NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Cambridgeshire
County Council

Cambridgeshire

Pharmaceutical Needs Assessment

Draft report for public consultation – 2017

Contents

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Executive summary

1. Introduction

Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). This PNA updates the 2014 Cambridgeshire PNA and describes the pharmaceutical needs for the population of Cambridgeshire, including Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. A separate PNA is produced by the Peterborough Health and Wellbeing Board.

The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Of note, decisions on whether to open new pharmacies are made by NHS England, not by the HWB. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date.

The PNA will also inform decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) on which NHS funded services are provided locally and where pharmacies may be able to deliver commissioned services (such as Stop Smoking and Sexual Health Services).

2. Process

As in 2014, the specific legislative requirements in relation to development of PNAs[1] were duly considered and adhered to. The development of the revised PNA for 2017 was overseen by a multi-agency steering group.

Information from the JSNA and Public Health sources were used to describe pharmaceutical provision throughout the county and local health needs that may be addressed through pharmaceutical services. All pharmacies and dispensing GP practices in Cambridgeshire were asked to complete a questionnaire describing their service provision. 93 of 110 (85%) community pharmacies and 34 of 43 (79%) dispensing GP practices in Cambridgeshire responded to the questionnaire.

In the process of undertaking the PNA, views are being sought from a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A public consultation will be undertaken from 23 January 2017 to 27 March 2017 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this draft PNA and whether it addresses issues that they considered relevant to the provision of pharmaceutical services.

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. Given the significant planned growth of new developments across Cambridgeshire, the Senior Public Health Manager for Environment and Planning will continue to monitor and assess pharmaceutical need in these areas.

[1] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Accessed 19 Nov 2013 at: http://www.legislation.gov.uk/uksi/2013/349/made

3. Understanding local health needs

Cambridgeshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. The health of the Cambridgeshire population is generally similar to or better than the England average, but important local variations exist within the county.

The PNA should be viewed in conjunction with the Cambridgeshire Joint Strategic Needs Assessments which describe the health and wellbeing needs of the local population, and with national and local health data sources available through www.cambridgeshireinsight.org.uk. The PNA and the role of pharmacies should also be considered alongside the Cambridgeshire Health and Wellbeing Strategy, the Cambridgeshire & Peterborough System Transformation Plan and the Health System Prevention Strategy for Cambridgeshire and Peterborough.

The local population is forecast to increase substantially in the coming years, with the biggest increases seen in the age group of over 65 years. There are also several major housing developments underway across Cambridgeshire. The impact of this population growth on pharmaceutical needs is discussed in Section 6 of the PNA.

4. Current provision of local pharmaceutical services

Key finding: There is currently sufficient pharmaceutical service provision across Cambridgeshire. No need for additional pharmaceutical service providers was identified in this PNA.

Cambridgeshire has one pharmaceutical service provider per 4,258 people, equivalent to 23 pharmaceutical service providers per 100,000 resident population in Cambridgeshire. This is the same as the national average of 23 per 100,000 resident population and slightly lower than the East of England average of 24 pharmaceutical providers per 100,000 resident population. Estimates of the average number of people per pharmaceutical service provider across Cambridgeshire have remained relatively stable since 2011.

As of July 2016 there were:

- 110 pharmacies in Cambridgeshire (only slightly more than 109 in July 2013 and 101 in January 2011).
- 43 dispensing GP practices in Cambridgeshire (unchanged from July 2013 and January 2011).
- One Dispensing Appliance Contractor (unchanged since 2011).

Taking into account current information from stakeholders including community pharmacies and dispensing GP practices, the number and distribution of pharmaceutical service provision in Cambridgeshire appears to be adequate. The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county but these localities are served by suppliers from outside the county. In terms of postal addresses, across all of Cambridgeshire, there are only 67 postal addresses registered as a residential property that are located more than 20 minutes away by car from a pharmacy or dispensing surgery.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Cambridgeshire. There appears to be good coverage in terms of opening hours across the county. Overall, out of 110 community pharmacies, 45

(41%) are open after 6pm and 26 (24%) are open after 7pm on weekdays; 90 (82%) open on Saturdays; and 22 (20%) open on Sundays. The out of hours service, Hertfordshire Urgent Care is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Of the pharmaceutical providers who completed the questionnaire, 89 pharmacies (95.7%) and 21 dispensing GP practices (61.8%) have some form of delivery service in operation, more than in 2013.

The proportion of providers reporting that they have wheelchair access to consultation facilities has increased since 2013 from 80.4% to 93% of community pharmacies and from 86.8% to 88.2% of dispensing GP practices.

All community pharmacy and GP dispensing practices who responded to the questionnaire considered local provision to be 'adequate' or better, with 39% of pharmacies and 56% of dispensing GP practices reporting provision as 'excellent' and 55% of pharmacies and 41% of dispensing GP practices as 'good'.

5 The role of pharmacy in addressing health needs

Section 5 describes the services provided by local pharmaceutical providers: 'Essential Services' which all pharmacies are required to provide; 'Advanced Services' commissioned by NHS England to support patients with safe use of medicines and the NHS national seasonal flu vaccination programme; and health improvement services locally commissioned by Cambridgeshire County Council.

Medicines advice and support

Through the provision of advanced services including Medicine Use Reviews (MURs), Dispensing Review of Use of Medicines (DRUMs), clinical screening of prescriptions and identification of adverse drug events, dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated. In the community, pharmacists should continue to work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Medication errors in care homes for older people can also be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste.

Services and support to encourage healthy lifestyle behaviours

Providers of pharmaceutical services also have an important role to play in improving the health and wellbeing of local people beyond providing and supporting the safe use of medicines. The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve and the recent changes to the 2017/2018 pharmacy contract have included quality payments to pharmacies who are accredited as 'Healthy Living Pharmacies'. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, along with

providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest fastest.

Preventative approaches are important to ensure people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. This could be particularly important for frail older people and those with multiple conditions.

Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures. Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could potentially contribute to improving the health of the local population. This could, for example, potentially be integrated into agreements around medication checks.

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc. Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.

The following local services are currently commissioned from community pharmacies:

- *Smoking Cessation 'CAMQUIT'* (commissioned by Cambridgeshire County Council (CCC))
  The Community Pharmacy Smoking Cessation Service in Cambridgeshire illustrates how community pharmacies can improve population health through smoking cessation services, as evaluated by NICE. Smoking cessation services are commissioned from some community pharmacies in Cambridgeshire but this has decreased in the past two years. The contribution of pharmacies towards quit levels has also decreased from 12% in 2013/2014 to 6% in 2015/2016 and the lost to follow up rates have increased. Community pharmacies remain well placed to ensure services are accessible to the smoking population and evidence suggests community pharmacies can improve quit rates. The provision of commissioned smoking cessation services in pharmacies is currently under review to address service provision and quality concerns.

- *Chlamydia Screening and Treatment* (commissioned by CCC)
  Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. Only 26 pharmacies have signed up to the Cambridgeshire

chlamydia screening programme and only 0.9% of chlamydia tests performed in Cambridgeshire were collected from pharmacies. Although there is some opportunity to expand, this is limited by the number of pharmacies that do not have the appropriate facilities to offer screening. There is also potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

- *Emergency Hormonal Contraception (commissioned by CCC)*
  Pharmacies in Cambridgeshire are offered the opportunity to receive training and a contract to provide Emergency Hormonal Contraception (EHC), which is available as a locally commissioned service in some community pharmacies. The EHC Service is currently being delivered by 28 pharmacies across Cambridgeshire, as part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Cambridgeshire, and there are opportunities to expand. It is advised to offer chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection. The extent to which local services signpost to services or carry out testing when EHC is provided is regularly examined in an audit, as recommended in the 2014 PNA.

- *Needle and Syringe Exchange Service* (Drug & Alcohol Action Team (DAAT), CCC)
  The Cambridgeshire Drug and Alcohol Action Team (DAAT) commission services to provide specialist drug and alcohol treatment across Cambridgeshire. Currently Adult drug and alcohol services are provided by 'Inclusion' and Young People services are provided by CASUS. Further information can be found at: www.cambsdaat.org. A 'Drug and Alcohol JSNA' was published in September 2016 which provides an overview of legal and illicit drug and alcohol misuse needs for the Cambridgeshire population.
  People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction. Across Cambridgeshire, 34 community pharmacies across Cambridgeshire are sub-contracted by the DAAT commissioned provider *Inclusion* to provide access to sterile needles and syringes, and sharps containers for return of used equipment.

- *Supervised Administration Service* (DAAT, CCC)
  Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment. 34 community pharmacies across Cambridgeshire are sub-contracted by the DAAT commissioned provider *Inclusion* to provide a Supervised Administration Service, which requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.

- *Outreach NHS Health checks service (pilot) (CCC)*
  In summer 2016, Cambridgeshire County Council trained 11 Pharmacies in the Wisbech area, Fenland, to deliver outreach NHS Health Checks as part of a 6 month pilot. The NHS Health Check is a health check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, in adults in England aged 40-74 without a pre-existing condition. The rural, market town of Wisbech was chosen for the pilot as it has a high prevalence of

cardiovascular disease, a high number of local residents unable to attend their GP practice, and a number of proactive community pharmacies in the area.

- *Directly observed therapy (DOT) service for Tuberculosis (TB) patients (C&PCCG/ CCC)*
  The CCG in conjunction with public health and local respiratory clinics are exploring commissioning a Directly Observed Therapy (DOT) service for tuberculosis (TB) patients from a limited number of community pharmacies across the geography of the CCG. This will provide care closer to home for non-infectious patients who require support in adherence with their prescribed TB medication.

In conclusion, the Cambridgeshire Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies to all of the currently commissioned services. Pharmacies are able to, and should be encouraged to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to "*ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these*." At a local level, the Health and Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

6 Pharmaceutical needs associated with Future Population Changes and Housing Growth

Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. Several large-scale housing developments are in progress and considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. These are further described in Section 6 of the PNA report.

To facilitate commissioning of pharmaceutical services responsive to population needs the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required. In accordance with the amended *NHS regulations* (Dec 2016), the HWB will also produce a supplementary statement when required, if two or more pharmacy sites consolidate into one, assessing any gaps in local pharmaceutical and health needs.

