

MUNICIPAL YEAR 2017/18

Meeting Title:
HEALTH AND WELLBEING BOARD
Date: 10th October 2017

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Agenda Item: Subject: Enfield Pharmaceutical Needs Assessment – Draft PNA
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Report approved by: Tessa Lindfield Director of Public Health
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1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) is responsible for preparing the Pharmaceutical Needs Assessment (PNA) for the borough, which will inform market entry and commissioning of pharmaceutical services. The next Enfield PNA is due April 2018.

The draft report is now complete for consultation.

2. RECOMMENDATIONS

- The Board is asked to approve the draft PNA report for consultation
- The Board is asked to agree a sign off process for the final PNA report to ensure publication on time. The proposed options include:
 - The final report to be circulated to all HWB members for virtual sign off.
 - A subset of HWB members eg The Director of Public Health; CCG and HealthWatch, are delegated to sign off the final report on behalf of HWB.

3. BACKGROUND

- 3.1 The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry to provide community pharmacy services.
- 3.2 Under the Regulations, Health and Wellbeing Boards are responsible for publishing a statement of the current and future needs for the pharmaceutical services for the population in its area, referred to as Pharmaceutical Needs Assessment (PNA), every three years; and NHS

England is responsible for considering applications and maintaining the pharmaceutical list.

3.3 The first PNA since the responsibility was transferred to the HWB was published in March 2015 and is available at [the Council website](#).

3.4 The next Enfield PNA is due by April 2018.

3.5 The full draft report will be circulated by the end of 6th October 2017.

4. REPORT

4.1 PHAST was appointed to deliver the Enfield PNA report.

4.2 The PNA was set up to oversee the development of PNA. It includes Local Pharmaceutical Committee, CCG, Healthwatch, voluntary sector, planning, legal and Public Health representatives.

4.3 The draft report is now complete and executive summary can be found at Appendix A.

4.4 The following conclusions were made through this PNA regarding pharmaceutical service provision (full descriptions of these services are set out in Section 4 of the report).

4.4.1 No gaps have been identified in **essential services** that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.

- There is no gap in the provision of **essential services during normal working hours** across the whole HWB area.
- There are no gaps in the provision of **essential services outside of normal working hours** across the whole HWB area.

4.4.2 There are no gaps in the provision of **advanced services** at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.

4.4.3 There are no gaps in the provision of **advanced services** across the whole HWB area.

4.4.4 No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** across the whole HWB area.

4.4.5 There are no gaps in the provision of **enhanced services** across the whole HWB area.

4.4.6 There are no gaps in the provision of **locally commissioned services** at present or in the future that would secure improvement or better access to **locally commissioned services** across the whole HWB area.

- 4.4.7 There are no gaps in the provision of **locally commissioned services** across the whole HWB area.
- 4.5 The regulations require a minimum 60 days consultation with the key stakeholders.
- 4.6 The consultation is scheduled between 23rd October and 31st December.
- 4.7 Following the consultation, the PNA report will be finalised for publication.

5.0 Recommendation

- 5.1 The Board is asked to sign off the draft PNA report for consultation
- 5.2 The Board is asked to discuss and agree on the sign off process for the final PNA report to ensure smooth publication on time. The proposed options include:
- The final report will be circulated to all HWB members for virtual sign off.
 - A subset of HWB members eg The Director of Public Health; CCG and HealthWatch are delegated to sign off the final report on behalf of HWB.

Appendix A: Enfield PNA 2018-2021 Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report recommends major changes to the way in which pharmaceutical services should be delivered. Key changes include: simplifying the NHS pharmacy remuneration system, helping pharmacies to become more efficient and innovative and encouraging longer prescription durations where clinically appropriate. However, at the time of writing, these recommendations have not yet been implemented given they are currently under judicial review. It is complex to predict the impact on residents of such changes before it is understood which services may be reduced, changed or closed.

