusion of cross border pharmacies doesn't affect figures

Walk: by time

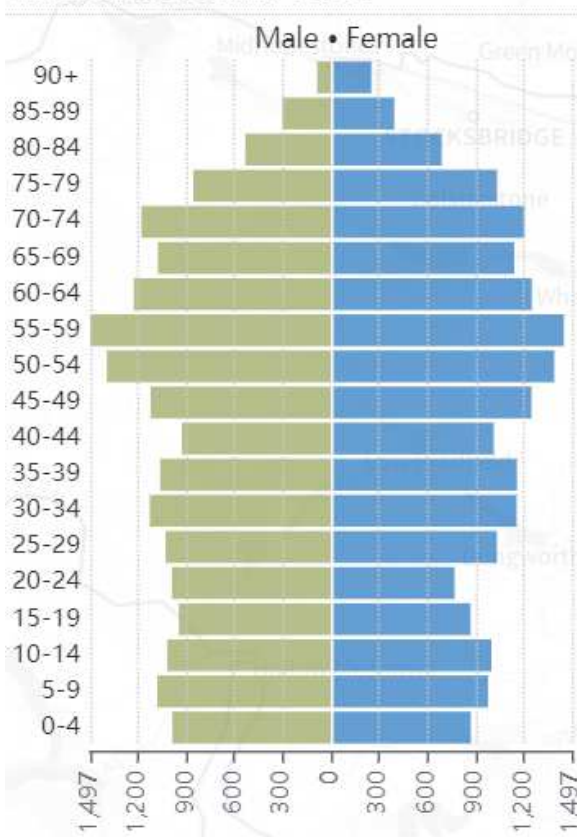


Who lives beyond 15 minute walk?

Excluded population: 37,308



Excluded population: 37,308, Adult: 30,206
Male: 18,423, Female: 18,885



Excluded populations are not disproportionately from more deprived communities (Just 5 of the 24 'excluded' LSOAs have a IMD score higher than the Rotherham average, indicating greater deprivation)

Excluded populations are not disproportionately older (Of the 24 excluded LSOAs, 19 LSOAs have a greater percentage of the population over 65 years old compared to Rotherham)

Due to the dispersed geography of excluded LSOAs, there are no obvious single geographies excluded, that have a high population density, where a new service provider would reduce the volume of people excluded.

Services

Essential Services

Dispensing of prescriptions
Dispensing of repeat prescriptions
Discharge medicines service
Promotion of healthy lifestyles
Sign-posting
Support self care
Disposal of unwanted medicines

Advanced Services

- Appliance use review
- Community pharmacist consultation service
- Flu-vaccine
- Hep C testing
- Hypertension case finding
- New Medicine Service
- Smoking Cessation
- Stoma Appliance Customisation

Locally Commissioned Services

- Over the counter labelling service
- Palliative care
- Champix (community smoking cessation)
- NRT pregnancy*
- Emergency hormonal contraception*
- Supervised consumption*
- Needle exchange*

Services

Service	Findings
Smoking cessation	New service
Hypertension case finding	New service
Compliance Use review	No providers – but service needs met through Rotherham-wide service led by specialist nurses
Community pharmacy consultation*	Good coverage (97%)
Flu vaccine*	Good coverage (81% of pharmacies - plus GPs)
Step C testing	Low coverage (4 providers) and poor geographical spread but reflects national picture; low demand; services provided elsewhere
Law Medicine	Good coverage (91%)

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60 day consultation

- Published on Council website
- 6 questions – based on guidance from NHSE/I
- Sent to
 - All local pharmacies and dispensing doctors
 - Rotherham HWBB members
 - All neighbouring HWBBs
 - TRFT and RDASH
 - NHS England / Improvement*
 - Healthwatch*
 - Local pharmaceutical committee*
 - Local medical committee*
 - CCG*
- Responses: 7 in total; 2 ‘test’ so removed from analysis



Does the PNA reflect the current offer of pharmaceutical services within your area?

Are there any gaps in service offer that have not been identified in the PNA? For example, gaps in terms of when, where and which services are available.