1 Introduction

1.1 Pharmaceutical Needs Assessments – description and background

The Health and Social Care Act 2012 places a statutory duty on all Health and Wellbeing Boards (HWBs) to publish and keep-up-to date a statement of the needs for pharmaceutical services for the population in its area. These statements are referred to as Pharmaceutical Needs Assessments (PNAs). The responsibility to produce the PNA was previously held by Primary Care Trusts which were abolished in April 2013.

The PNA is a structured approach to identifying unmet pharmaceutical need.[2] It can be an effective tool to enable Health and Wellbeing Boards (HWBs) to identify the current and future commissioning of services required from pharmaceutical service providers.[3]

The PNA is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. The Health and Social Care Act 2012 transferred responsibility for using PNAs as the basis for determining "market entry to a pharmaceutical list" from PCTs to NHS England. Of note, decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England whereby the relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

The PNA will also inform decisions by local commissioning bodies including Local Authorities, NHS England and Clinical Commissioning Groups (CCGs) as to which NHS funded services are provided locally and where pharmacies may be able to deliver commissioned services (such as Stop Smoking and Sexual Health Services). The preparation and consultation on the PNA should take account of the health needs of the population defined in the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Cambridgeshire JSNA reports which are accessible online at: http://cambridgeshireinsight.org.uk/jsna.

As PNAs are central to decision-making regarding commissioned services and new pharmacy openings, it is essential that they comply with the requirements of the regulations, that due process is followed in their development and they are kept up-to-date. Section 2 describes the process for this PNA.

1.2 Overview of NHS pharmaceutical services

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

[2] Primary Care Commissioning. 'Pharmaceutical needs assessments.' March 2013. Available at: http://www.pcc-cic.org.uk/

[3] Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

Under the *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a 'pharmaceutical list' by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. This is commonly known as the NHS 'market entry' system.

The following can be included in the pharmaceutical list:

- Pharmacy contractors: a person or corporate body who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

National NHS legislation provides that in certain rural areas classified as 'controlled localities' general practitioners may apply to dispense NHS prescriptions as 'dispensing doctors'. The provisions to allow GPs to dispense were introduced to provide patients access to dispensing services in rural communities not having reasonable access to a community pharmacy. Since 2005, a practice can only apply to be a dispensing practice if it is located in a 'controlled locality' and the total of all patient lists for the area within a 1.6km (1 mile) radius of the premises is fewer than 2,750.[4] In the majority of cases, patients eligible to use the dispensing practice will therefore be located more than 1.6km away from the nearest pharmacy. Further information about this process and how areas of new growth may affect dispensing doctors' practices is described in Section 6.5.2. Dispensing GP practices can make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

The NHS England Area teams commission services in the NHS Community Pharmacy Contractual Framework. This includes three main categories of pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013:[5]

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations). These include: the dispensing of medicines and appliances; clinical governance; repeat prescriptions; disposal of unwanted medicines; promotion of healthy lifestyles; signposting to other services or information; and support for self-care.
- Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These include: Medicines Use Reviews (MUR); the New Medicines Service from community pharmacists; Appliance Use Reviews; the NHS Seasonal Flu Vaccination Programme; and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.

[4] Pharmaceutical Services Negotiating Committee briefing on 'Rurality, controlled localities and the provision of pharmaceutical services by doctors'. Available at: http://psnc.org.uk/contract-it/market-entry-regulations/rural-issues/
[5] National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/contents/made

- Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring; the provision of advice and support to residents and staff in care homes in connection with drugs and appliances; on demand availability of specialist drugs; and out-of-hours services.

Further information about these services in Cambridgeshire is described in Sections 5.1-5.3.

1.3 Local Pharmacy Services

Local pharmacy services are additional services commissioned by the Local Authority or Clinical Commissioning Group (CCG). These fall outside of the *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013* and do not impact on the commissioning of new pharmacy contracts.

Local Authorities are responsible for commissioning a wide range of services, including most public health services and social care services. The Local Authority can commission pharmacies to provide the following public health services:

- Supervised administration service for specific drugs.
- Needle and syringe exchange.
- NHS Health checks.
- Emergency hormonal contraception services.
- Sexual health services such as chlamydia screening, testing and treatment.
- Stop smoking.
- Weight management programmes.
- Alcohol screening and brief interventions.

CCGs have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs can commission services from pharmacies such as palliative care schemes; emergency prescriptions; and other medicines optimisation services.

2 Process

2.1 Summary of the process followed in developing the PNA

In 2014 the Cambridgeshire Health and Wellbeing Board updated the 2011 PNA produced by the Primary Care Trust, NHS Cambridgeshire, to publish its first PNA, in line with the 2012 regulations[6] (An extract of part of these regulations can be found in Appendix 1).

The Cambridgeshire PNA 2014 remains available online at: http://cambridgeshireinsight.org.uk/other-assessments/pharmacy-needs-assessment.

The development of the 2014 PNA was overseen by a multi-agency Steering group, representing a wide range of stakeholders. The PNA steering group was re-convened with continued membership from the original 2014 steering group to oversee the process and content of the PNA (see Acknowledgements for list of steering group members). Details of the activities undertaken to update the 2014 PNA and a timeline are outlined in Appendix 4 which describes the document control of this report.

The legal regulations state that each PNA should have a maximum lifetime of three years. The full PNA process was therefore re-initiated in 2016 and this draft PNA is due to be finalised and published in 2017. It includes updated information from the 2014 PNA and has engaged key stakeholders in identifying any new relevant issues.

As in 2014, the specific legislative requirements in relation to the development of PNAs[7] were duly considered and adhered to.

2.2 Methods

As set out in Schedule 1 of *The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, this PNA includes information on:

- Pharmacies in Cambridgeshire and the services they currently provide, including dispensing, providing advice on health, medicine reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Other local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to Cambridgeshire and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Cambridgeshire.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

In developing the PNA for Cambridgeshire, information from the JSNA and Public Health sources were used to describe pharmaceutical provision throughout the county and local health needs that may be addressed through pharmaceutical services.

All pharmacies and dispensing GP practices in Cambridgeshire were also asked to complete a questionnaire describing their service provision (see Appendix 3). 93 of 110 (85%) community

[6] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/made (Accessed 19 Nov 2013)
[7] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Accessed 19 Nov 2013 at: http://www.legislation.gov.uk/uksi/2013/349/made

pharmacies and 34 of 43 (79%) dispensing GP practices in Cambridgeshire responded to the 2016 PNA questionnaire. This is slightly lower than the 2013 questionnaire which had response rates of 89% for community pharmacies and 88% of dispensing GP practices. The information received is described throughout Sections 4, 5 and 6.

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from stakeholders, the PNA considers a number of factors, including:[8]

- The size and demography of the population across Cambridgeshire.
- Whether there is adequate access to pharmaceutical services across Cambridgeshire.
- Different needs of different localities within Cambridgeshire.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Cambridgeshire.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Cambridgeshire.
- Whether further provision of pharmaceutical services in Cambridgeshire would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

2.3 Stakeholders involved in the development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. In revising the PNA, key partners were consulted to seek their views and initial feedback on the findings set out in this draft PNA 2017. In line with the 2013 Regulations,[9] this PNA process including the public consultation will involve consulting with:

- The Local Pharmaceutical Committee (LPC) for the area.
- The Local Medical Committee (LMC) for the area.
- Persons on the pharmaceutical list and any dispensing doctors list for the area.
- Local Healthwatch organisations in the area.
- District Councils - Cambridge City, East Cambridgeshire and Fenland, Huntingdonshire, South Cambridgeshire.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area.
- NHS England.
- Neighbouring HWBs.

Views on the PNA draft findings will be sought from the wider public in Cambridgeshire and other interested parties through a formal 60 day consultation running from 23 January 2017 to 27 March 2017. The feedback gathered in the consultation will be described in a Consultation Report and a summary of how the draft PNA will be amended to produce this final report in response to the feedback received

[8] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/made. (Accessed 19 Nov 2013.)
[9] Ibid.

will be included as an Appendix. The Consultation Report will also be available on the Cambridgeshire Insight website.

2.4 Future PNAs and supplementary statements

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. HWBs are required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.[10] The Cambridgeshire PNA Steering Group will continue to identify changes to the need for pharmaceutical services within their area and assess whether the changes are significant.

Given the significant planned growth of new developments across Cambridgeshire, the Senior Public Health Manager for Environment and Planning will continue to monitor and assess pharmaceutical need in these areas and the Steering Group will issue a statement of need to update the PNA if considered appropriate.

2.5 Local impact of the new national pharmacy contract (2016)

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17.[11] This is a reduction of 4% compared with 2015/16, and will be followed by a further 3.4% reduction in 2017/18.[12] Key changes were also made to the national pharmacy contract with the aim of creating a more efficient service which is better "*integrated with the wider health and social care system*"[13].

Full details of the final Community Pharmacy proposals can be found in the Department of Health (DoH) report "*Community pharmacy in 2016/2017 and beyond: final package*"[14]. Appendix 5 provides a summary of the proposed changes to the pharmacy contracts and the potential impact of these as assessed by the DoH and the national Pharmaceutical Services Negotiating Committee (PSNC) who represent all community pharmacies providing NHS services in England.

The changes also include a new 'Pharmacy Access Scheme' which aims to ensure that populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016. Nationally 1,356 pharmacies have qualified for the scheme. In Cambridgeshire, 30 pharmacies have been identified which is 27% of all current pharmacies as at October 2016 (see Appendix 5 and **Map 15)**.

As described in the DoH health impact assessment, it is complex to assess the impact of these changes on Cambridgeshire residents at this stage. There is no reliable way of estimating the number of pharmacies that may close or the services which may be reduced or changed as a result of the policy and this may depend on a variety of complex factors, individual to each community pharmacy and their model of business.

[10] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/made. (Accessed 19 Nov 2013.)
[11] Department of Health. 'Community pharmacy in 2016/2017 and beyond: final package'. (Oct 2016) Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf
[12] http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/
[13] Ibid.
[14] Department of Health. 'Community pharmacy in 2016/2017 and beyond: final package'. (Oct 2016) Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

The Cambridgeshire Local Pharmaceutical Committee will focus on supporting local pharmacies by keeping them up to date with changes/details, to meet the quality agenda, and to take up and deliver locally commissioned services more effectively. The PNA steering group will continue to monitor any potential closures or mergers of local pharmacies and issue appropriate statements of fact as necessary in line with PNA requirements.