Since the last Enfield PNA was published in 2015, no major changes to pharmaceutical provision have been observed and provision is generally good. There are 59 community pharmacies in the Enfield HWB area for a population of 328,433, an average of 18 pharmacies per 100,000 population. The England and London averages are 21.3 and 21.4 respectively. All localities have at least one community pharmacy, however the rate varies across the borough with the south having a greater number of pharmacies per population than the north. In the North there are fewer services because there is a lower population density in this area. Pharmacies over the boundary in Southgate are available to residents in this area.

Overall access is good. Over 98% of residents are within walking distance of a pharmacy, and for over 95% of residents, the closest pharmacy is within the borough. Only one locality does not have a pharmacy providing services on Sunday – this may need to be considered in the future if other pharmacies were to close.

Demand for community pharmacies may eventually increase due to national policy and population growth. Current national policies highlight the potential of community pharmacy to deliver enhanced community-based healthcare access thereby reducing demand on urgent and primary care services.

Since the 2015 PNA was published, both the resident population and GP registered population of Enfield has increased. However, analysis of housing data has not indicated that there will be localised population increases of a sufficient size to impact on need for new pharmaceutical providers over the next three years. The largest housing scheme identified is being developed in Meridian Water, but it has yet to enter the construction phase.

A review of the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) identified that there may be scope for pharmacies to support local health needs. The borough continues to experience deprivation with high rates of unemployment with the demography comprised of a young, fast growing, mobile population.

Enfield is currently developing better integrated care via localities (care closer to home).

Addressing many of Enfield's 'areas of opportunity', as identified in the JSNA and JHWS, could include an expanded role for pharmacists. Priority areas identified by the Health and Wellbeing Board (HWB) are as follows in which there are potential roles for pharmacists;

- Best start in life
- Healthy Weight
- Mental health resilience

Other priorities that pharmacists could play a role in include collaborating with initiatives aimed at reducing domestic violence, and supporting enhanced promotion of the following: cancer detection and care; Flu vaccination amongst Health Care Workers; improved housing with a focus on vulnerable adults; monitoring of hospital admissions caused by injuries in children; diabetes prevention; living well with people with multiple chronic illness; improved end of life care and monitoring the tipping point into need for health and care services

Decisions concerning the promotion of pharmacist led services for these programmes will need to be based on more focused health needs assessments and commissioning strategies.

The pharmacy user and public stakeholder engagement identified that many of them found pharmacy opening times to be good and pharmacy staff friendly. However, there was concern in some quarters about the ability to have confidential discussions.

Conclusions

The Enfield Health and Wellbeing Board (HWB) has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in Enfield and those pharmacies in neighbouring boroughs adjoining Enfield borough.

Based on the latest information on the projected changes in population of the Enfield HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density. Based on the assumptions in this PNA report, the HWB has identified no gaps in the need for pharmaceutical services up to 2021. The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

- 5 No gaps have been identified in **essential services** that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.
- 5.4 There is no gap in the provision of **essential services during normal working hours** across the whole HWB area.
- 5.5 There are no gaps in the provision of **essential services outside of normal working hours** across the whole HWB area.

- 6 There are no gaps in the provision of **advanced services** at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.
- 6.4 There are no gaps in the provision of **advanced services** across the whole HWB area.
- 7 No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** across the whole HWB area.
- 7.4 There are no gaps in the provision of **enhanced services** across the whole HWB area.
- 8 There are no gaps in the provision of **locally commissioned services** at present or in the future that would secure improvement or better access to **locally commissioned services** across the whole HWB area.
- 8.4 There are no gaps in the provision of **locally commissioned services** across the whole HWB area.

If any of the assumptions in this report, particularly on building plans, are significantly revised, there will be a need to revisit these conclusions. Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole HWB area.

Key to Services

- **Essential Services** are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced Services** are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Enhanced Services** commissioned by NHS England are pharmaceutical services, such as services to Care Homes, language access and patient group directions.
- **Locally commissioned Services** are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population.