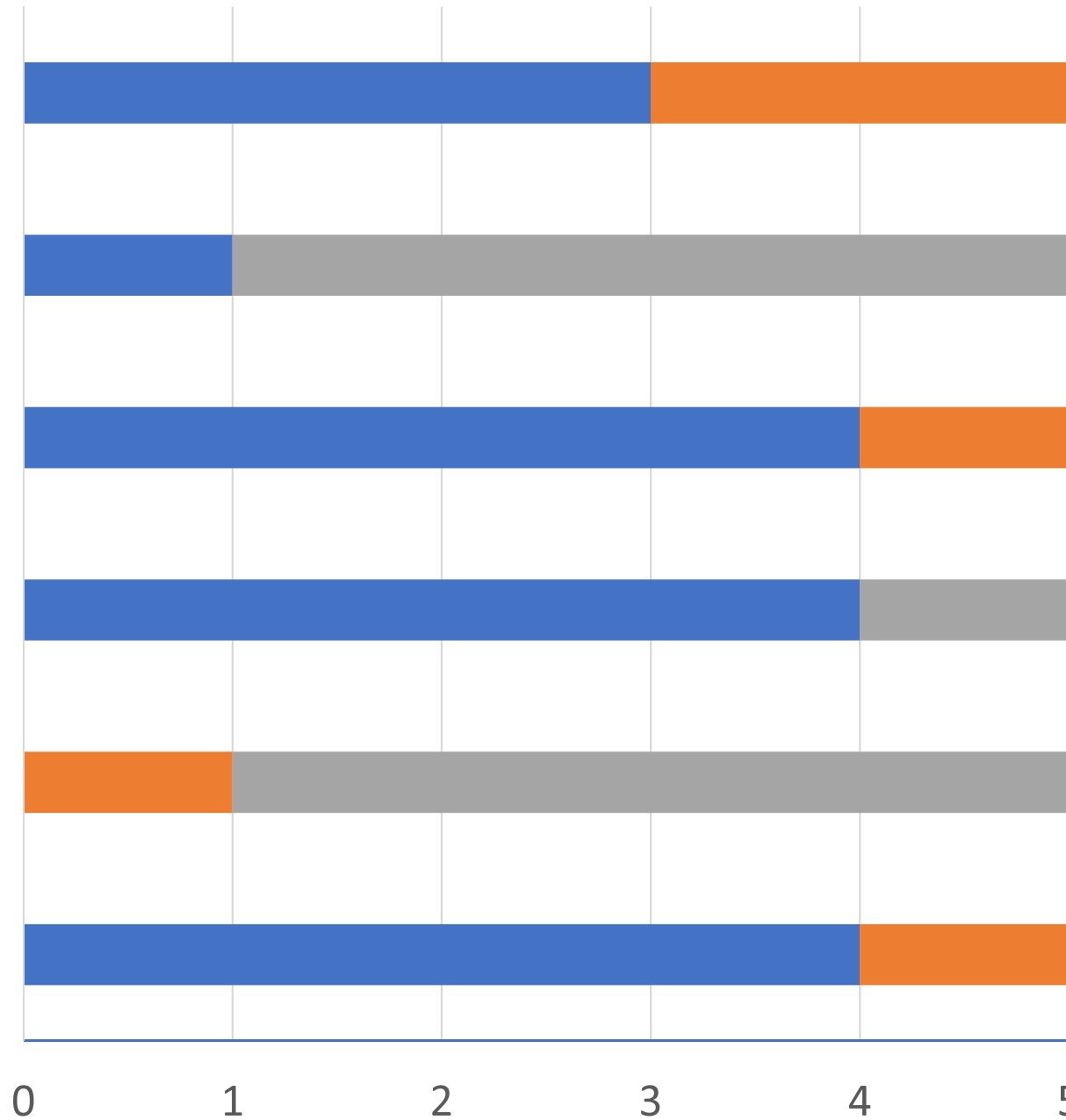
Does the draft PNA reflect the needs of the people in your area?

Has the PNA provided enough information to inform future pharmaceutical services offer and plans for pharmacies and appliance providers?

Are there any pharmaceutical services that could be added in the community pharmacy setting in the future that have not been highlighted?

6. Do you agree with the conclusions of the PNA?

Responses: ■ Partly ■ No



Comments (3 in total)

- ***“Not all the services provide for all users, sometimes people require something a little different from the norm but you do not allow for this”*** (Response to question re. whether PNA reflects the current offer)
- ***“Some people occasionally need a special injection (ie Adrenal deficiency) but your policy does not all care worker to give this as it is not a routine requirement but an emergency thing”*** (Response to question re. whether there are any gaps in services not identified in the PNA)
- ***“Very comprehensive assessment . Liked the analysis of deprivation and access too.”*** (Response to question re. any other comments).



Consultation: Takeaways

Findings

- 1 respondent consistently expressed some dissatisfaction with PNA
- However, no indication from comments that PNA has not fulfilled its function
- No indication that local pharmacy offer isn't in aligned with national requirements
- Some frustration that pharmacies don't cater to occasional emergency requirements beyond scope of existing contractual requirements

Implications

- No substantial changes to content of report or recommendations
- Include note report re. emergency requirements for consideration by NHSE/I



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Conclusions / statements

- **There is sufficient choice** with regard to obtaining pharmaceutical services in Rotherham.
- **Pharmaceutical services that are necessary to meet the health needs of the population are:**
 - All essential services
 - Select Advanced Services (NHS Community Pharmacist Consultation Services; Flu Vaccination; New Medicines Review Service)
- **Pharmaceutical services that have secured improvements or better access:** all other advance services, plus all locally commissioned services