Of particular relevance to this PNA at this point in time, is that amendments were also made to the pharmacy *National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations* in December 2016[15]. One key change was a new regulation which describes the potential consolidation of two or more pharmacies onto one existing site. A new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes which would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

> "*Applications to consolidate will be dealt with as "excepted applications" under the 2013 Regulations, which means in general terms they will not be assessed against … the pharmaceutical needs assessment ("PNA") produced by the HWB. Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation….. If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (regulations 12 and 13). If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (regulation 3).*"[16]

As such, in the event of a consolidation in future, in accordance with Paragraph 19 of schedule 2 of the regulations the Cambridgeshire HWB will publish a supplementary statement which will become part of the PNA, explaining whether, in its view, the proposed removal of premises from its pharmaceutical list would or would not create a gap in pharmaceutical services provision that could be met by a routine application:

> (a) to meet a current or future need for pharmaceutical services; or
> (b) to secure improvements, or better access, to pharmaceutical services.

[15] National Health Service England. ' The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016' (2016 No.1077) Available at: http://www.legislation.gov.uk/uksi/2016/1077/contents/made
[16] National Health Service England. ' The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016' (2016 No.1077) Page 13. Available at: http://www.legislation.gov.uk/uksi/2016/1077/contents/made

3 Understanding local health needs

The preparation and consultation on the PNA should take account of the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Cambridgeshire JSNA reports which are accessible online at: http://cambridgeshireinsight.org.uk/jsna.

In line with the regulations, this PNA does not attempt to duplicate assessment of the health needs of the population which are described in health needs assessments. This section signposts to sources of information regarding health needs and priorities for Cambridgeshire and describes key demographic features of Cambridgeshire. Section 5 describes areas where pharmaceutical providers could contribute to the health and wellbeing agenda through supportive schemes or locally commissioned services and details current commissioned services and recommendations for the future.

3.1 Cambridgeshire Joint Strategic Needs Assessments

A JSNA is the means by which partners in the Health and Wellbeing Board describe the health, care and wellbeing needs of the local populations and seeks to identify a strategic direction of service delivery to meet those needs.[17]

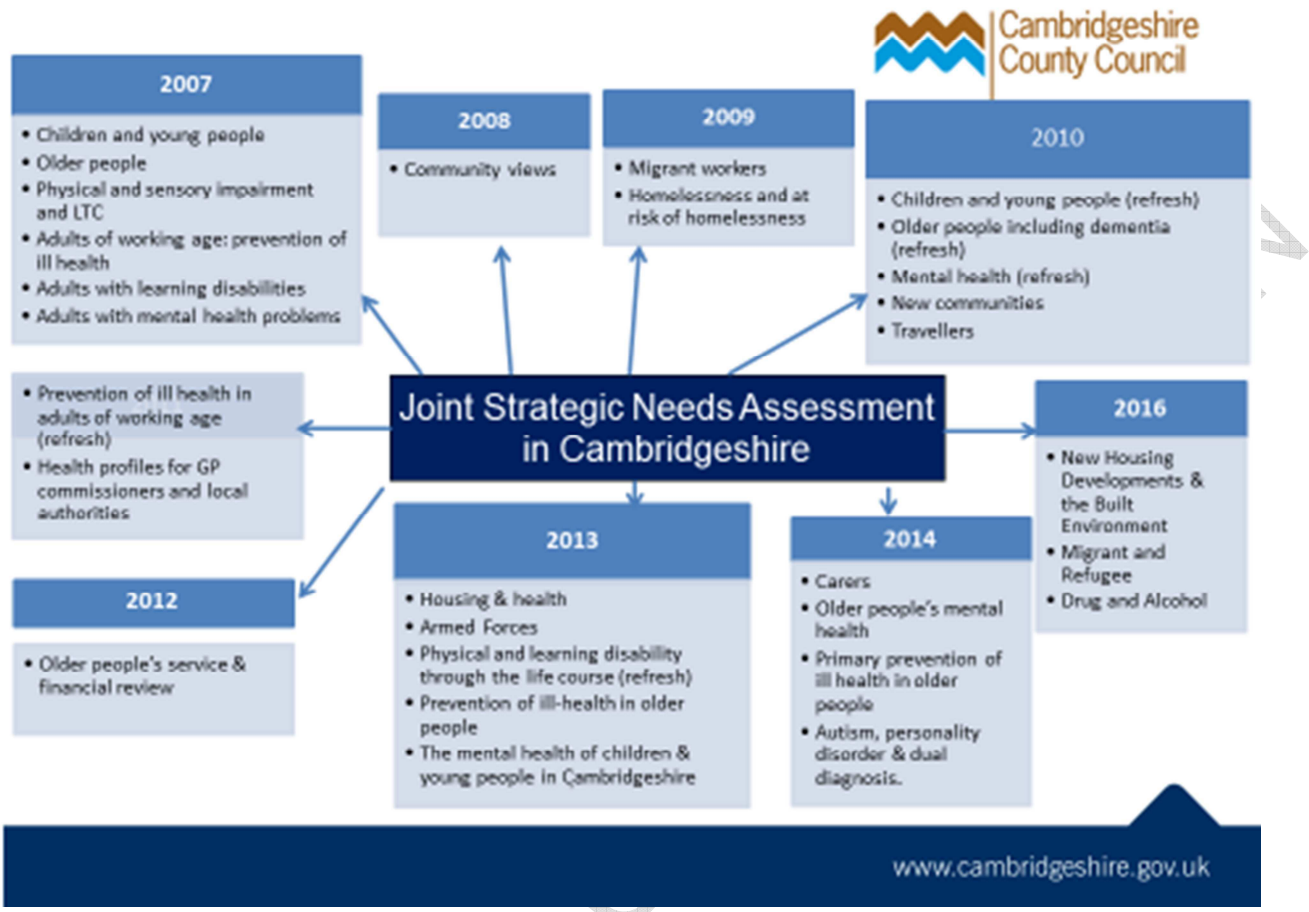
The aim of a joint strategic needs assessment is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. This includes:

- Providing analyses of data to show the health and wellbeing status of local communities.
- Defining where inequalities exist.
- Providing information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services.
- Highlighting key findings based on the information and evidence collected.[18]

The Cambridgeshire Insight website www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment publishes all the local JSNA reports and supporting documentation, including additional data and specific topic area reports for the local area. The JSNAs developed for Cambridgeshire are shown in **Figure 1**.

[17] Cambridgeshire JSNA. 'What is the joint strategic needs assessment?'
Available at: http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/what-jsna
[18] Ibid.

Figure 1. Joint Strategic Needs Assessments developed for Cambridgeshire



These reports include information about a wide range of health and wellbeing indicators, the views of the local people and gives examples of good practice, along with identifying gaps and areas for development.

They also includes some of the substantial evidence that indicates that prevention works, that it can provide cost benefits and importantly that it can make significant improvements to the health of the population, decrease health inequalities and effectively address health and social problems.

The data that underpins the JSNA have been updated and include a county and district health atlas www.cambridgeshireinsight.org.uk/interactive-maps. A local Public Health Outcomes Framework document containing district data and profiles for the Clinical Commissioning Group (CCG) and Local Commissioning Groups (LCGs) can also be found at www.cambridgeshireinsight.org.uk/health.

The Annual Public Health Report for Cambridgeshire 2015-2016 looks at health issues at a local level, providing a series of 'health maps' of the county broken down into individual electoral wards. It also provides brief case studies of what can be done at community level to support healthy lifestyles and wellbeing. The Annual Public Health Report for Cambridgeshire 2014-2015 looked at changes and trends in public health outcomes over recent years. Understanding which outcomes are improving and which are deteriorating helps to identify emerging problems and target resources to address them. These reports are available at: http://cambridgeshireinsight.org.uk/health/aphr.

3.2 Cambridgeshire Health and Wellbeing Board

The Cambridgeshire Health and Wellbeing Board and Network brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services. The HWB focuses on planning the right services for Cambridgeshire and securing the best possible health and wellbeing outcomes for the local community.[19]

The work of the Board is guided by the Cambridgeshire Health and Wellbeing Strategy 2012-17. The Strategy sets out the priorities the HWB and Network feel are most important for local people, based on the JSNA and other relevant sources of information.

The strategy includes the following six key priorities:[20]

1. Ensure a positive start to life for children, young people and their families.
2. Support older people to be independent, safe and well.
3. Encourage healthy lifestyles and behaviours in all actions and activities whilst respecting people's personal choices.
4. Create a safe environment and help to build strong communities, wellbeing and mental health.
5. Create a sustainable environment in which communities can flourish.
6. Work together effectively.

Further details about the Cambridgeshire Health and Wellbeing Strategy and the work of the Cambridgeshire Health and Wellbeing Board and Network can be found at: http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board

3.3 Cambridgeshire and Peterborough Clinical Commissioning Group

The Cambridgeshire and Peterborough CCG is the clinical commissioning body for the county of Cambridgeshire and the Unitary Authority of Peterborough. In addition, the CCG also includes some GP practices in Hertfordshire and Northamptonshire. The 'boundary' for the CCG is illustrated in **Map 1**. It should be noted that the boundary for the CCG is not the same boundary as for the Cambridgeshire Health and Wellbeing Board and therefore this PNA relates only to Cambridgeshire. Peterborough Health and Wellbeing Board are responsible for assessing pharmaceutical needs for Peterborough and produces a separate Pharmaceutical Needs Assessment, available at: https://www.peterborough.gov.uk/healthcare/public-health/pharmaceutical-needs-assessment/.

The CCG is responsible for designing and buying health services for around 933,000 people across Cambridgeshire, Peterborough, Hertfordshire and Northamptonshire. Clinicians are involved at every level of decision-making. Further information about the role of Cambridgeshire and Peterborough CCG is available on their website: http://www.cambridgeshireandpeterboroughccg.nhs.uk/clinical-commissioning.htm.

The NHS and local government officers have come together to develop a major new plan to keep Cambridgeshire and Peterborough '*Fit for the Future'*. The 'Sustainable Transformation Programme' plan covers hospital services, community healthcare, mental health, social care and GP services and aims to:

- improve the quality of the services provided;
- encourage and support people to take action to maintain their own health and wellbeing;

[19] Cambridgeshire Health and Wellbeing Board. Available at: http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board
[20] Ibid.

- ensure that health and care services are financially sustainable and that commissioners make best use of the money allocated to the local population;
- align NHS and local authority plans.

