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Purpose of presenting today



Inform the board of the findings
 presented in the Birmingham
 Pharmaceutical Needs Assessment
 (PNA) 2018

 Seek endorsement of the conclusions and recommendations based on the assessment.

Assessing need for pharmacy services



- Number of providers
- The services they provide: essential, advanced and enhanced (and locally commissioned).
- Necessary services those services that are necessary to meet a current need.
- Relevant services those services that are not deemed to be necessary, but may secure improvements in or access to pharmaceutical services.

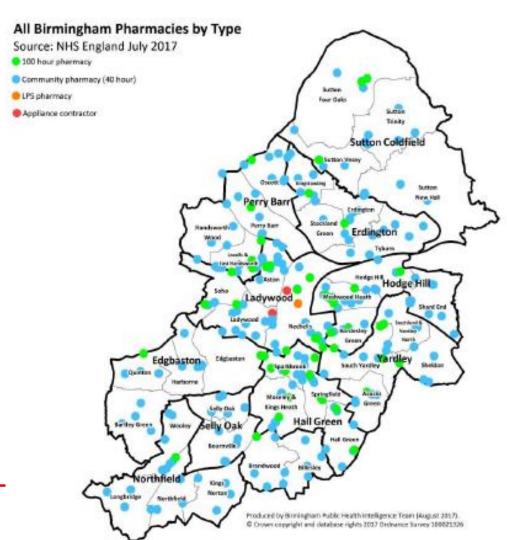
Assessing need for pharmacy





Findings

- Higher than average access per capita
- No major changes
- Distribution linked to population density and socio-economic deprivation
- Evening and weekend access is generally good and well distributed.
- Any closures in Selly Oak and Edgbaston should be reviewed by the BHWB.



Findings

- Medicines Use Reviews:
 - provision increased since 2015
 - Birmingham has a lower proportion of pharmacies providing
- Pharmacy First service (previously known as the Minor Ailments Service 'MAS'):
 - Gaps identified in 2015 continue in the northern, southern and eastern parts of Birmingham.



Findings

- Palliative Care Prescribing:
 - gaps in the northern and southern areas of the city
- Dermatology Dispensing
 - Decommissioned due to changes in commissioning models.

- Advice to Care Homes services
 - Decommissioned due to changes in commissioning models.

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Conclusions

- There is good coverage of provision for pharmaceutical services in Birmingham.
- There are high levels of access to most services, which are well geographically distributed.
- Some services may require examination by the relevant commissioners to assess whether a pharmaceutical service offer could enhance provision



Recommendations

- HWBB consider whether Medicine Use Review service and Minor Ailments Service should be listed as necessary services
- Commissioners of services related to management of minor ailments, appliances and palliative care should consider whether pharmacy provision would improve access in their area.
- All commissioners and providers should ensure PPI information is collated and made accessible to inform local commissioning decisions.
- The PNA steering group should further pursue collated information from NHS choices and results of the Community Pharmacy Patient Questionnaire 2016/17). Also to publish the 'We asked, you said, we did' response to the consultation and produce a lessons learned document to enhance future processes.