Conclusions / statements

- There are **no identified future needs** for pharmaceutical services. Monitoring of the Waverley Site development should be conducted within the lifetime of this PNA to assess whether a future need emerges.
- There are no other NHS services that affect pharmaceutical service needs

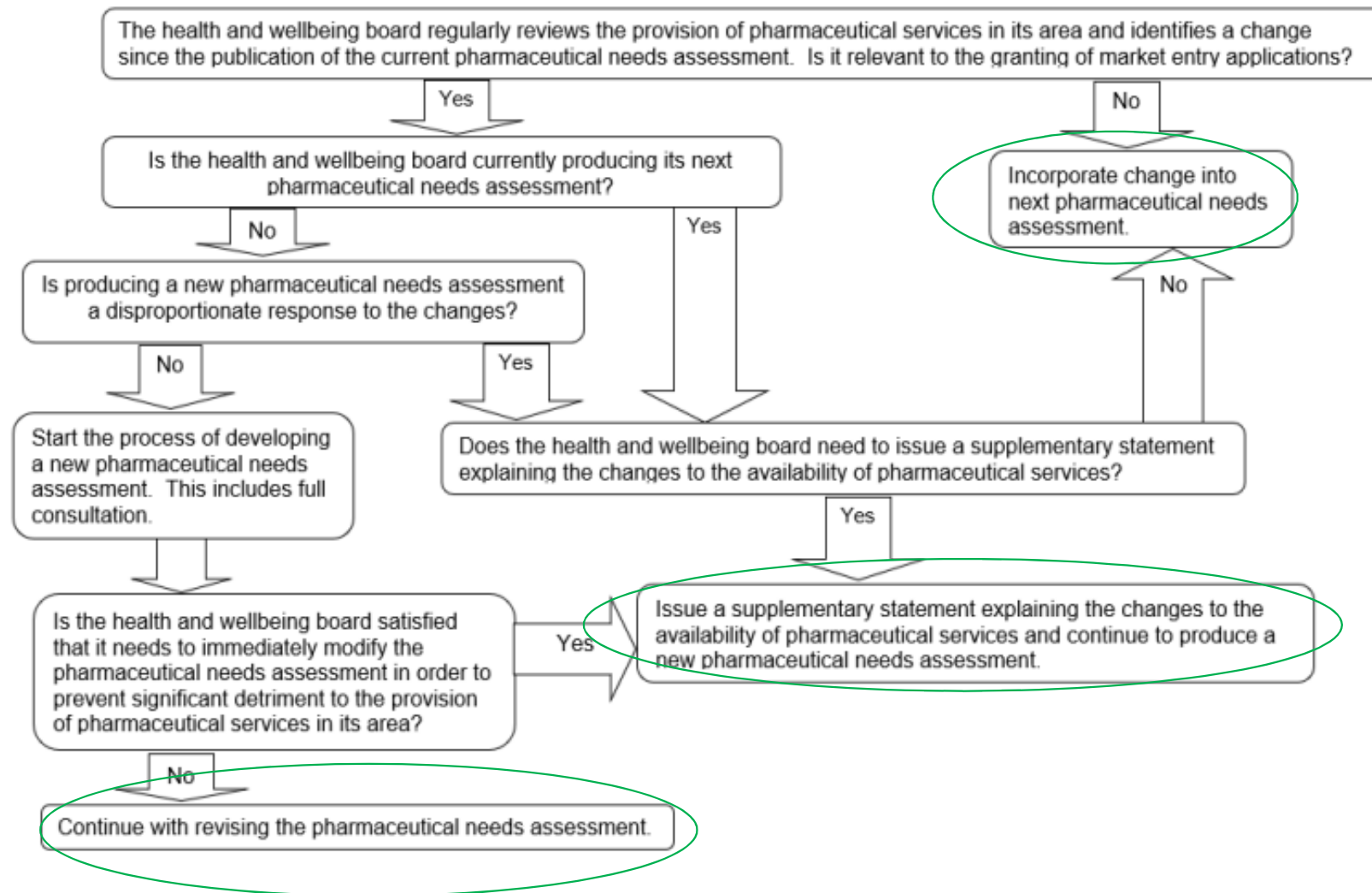


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- Recommendations / concluding statements
- **Responding to emerging needs**



Responding to emerging needs



Responding to emerging needs

Proposed process

- NHSE/I continues to send notification of closures to RMBC public health team
- Steering committee meeting held annually (?), or as needed in response to changes, to review any emerging needs or changes to provision and make recommendation to HWBB.



Summary of proposals for HWBB consideration

- To approve the PNA report for publication
- To approve the proposed process for the ongoing review of pharmaceutical needs