The CCG and local government are working together and taking joint responsibility for improving the local population's health and wellbeing. Further up-to-date information is available on the programme website: www.fitforfuture.org.uk.

A Health System Prevention Strategy for Cambridgeshire and Peterborough http://cambridgeshireinsight.org.uk/health/healthcare/prevention was also produced in January 2016 in recognition of the impact of preventable ill health on the local health economy and to identify opportunities for action. Significant proportions of ill health and health service activity are potentially preventable. Community pharmacies have the potential to contribute to the reduction of preventable mortality and morbidity.

3.4 National Outcomes Frameworks

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, Social Care, and Public Health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2013-2016 sets out desired outcomes for public health, focussing on two high-level outcomes:

- Increased healthy life expectancy;
- Reduced differences in life expectancy and healthy life expectancy between communities.

Public Health England's Annual Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas.

3.5 National policy context

An independent '*Community Pharmacy Clinical Services Review'* ('the Murray report')[21] was commissioned by the Chief Pharmaceutical Officer and recently published by the Kings Fund in December 2016. The report provides a useful summary of national policy reports over the past eight years which have described opportunities for expanding the role of community pharmacy and pharmacists. However, the report highlights the fact that there remains significant untapped potential for better utilising the clinical skills and expertise of the community pharmacy team.

The *2008 White Paper*[22] set out a vision for expansion of the pharmacy role from simply dispensing and supplying medicines to additional clinical services e.g.: treating common minor ailments; providing public health services such as smoking cessation support and sexual health services; supporting those with long term conditions; delivering some clinical services such as blood tests and screening programmes; and involvement in clinical pathways that support integrated care.[23] In 2013, the Royal

[21] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
[22] Department of Health. 'Pharmacy in England Building on strengths – delivering the future'. (2008). Available at: https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future
[23] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 4. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

Pharmaceutical Society published a report '*Now or Never*'[24] which proposed that the skills of pharmacists were greatly under-utilised and outlined areas where pharmacists could contribute to, in particular, the management of long-term conditions and urgent care pathways. A Nuffield Trust report published in 2014[25] found that "*pharmacists at a local level continue to persuade some local commissioners to fund innovative services to support health and social care, but such progress remains patchy and lacks scale. At a national level, there has been disappointingly little progress over the last year in shifting the balance of funding and commissioning away from the dispensing and supply of medicines toward the delivery of direct patient services*".

The Murray report proposes that pharmacy needs to be a 'core part of the integrated, convenient services that people need', although the report identifies that this has proven difficult to achieve thus far. NHS England's *Five Year Forward View* (October 2014)[26] and the *General Practice Forward View* (April 2016)[27] set out proposals for the future of the NHS based around new models of care, and offer a strategic opportunity to review and revisit the role of community pharmacy in the health and care system. The Murray report recommends that pharmacy needs to be fully integrated into the new models of care developed by the Vanguard programme, particularly into the following four of the five groups:

- integrated primary and acute care systems;
- multi-specialty community providers (MCPs) moving specialist care out of hospitals into the community;
- enhanced health in care homes to provide better, joined up health, care and rehabilitation services for older people; and
- urgent and emergency care service models.

(The role of pharmacy in the 5th group relating to acute care collaboration may be more relevant to hospital than community pharmacy).

Sustainability and Transformation programmes (STPs) across 44 'footprint' areas in England aim to bring together health and care stakeholders to develop local plans for how local services will evolve and become sustainable over the next five years. The Murray report recommends that efforts are made to ensure that community pharmacy are involved in this work: "*Community pharmacy can provide a wide range of services that provide value for money at the same time as providing a new way to meet patient demand and indeed contribute to reducing demand through better public health*". [28]

There is a need in the medium-term to "*ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professional. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these.*"[29] At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the

[24] Royal Pharmaceutical Society. 'Now or never: shaping pharmacy for the future'. (November 2013). Available at: https://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf
[25] The Nuffield Trust. 'Now more than ever: why pharmacy needs to act' (December 2014). Available at: http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/now_more_than_ever.pdf
[26] NHS England. 'Five Year Forward View' (October 2014). Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[27] NHS England 'General Practice Forward View' (April 2016) Available at: https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
[28] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016). Page 13. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
[29] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 18. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

complexities of the commissioning landscape. At a local level, the Health and Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working and the incorporation of best practice and evidence as it becomes available.

The report also recommends that the evidence base should be developed to include community pharmacists in new models of care built around patient need, specifically including:

- integrating community pharmacists and their teams into care pathways for long-term conditions;
- involving community pharmacists and their teams in case finding programmes for certain conditions e.g. hypertension;
- developing contractual mechanisms for incentivising more rapid uptake of independent prescribing and utilising clinical skills of pharmacists as groups and individuals.

Public Health England is already planning to provide advice and the evidence base for action.

3.6 Characteristics of the population in Cambridgeshire

Cambridgeshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. There are five district councils in Cambridgeshire: Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. These districts can be more locally described by electoral wards or Middle Super Output Areas (MSOAs) (see **Map 2)**.

Close to the county borders of Cambridgeshire there are three large settlements, Wisbech, Whittlesey and St Neots. Eight areas border Cambridgeshire – Norfolk, Suffolk, Peterborough, Northamptonshire, Bedfordshire, Hertfordshire, Essex and Lincolnshire.

3.6.1 Demography

The mid 2016 population of Cambridgeshire was approximately 663,700 people.[30] The age composition of the population varies by district, with a higher proportion of people aged 65 years or older living in Fenland compared to other areas in the county (see **Map 3)**.

The population is forecast to increase substantially in the coming years, with the biggest increases seen in the age group of over 65 years. There are also several major housing developments underway across Cambridgeshire. The impact of this population growth on pharmaceutical needs is discussed in Section 6 of the PNA.

3.6.2 Deprivation

Pockets of deprivation are found in Cambridge City, Huntingdonshire, and Fenland (see **Map 4**).

3.6.3 Ethnicity

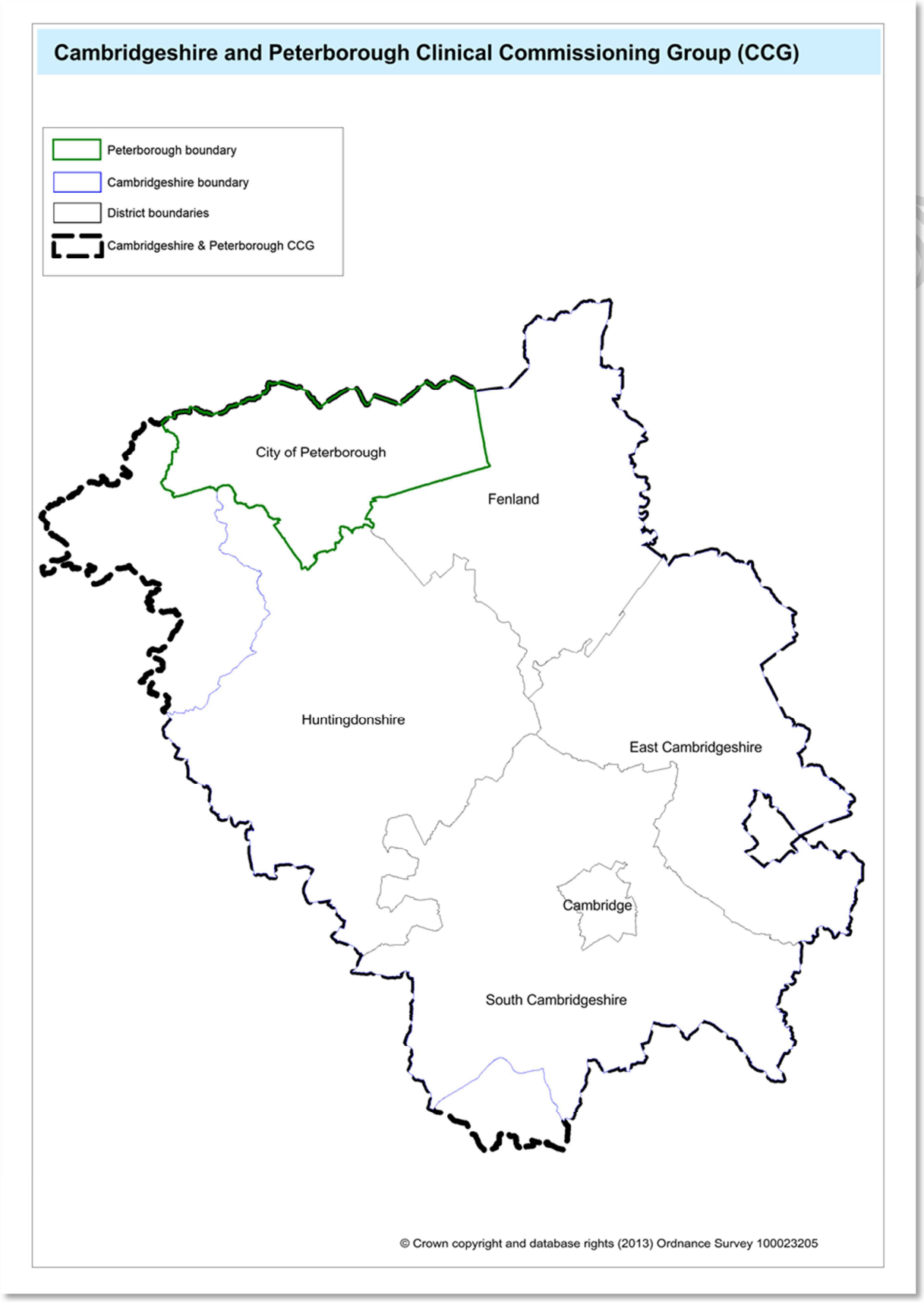
Data from the 2011 Census indicates that the number of foreign-born individuals living in Cambridgeshire increased from 48,556 to 85,698 people during 1995-2010, an increase of 77%. Around 1% of the foreign-born population in England reside in Cambridgeshire.[31] Considerable populations of travellers and migrant workers also reside in Cambridgeshire.

For further information on health needs, please refer to the Migrant and Refugee Joint Strategic Needs Assessment Report 2016 (available at: http://cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/migrant-and-refugee-2016).

