

	<u>Agenda Item: 13</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	BIRMINGHAM PHARMACEUTICAL NEEDS ASSESSMENT 2018
Organisation	Birmingham Pharmaceutical Needs Assessment Steering Group (including lead authors at Birmingham City Council, Public Health; with support from Birmingham Local Pharmaceutical Committee; NHS England West Midlands; Commissioners from Birmingham City Council and Midlands and Lancashire CSU and Healthwatch Birmingham).
Presenting Officer	Rebecca Willans, Specialty Public Health Registrar Susan Lowe, Service Manager: Public Health Intelligence

Report Type:	Endorsement
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1. Purpose:
To inform the board of the findings presented in the Birmingham Pharmaceutical Needs Assessment (PNA) 2018 and to seek endorsement of the conclusions and recommendations based on the assessment.

2. Implications:		
BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		Y
Patient and Public Involvement		Y

Early Intervention	Y
Prevention	Y

3. Recommendation

The Health and Wellbeing Board (HWB) is asked to endorse the conclusions and recommendations set out in the 2018 Birmingham PNA.

The conclusions are:

- 3.1 Evidence in the 2018 PNA indicates that there is good coverage of provision for pharmaceutical services in Birmingham.
- 3.2 Some advanced and enhanced services may require examination by the relevant commissioners to assess whether a pharmaceutical service offer could enhance provision.
- 3.3 There are high levels of access to locally commissioned services, which are well geographically distributed.
- 3.4 The recommendations are:
 - 3.4.1 The HWB may wish to consider whether the Medicine Use Review service and Minor Ailments Service should now be listed as essential services in the Birmingham PNA.
 - 3.4.2 Commissioners of services related to management of minor ailments, appliances and palliative care should consider whether pharmacy provision would improve access in their area.
 - 3.4.3 All commissioners and providers should ensure that information regarding patient and public involvement and engagement is collated and made accessible to inform local commissioning decisions. The PNA steering group should further peruse collated information from NHS choices (e.g. multilingual staff, facilities) and results of the Community Pharmacy Patient Questionnaire 2016/17).

4. Background

- 4.1 Production of a 'Pharmaceutical Needs Assessment' (PNA) is a statutory requirement of Health and Wellbeing Boards in England. Its purpose is to inform pharmacy market entry decisions made by NHS England and can be used to inform commissioning decisions by local commissioning organisations.

- 4.2 The method to assess need for pharmaceutical services is described in Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. This includes a definition of 'pharmaceutical services' as pharmaceutical providers and the services that they may offer. The PNA must identify where there are gaps in access to basic pharmacy service provision and which services are to be considered 'necessary' and which are 'relevant' based on local need. This is defined in statute as:
- 4.3 Necessary service: services that are necessary to meet a pharmaceutical need.
- 4.4 Relevant service: services that are not considered necessary, but may secure improvements in, or access to pharmaceutical services. Gaps in relevant services are not used as a basis to determine market entry.
- 4.5 The PNA is not a standalone document but must be informed by needs identified in the Joint Strategic Needs Assessment (JSNA) and other relevant local health needs assessments.
- 4.6 This PNA is the second published under the Birmingham HWB and is in line with the requirement for the board to do so at least once every three years. The document must be published by 31st March 2018.
- 4.7 The 2018 Birmingham PNA was produced with input from the Birmingham PNA steering group and contributions from member organisations of the HWB and bordering local authority health intelligence teams. The needs assessment was undertaken by Birmingham City Council's Public Health team; the first draft was circulated to members of the PNA steering group and the HWB operations group for feedback before the document was published on Birmingham Be Heard for a 60 day public consultation. The feedback from the consultation has been reviewed and the document is at final draft stage, for final comments from the HWB in order to meet the publishing deadline of 31st March 2018.
- 4.8 The key findings and conclusions of the 2018 Birmingham PNA were:
- 4.9 Despite population increases, Birmingham continues to have higher than average access per capita at 2.65 pharmacies per 10,000 population compared to the most recent West Midland and England average data.
- 4.10 No major changes to pharmaceutical provider provision have been identified since the 2015 PNA; there are 16 fewer community pharmacies (2017/18 = 285 and 3 more distance selling pharmacies (2017/18 = 14).