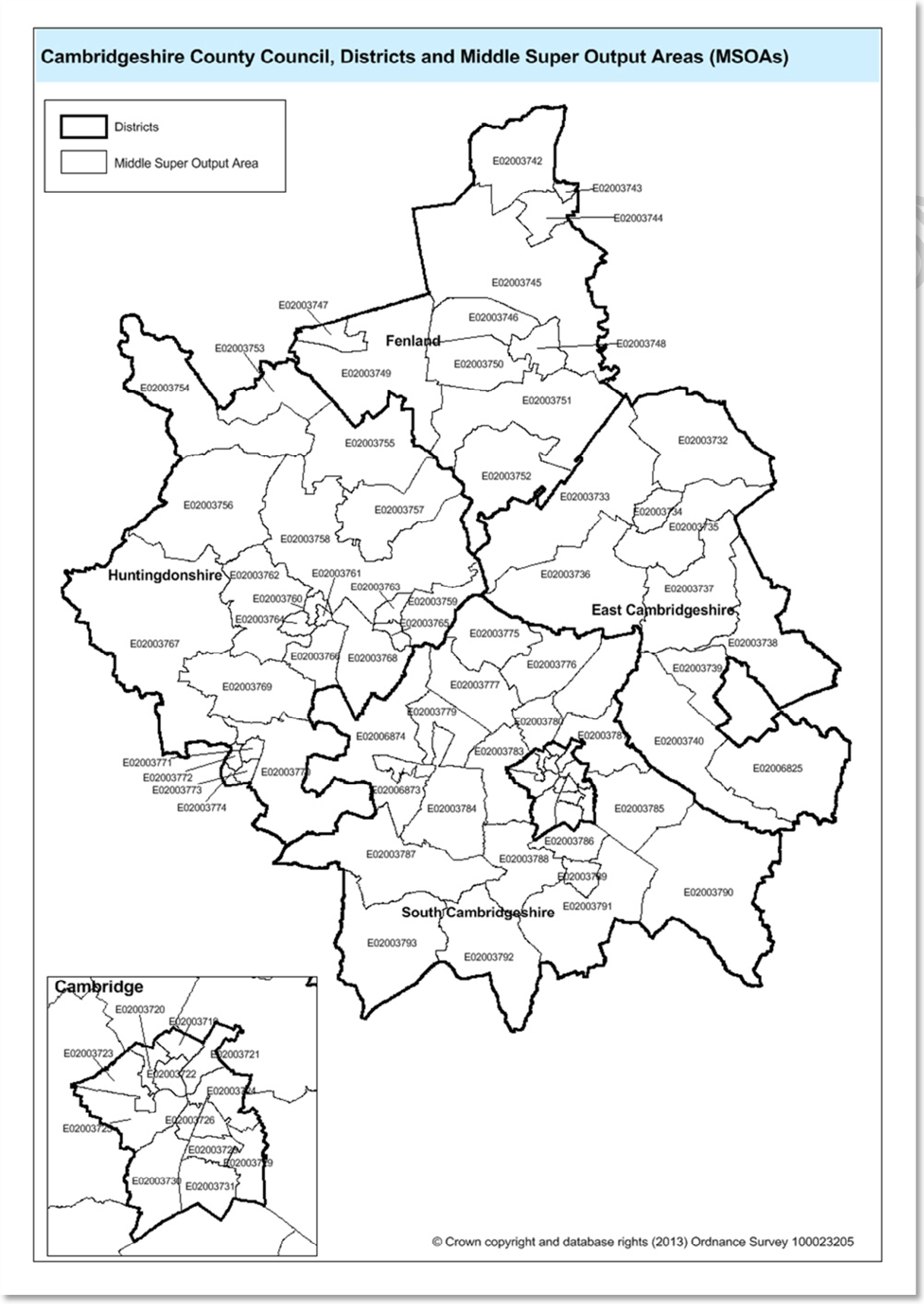
[30] 2013-based population forecasts, Cambridgeshire Research Group

[31] http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Migrants%20in%20the%20UK-Overview_0.pdf (Accessed 1st October 2013).

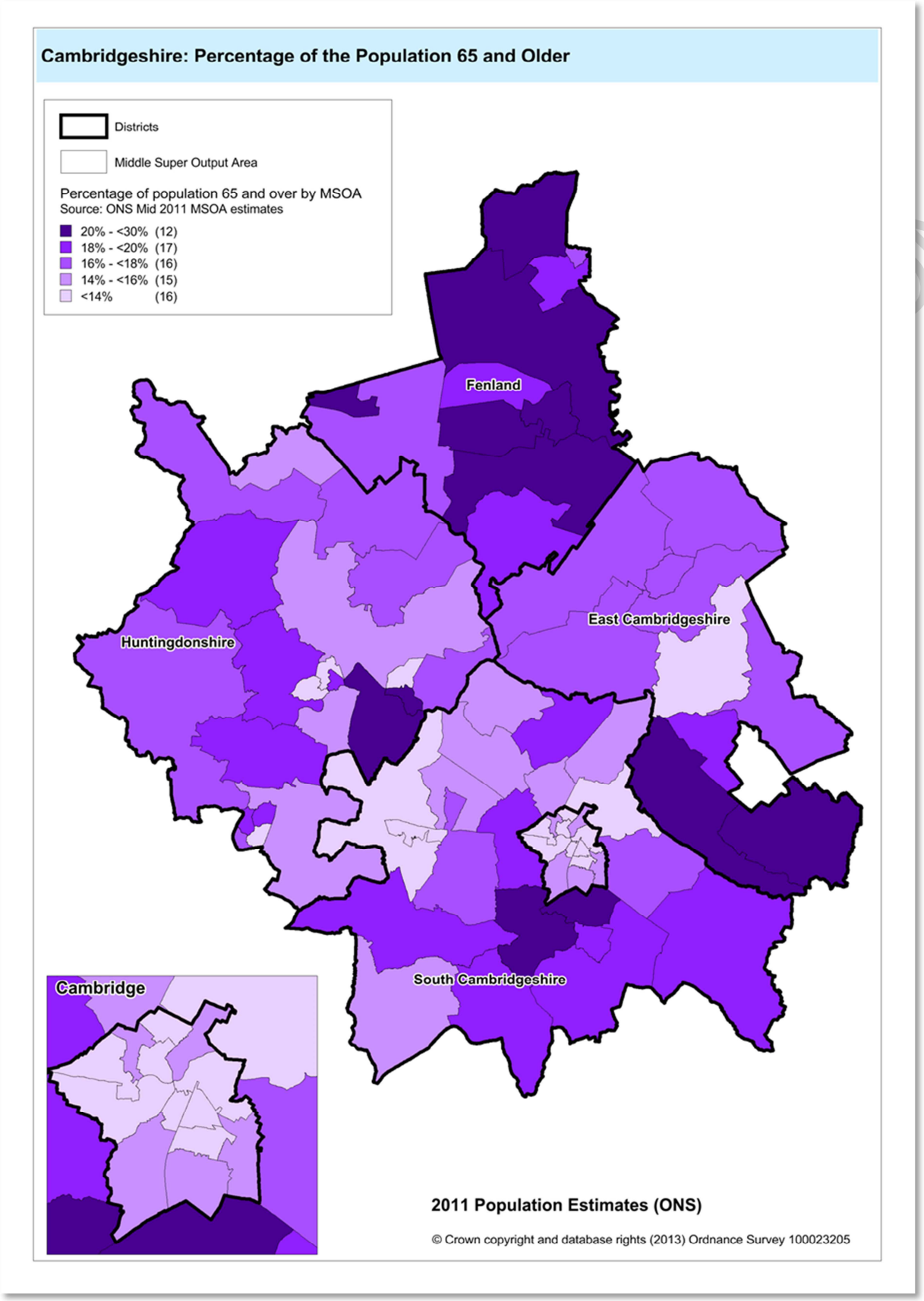
Map 1. Boundary of Cambridgeshire and Peterborough Clinical Commissioning Group



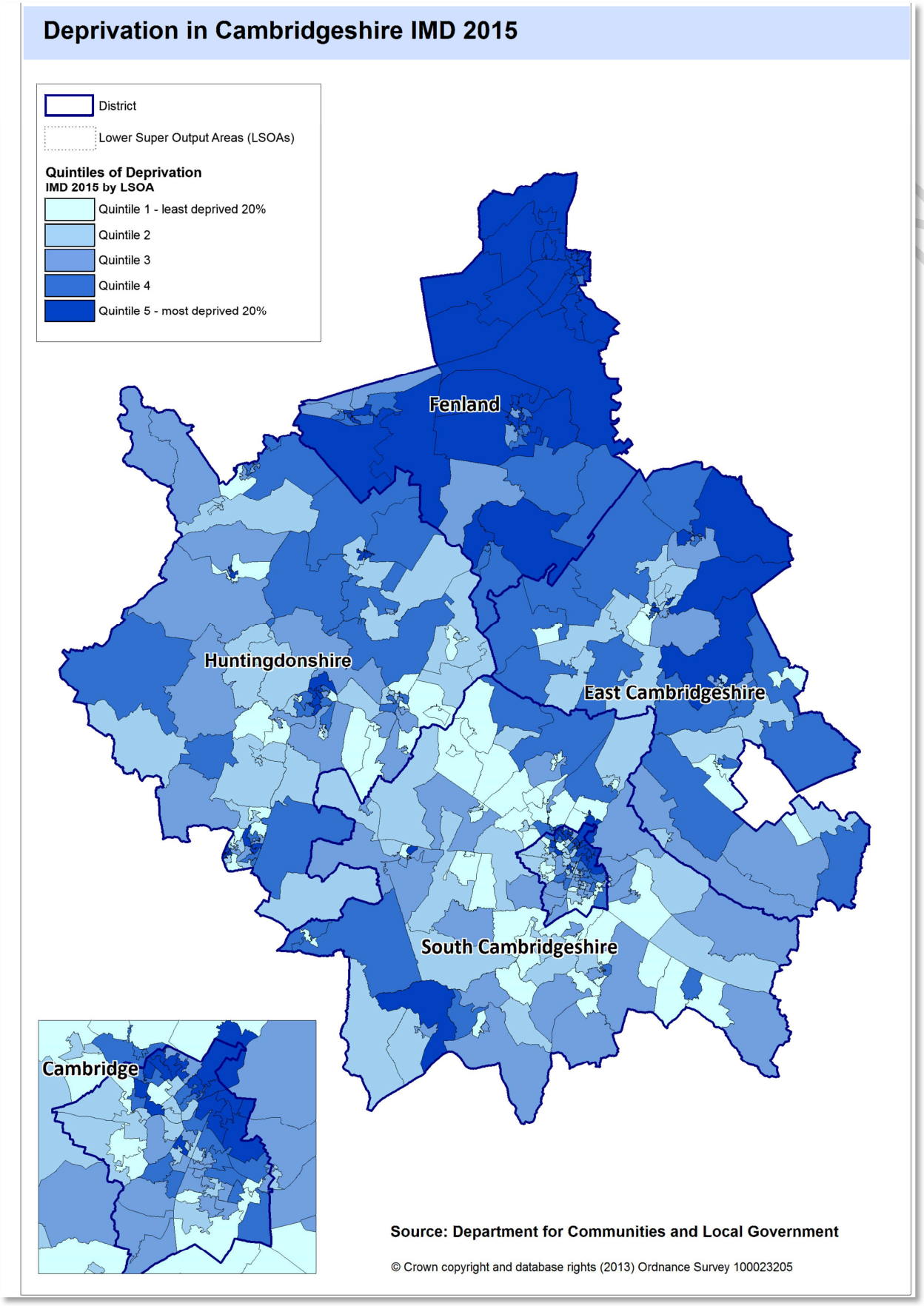
Map 2. Middle layer Super Output Areas (MSOAs) in Cambridgeshire



Map 3. Percentage of the population in Cambridgeshire aged 65 years or older



Map 4. Deprivation in Cambridgeshire



3.6 General health across Cambridgeshire

The health of the Cambridge population is generally similar to or better than the England average, but important local variations exist within the county. As highlighted in a JSNA summary report, [32] an interactive map of key demographic and health-related data has been created that illustrates the latest available data by local authority district for a number of key indicators relating to the health of the local population.[33]

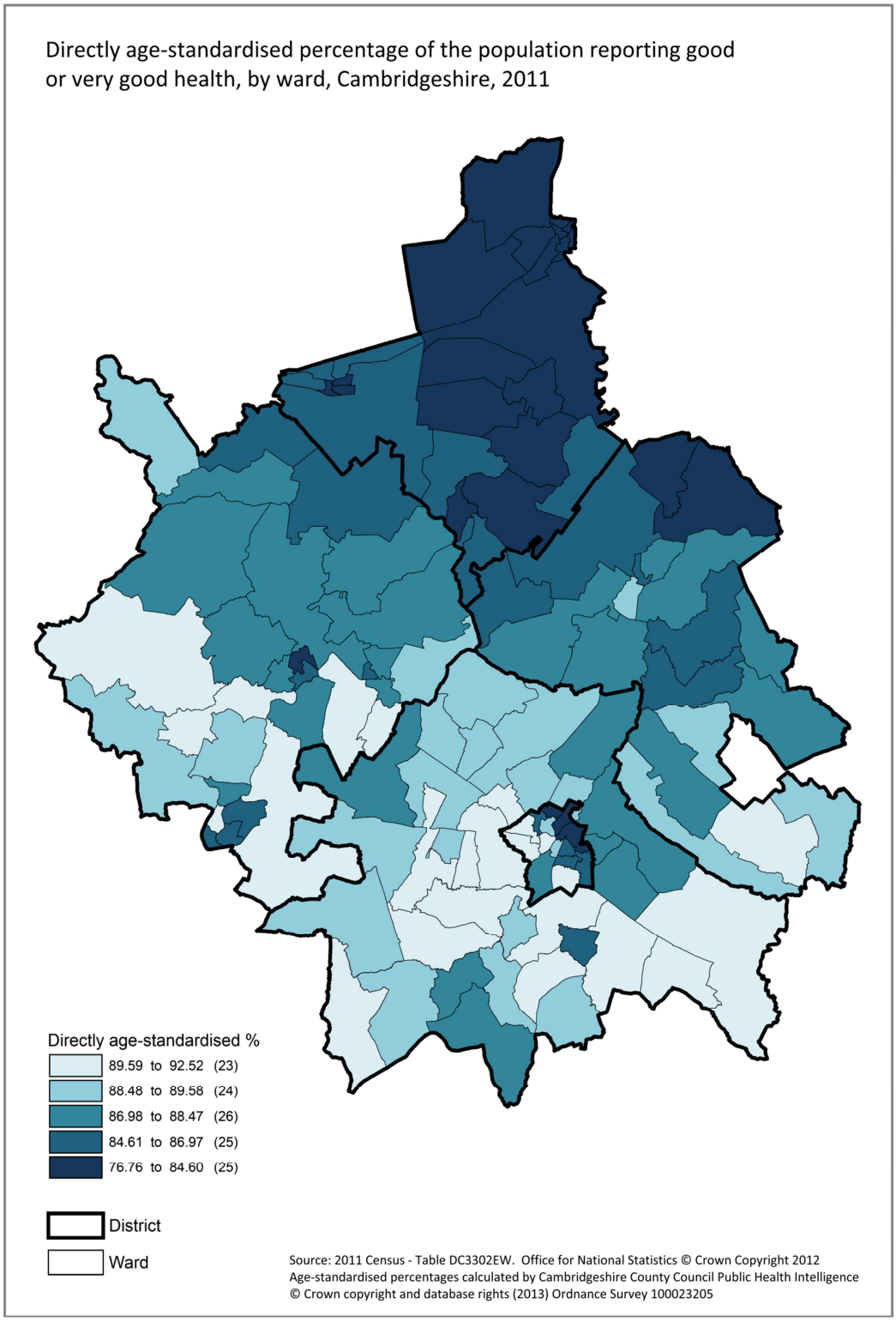
Overall, Cambridgeshire has a favourable health profile but, compared to the national average, substantial local variation exists within the county. There are important differences in health across Cambridgeshire, as illustrated in **Map 5**. Map 5 uses data from the 2011 Census to illustrate the proportion of the population in different areas of Cambridgeshire who report being in good or very good health. Broadly, the map shows darker shades in the northern areas of the county which means fewer people who report being in good or very good health. The data in the map have been age standardised, which means that the differences in self-reported health are not due to differences in age.

A local health briefing giving health information for each district council area is available on the Cambridgeshire Insight website.[34] This local summary can help to highlight sub-county inequalities and monitor progress. More information about the Public Health Outcomes Framework (PHOF) in Cambridgeshire and other areas can be found at: http://cambridgeshireinsight.org.uk/health/phof and http://healthierlives.phe.org.uk/topic/mortality

Comparing the prevalence of common conditions of the practices within the CCG with the England average gives an indication of the health of the local population. A more convenient way of viewing individual practices are the practice profiles at http://www.apho.org.uk/pracprof/. Some insight into the health needs at GP practice population level can also be gained from the Quality and Outcomes Framework data of the local GPs. Entering a postcode at http://www.qof.ic.nhs.uk/search.asp returns a list of GPs in the proximity of the postcode.

[32] CCC and NHS Cambridgeshire. Cambridgeshire Joint Strategic Needs Assessment (JSNA) Summary Report 2012-2013. Final Report 28/05/2013. Accessed at: http://www.cambridgeshireinsight.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsnasummaryreport2013
[33] Available at: http://www.cambridgeshireinsight.org.uk/interactive-maps/health.
[34] Available at: http://www.cambridgeshireinsight.org.uk/health

Map 5. Directly age-standardised percentage of the population reporting good or very good health, by ward, Cambridgeshire 2011



4 Current Provision of NHS Pharmaceutical Services

This section describes the current provision of NHS pharmaceutical services, in order to assess the adequacy of provision of such services. Also included is a description of the number and locations of community pharmacies, dispensing GP practices and national Dispensing Appliance Contractors (DACs) premises. Information was collected up until 31 July 2016. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx.

The levels of provision of pharmaceutical services locally are compared with provision elsewhere, and are considered in the context of feedback from local stakeholders.

4.1 Summary of key findings

Key message: There is currently sufficient pharmaceutical service provision across Cambridgeshire. No need for additional pharmaceutical service providers is identified at present in this PNA.

Cambridgeshire has one pharmaceutical service provider per 4,258 people, equivalent to 23 pharmaceutical service providers per 100,000 resident population in Cambridgeshire. This is the same as the national average of 23 per 100,000 resident population and slightly lower than the East of England average of 24 pharmaceutical providers per 100,000 resident population. Estimates of the average number of people per pharmaceutical service provider across Cambridgeshire have remained relatively stable since 2011.

As of July 2016 there were:

- **110 pharmacies in Cambridgeshire (only slightly more than 109 in July 2013 and 101 in January 2011).**
- **43 dispensing GP practices in Cambridgeshire (unchanged from July 2013 and January 2011).**
- **One Dispensing Appliance Contractor (unchanged since 2011).**

Taking into account current information from stakeholders including community pharmacies and dispensing GP practices, the number and distribution of pharmaceutical service provision in Cambridgeshire appears to be adequate. The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county but these localities are served by suppliers from outside the county. In terms of postal addresses, across all of Cambridgeshire, there are only 67 postal addresses registered as a residential property that are located more than 20 minutes away by car from a pharmacy or dispensing surgery.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Cambridgeshire. There appears to be good coverage in terms of opening hours across the county. Overall, out of 110 community pharmacies, 45 (41%) are open after 6pm and 26 (24%) are open after 7pm on weekdays; 90 (82%) open on Saturdays; and 22 (20%) open on Sundays. The out of hours service, Hertfordshire Urgent Care is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Of the pharmaceutical providers who completed the questionnaire, 89 pharmacies (95.7%) and 21 dispensing GP practices (61.8%) have some form of delivery service in operation, more than in 2013.

The proportion of providers reporting that they have wheelchair access to consultation facilities has increased since 2013 from 80.4% to 93% of community pharmacies and from 86.8% to 88.2% of dispensing GP practices.

All community pharmacy and GP dispensing practices who responded to the questionnaire considered local provision to be 'adequate' or better, with 39% of pharmacies and 56% of dispensing GP practices reporting provision as 'excellent' and 55% of pharmacies and 41% of dispensing GP practices as 'good'.

4.2 Service Providers – numbers and geographical distribution

4.2.1 Community pharmacies

There were a total of 110 community pharmacies within Cambridgeshire as of 31 July 2016. This represents a small increase from 109 in July 2013 and 101 in January 2011. The names of the community pharmacies within Cambridgeshire are listed in Appendix 2 and their locations shown in **Map 6**.