- 4.11 The concentration of pharmacies is well distributed across Birmingham, with more pharmacies in areas with higher population density and generally in districts with higher deprivation. This finding is also true for districts with lower per capita access compared to the West Midlands and England average, which include Selly Oak, Edgbaston and for Yardley, which is more deprived but has lower per capita access compared to the Birmingham average. Mapping data regarding access to pharmacies in these areas indicates that pharmacies are located where there is greater population density. Furthermore, the PNA process did not identify that demand on services in these areas is too high.
- 4.12 A pharmacy on the border of Brandwood and Worcestershire appears to be important for securing good geographical access for this area. Furthermore, per capita provision in Selly Oak and Edgbaston is lower than average; therefore if pharmacies in these areas close, it is asked that NHS England make the Birmingham HWB aware of this change. This is because PNAs must be reviewed at least once every three years and any changes in the interim that may affect need for services should be reviewed by the HWB.
- 4.13 Evening and weekend access is generally good and well distributed; it is noted however that Selly Oak does not have a pharmacy providing services on Sundays; this provision is available from bordering districts but may be considered a need in the future if these border pharmacies close.
- 4.14 Analysis of housing data did not indicate that in the next three years there will be localised population increases of a sufficient size to impact on need for new pharmaceutical providers. The biggest scheme identified is the Langley scheme in Sutton Coldfield, but this was not in construction phase at the time of writing the 2018 PNA and Birmingham City Council's planning team did not indicate it is likely residents will be moving to the area before the next PNA is produced.
- 4.15 With regard to specific service provision, for most services there is good access to services and this aligns well with health need relevant to those services. There were some exceptions however:
- 4.16 Medicines Use Reviews: although provision has increased since 2015, there is scope to expand and promote this service in line with relevant commissioning policies and Sustainability and Transformation Plans. There is positive evidence supporting the impact of this service on quality of care and Birmingham currently has a lower proportion of pharmacies offering the service compared to the West Midlands and England average.
- 4.17 The Pharmacy First service (previously known as the Minor Ailments

Service 'MAS') was considered relevant in the 2015 PNA but may now be considered by the HWB as a necessary service, given national policy direction regarding management of demand for primary and urgent care. Gaps were identified in 2015, which continue to be the case in the northern, southern and eastern parts of Birmingham. Commissioners are invited to comment on how the need for managing minor ailments is managed in these areas to provide the board assurance that this need is being met appropriately.

- 4.18 Palliative Care Prescribing: gaps were identified in the northern and southern areas of the city; however, commissioning data was not available to assess whether this need is being met by alternative service models. Commissioners of palliative care are invited to comment on how this need is being met in these areas.
- 4.19 The Dermatology Dispensing and Advice to Care Homes services have been decommissioned due to changes in commissioning models. The detail regarding how this need is now being met was not available at the time of writing this PNA and so the commissioners may wish to comment on the new models of care available.
- 4.20 As part of the needs assessment the Birmingham Healthwatch Quality Standard was used to scope sources of patient and public engagement and insight and assess their impact in the context of the PNA. This work indicated that PPI is being well used to inform commissioning decisions, where this information was available. In some cases it was not clear that PPI has taken place to inform commissioning or the information was not collated. This information led to the recommendation that all commissioners should make available the results of their consultations and in particular to inform needs assessment processes such as the PNA.
- 4.21 In conclusion, there have not been any major changes to pharmaceutical service access in Birmingham since 2015. Provision continues to be well distributed in areas of high population density and health need; no need was identified for new pharmaceutical providers at this time. Distribution of services is well placed in most instances, however the board are asked to consider in particular the need for MUR and MAS services to be upgraded as 'essential' in the PNA and also to use their powers to influence PPI use in commissioning.
- 4.22 The HWB are asked to endorse the conclusions of the 2018 Birmingham PNA and respond to the recommendations listed in this report.
- 4.23 Members of the Birmingham PNA steering group wish to pay their respects to Brian Wallis, whose input to local health services and this PNA was invaluable.

5. Compliance Issues
5.1 Strategy Implications
It is a statutory responsibility of The Health and Wellbeing Board to publish the 2018 Birmingham PNA by 31 st March 2018. Any amends required as a result of this board meeting will be coordinated by Birmingham City Council's Public Health team and completed within the necessary timeframe.
5.2 Governance & Delivery
The PNA will be published on the Birmingham Health and Wellbeing Board website; a plain English version has also been produced to better prepare stakeholders and in particular, members of the public, for future engagement. NHS England are asked to notify the board of any significant changes to pharmacy provision that affect access for the population of Birmingham.
5.3 Management Responsibility
Board: No day to day management is required; should the board be made aware of significant changes that impact pharmaceutical service need, the 2018 PNA will be reviewed. This work will be led by Birmingham City Council's Public Health team.

6. Risk Analysis			
Outline (suggested limit of twelve lines) the major risks associated with the proposal and explain how these risks will be managed. This information may be presented using the following pro forma.			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
Needs assessment has not identified gaps in service provision	1	4	The PNA steering group is comprised of multiple stakeholders who oversaw the PNA process. No concerns were raised with regards to the conduct of the needs assessment.

			<p>The PNA is not a standalone document but supported by aligned needs assessments.</p> <p>The PNA can be reviewed by the HWB should new information be made available that significantly impacts need for pharmaceutical service provision.</p>
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Appendices

Appendix 1 - [Birmingham PNA Draft Report 2018](#)

Appendix 2 - Birmingham Pharmacy List 2017

Appendix 3 - We asked, you said, we did

Signatures

Presenting Officers:

Rebecca Willans (Specialty Public Health Registrar)

Susan Lowe (Service Manager: Public Health Intelligence)

**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

Date:

The following people have been involved in the preparation of this board paper:

Rebecca Willans: Specialty Public Health Registrar
Susan Lowe: Service Manager: Public Health Intelligence
Dr Wayne Harrison: Consultant in Public Health