4.2.2 Dispensing GP practices

The rurality of parts of Cambridgeshire has led to relatively high numbers of dispensing GP practices. There were 43 dispensing GP practices within Cambridgeshire as of 31st July 2016. This is unchanged from 2013. The names of the dispensing GP practices within Cambridgeshire are listed in Appendix 2 and their locations shown in **Map 7**.

Out of 691,180 people registered with a GP in Cambridgeshire, 129,576 people (19.1%) were registered as dispensing patients with a dispensing GP practice as at September 2015.[35] It should be noted that some of these patients may have an address outside Cambridgeshire, and similarly some patients with an address in Cambridgeshire could be registered with a practice in another county.

Access to GPs in general (not only dispensing practices) appears to be good in Cambridgeshire compared to the East of England and England. Cambridgeshire has more full time GPs per 100,000 registered population than both the regional and England average (see **Table 1**). For locations of GP practices across the CCG area, see **Map 8**.

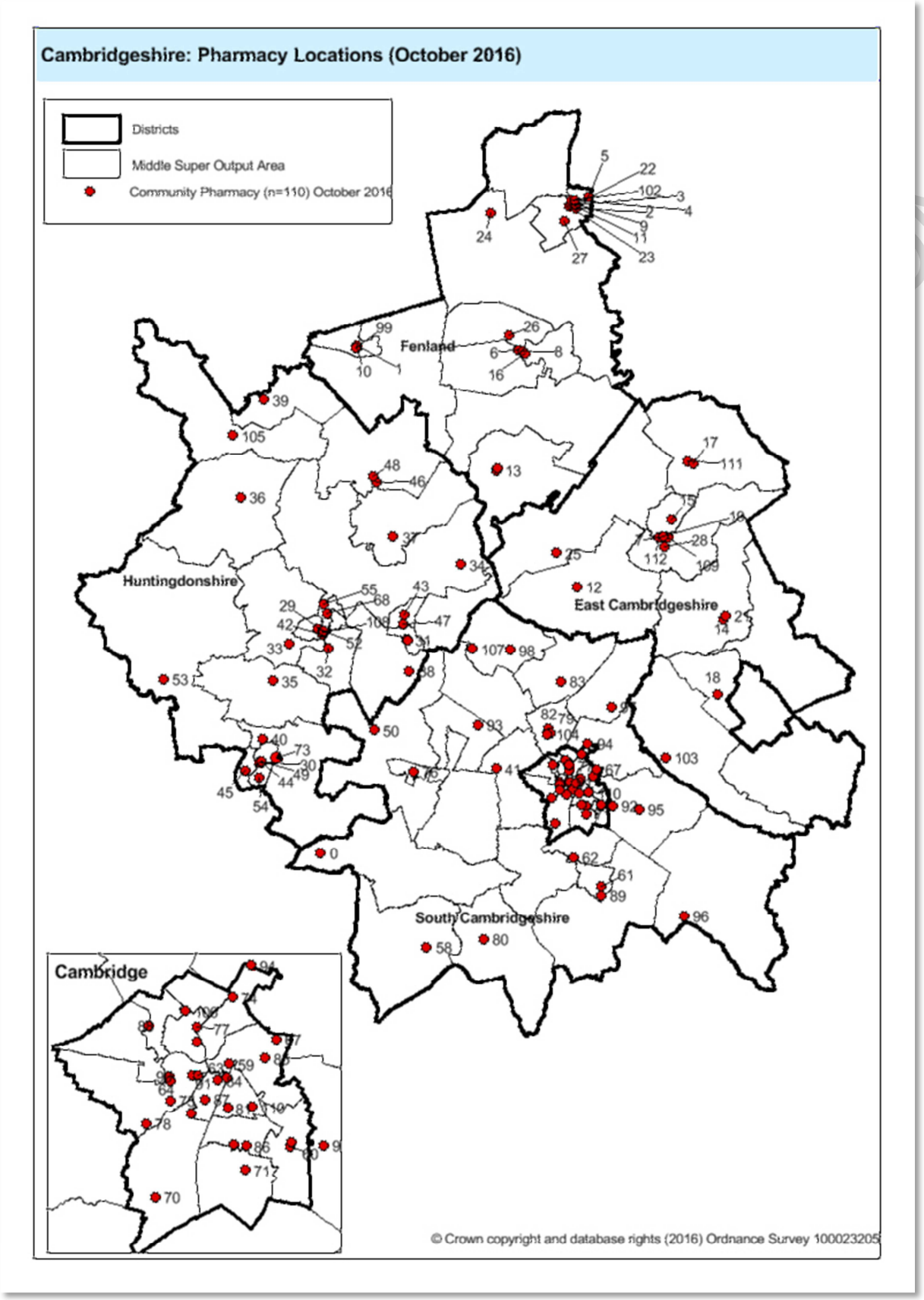
Table 1. Average numbers of full time equivalent GPs per 100,000 registered population, 2015/16

Cambridgeshire	East of England	England
56.2	49.4	48.7

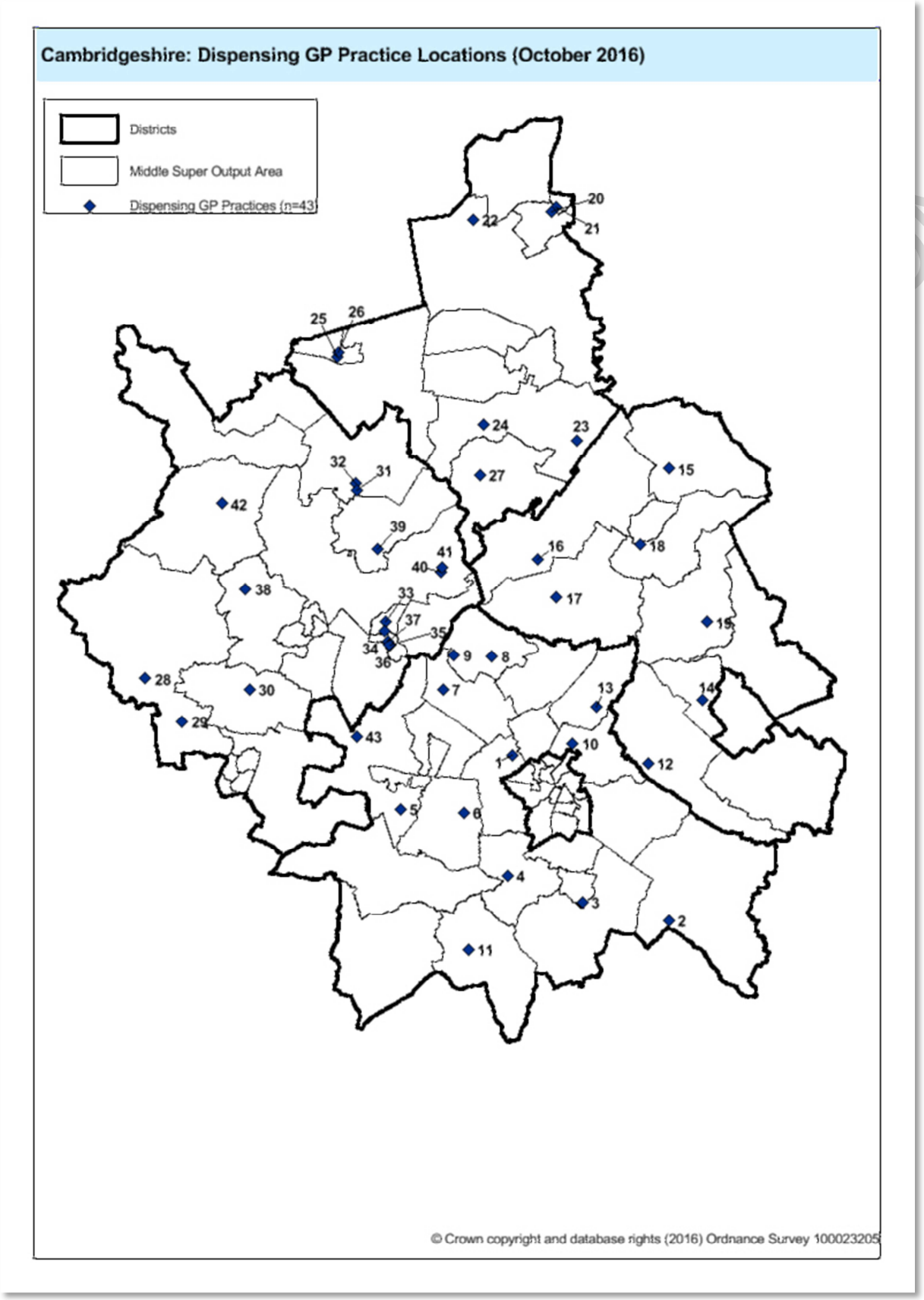
Source: NHS Digital. NHS Staff Workforce Census
Available at: http://content.digital.nhs.uk/catalogue/PUB20503

[35] Dispensing patients from practice level data http://content.digital.nhs.uk/catalogue/PUB20503
General and Personal Medical Services, England 2005-2015, as at 30 September, Provisional Experimental statistics. NHS Digital.

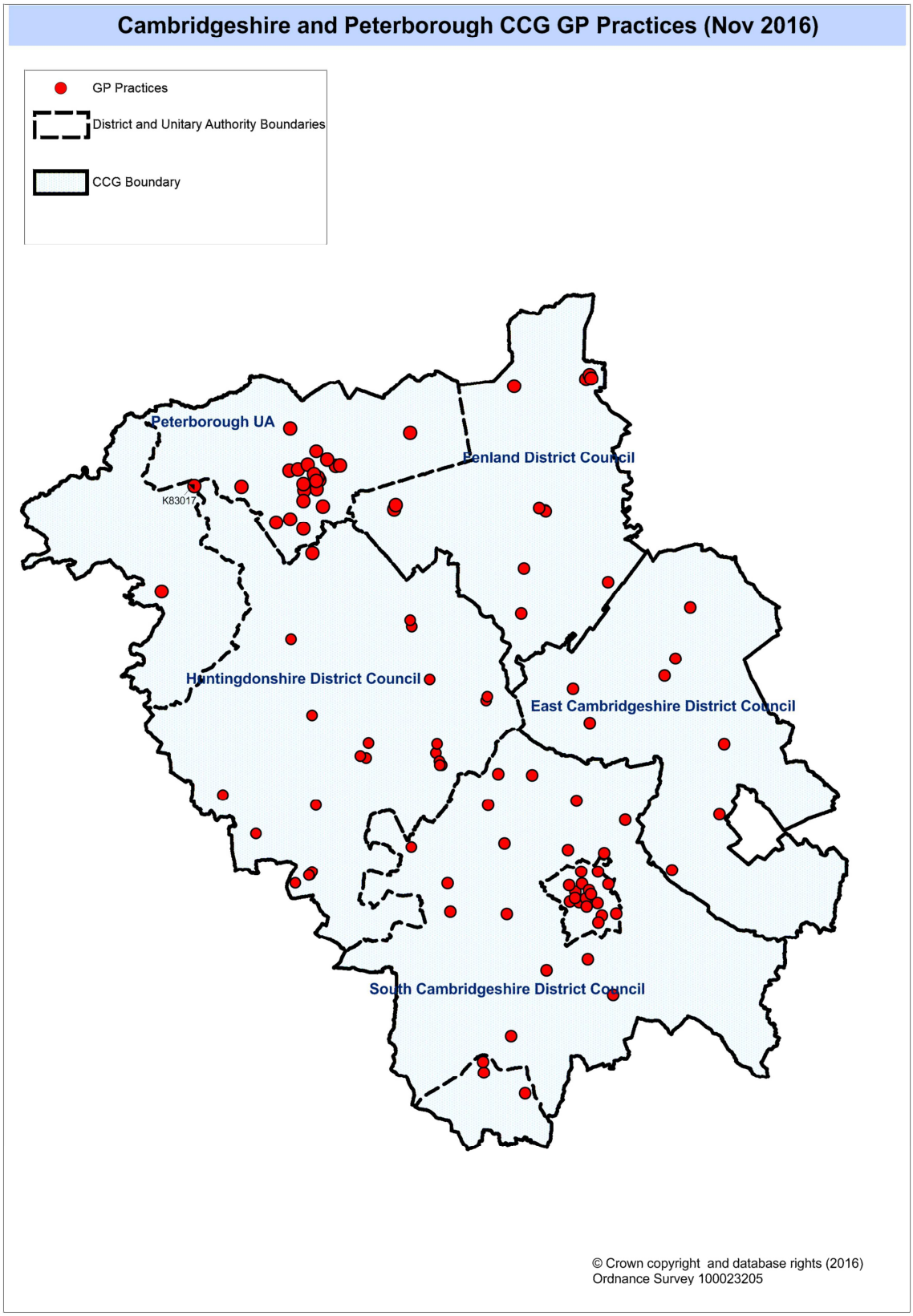
Map 6. Pharmacy Locations (for key code see list of pharmacies in Appendix 2)



Map 7. Dispensing GP Practice Locations (for key codes see list in Appendix 2)



Map 8. Locations of GP practices in Cambridgeshire & Peterborough CCG



4.2.3 Distance selling pharmacies

There was one mail order/wholly internet pharmacy within Cambridgeshire as of 31st July 2016. Three other such pharmacies have existed in the county but two closed in 2013 and the third closed in January 2016.

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

4.2.4 Dispensing Appliance Contractors

There is currently one Dispensing Appliance Contractor (DAC) within Cambridgeshire (who supplies appliances alone but cannot supply medicines): Fittleworth Medical, Histon. Appliances are also available from community pharmacies, dispensing GP practices and other DACs from outside the county.

From the questionnaires sent out to Cambridgeshire pharmaceutical service providers, 83 of the 93 pharmacies that responded (89%) reported that they provided all types of appliances. In addition, some pharmacies provide certain types of appliances. 15 of 34 (41%) dispensing GP practices who returned the questionnaire reported providing all types of appliances. In addition, several such practices provided certain types of appliances. Further detail regarding which types of appliances are provided can be found in the results from the Community Pharmacy and Dispensing Practice questionnaire reported in Appendix 3.

4.2.5 Hospital pharmacies

There are four hospital pharmacies providing services to the Cambridgeshire population:

- Addenbrooke's;
- Papworth;
- Hinchingbrooke;
- Cambridgeshire and Peterborough Mental Health Trust.

In addition, pharmacy services are provided to community hospitals run by Cambridgeshire and Peterborough Foundation Trust (CPFT).

4.2.6 Pharmacy services in prisons

There are pharmacy services provided to HMP Whitemoor and HMP/YOI Littlehey.

4.2.7 Comparison with pharmaceutical service provision elsewhere

Assuming a resident population of 653,400 people[36] in Cambridgeshire and 153 providers of pharmaceutical services (including 110 community pharmacies and 43 dispensing GP practices), there is on average one service provider per 4,258 people. Stated in a different way, there are 23 pharmaceutical service providers per 100,000 people in Cambridgeshire. This is the same as the national average of 23 pharmaceutical providers per 100,000 and only slightly lower than the East of England average of 24 pharmaceutical providers per 100,000 (see Table 2).

[36] Calculations based on ONS resident population figures as per Table 2.

Table 2. Average numbers of pharmaceutical providers (community pharmacies and dispensing GP practices) per 100,000 resident population, 2015/16

Cambridgeshire	East of England	England
23	24	23

Source: NHS Prescription Services of the NHS Business Services Authority, Population data - Office for National Statistics. Dispensing Practices in England from NHS Prescription Authority.

Information about pharmaceutical providers in other areas in England is shown in **Table 3**.

In terms of *community pharmacies alone*, there were 22 pharmacies per 100,000 population in England in 2015/16, a slight increase from 21 per 100,000 in 2011/12. The number of *community pharmacies* per 100,000 population ranged from 18 per 100,000 population in South Central to 26 community pharmacies per 100,000 population in two areas in the North of England. In the East of England the average was 19 per 100,000 (unchanged from 2011/12).

When dispensing practices are included in this table the average number of *pharmaceutical providers* per 100,000 population in the East of England increases to 24 per 100,000 reflecting the rural nature of much of the area and higher number of dispensing practices.

Table 3. Community Pharmacies and Dispensing GPs by NHS Regions, 2015/16

		Number of community pharmacies (2015/16)	Prescription items dispensed per month (000s)	Average monthly items per community pharmacy	Dispensing Practices (2016)	ONS Population (000s) mid 2014	Pharmacies per 100,000 population	Pharmaceutical providers per 100,000 population
ENGLAND		**11,688**	**82,940**	**7,096**	**1,025**	**54,317**	**22**	**23**
Y54	**North of England**	**3,723**	**28,542**	**7,666**	**202**	**15,259**	**24**	**26**
Q72	Yorkshire & Humber	1,275	9,709	7,615	106	5,468	23	25
Q73	Lancashire & Greater Manchester	1,089	7,810	7,172	-	4,238	26	-
Q74	Cumbria & North East	727	6,441	8,860	72	3,123	23	26
Q75	Cheshire & Merseyside	632	4,582	7,249	13	2,430	26	27
Y55	**Midlands & East**	**3,446**	**24,642**	**7,151**	**476**	**16,487**	**21**	**24**
Q76	North Midlands	775	5,514	7,114	80	3,591	22	24
Q77	West Midlands	980	6,402	6,533	56	4,123	24	25
Q78	Central Midlands	890	6,706	7,535	140	4,518	20	23
Q79	East	801	6,020	7,516	200	4,255	19	24
Y56	**London**	**1,853**	**10,455**	**5,642**	**-**	**8,539**	**22**	**-**
Y57	**South**	**2,666**	**19,301**	**7,240**	**347**	**14,032**	**19**	**21**
Q70	Wessex	511	3,752	7,343	46	2,742	19	20
Q80	South West	637	4,818	7,563	95	3,171	20	23
Q81	South East	880	6,210	7,056	94	4,540	19	21
Q82	South Central	638	4,522	7,087	112	3,578	18	21

* There are no dispensing practices in London. North of England is incomplete for dispensing practices due to boundary changes.

Source: NHS Prescription Services of the NHS Business Services Authority, Population data - Office for National Statistics. http://content.digital.nhs.uk/phs1 Dispensing Practices in England from NHS Prescription Authority.[37]

[37] Note this table is combined data from NHS Digital and NHS Prescription Authority. Dispensing practices downloaded and assigned to NHSE Region using organisational codes in order to display pharmaceutical providers – both community pharmacies and dispensing practices.
https://apps.nhsbsa.nhs.uk/infosystems/report/viewReportList.do?reportMenuItemId=207

4.2.8 Considerations of service providers available

The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county (see **Maps 6 and 7**) but these localities are served by suppliers from outside the county (see **Map 10**). Access to services in these areas will be further discussed in Section 4.3.

4.2.9 Results of questionnaires sent to pharmacies and dispensing GP practices

93 of 110 (85%) community pharmacies and 34 of 43 (79%) dispensing GP practices in Cambridgeshire responded to the 2016 PNA questionnaire. This is slightly lower than the 2013 questionnaire which had response rates of 89% for community pharmacies and 88% of dispensing GP practices.

Results from the questionnaires showed that responders considered provision to be 'excellent' (39% of pharmacies and 56% of dispensing GP practices), 'good' (55% of pharmacies and 41% of dispensing GP practices) or 'adequate' (7% of pharmacies and 3% of dispensing GP practices). No responder considered provision to be 'poor'. Overall, more community pharmacies and dispensing GP practices rated the current level of provision in their locality as 'good' than 'excellent' in 2013 (see Table X below).

Table 4: Summary of how community pharmacies and dispensing GP practices responded in 2013 and 2016 to the question: '*Do you feel there is a need for more pharmaceutical service providers in your locality?*'

Survey year	Community pharmacies		Dispensing GP practices	
Number of respondents to question and (% of respondents)	*2013 responders (n=82)*	*2016 responders (n=93)*	*2013 responders (n=34)*	*2016 responders (n=34)*
considered provision to be 'excellent'	42 (51.2%)	36 (38.7%)	24 (70.6%)	19 (55.8%)
considered provision to be 'good	36 (43.9%)	51 (54.8%)	7 (20.6%)	14 (41.1%)
considered provision to be 'average'	4 (4.9%)	6 (6.5%)	3 (8.8%)	1 (2.9%)
considered provision to be 'poor'	0	0	0	0

Similarly, most responders (95% of pharmacies and 94% of dispensing GP practices) responded 'no' to the question '*Do you feel there is a need for more pharmaceutical service providers in your locality*?' One community pharmacy and two dispensing practices who felt there may be increased need referred in their free text comments to the need to consider the growth sites across Cambridgeshire and what new services may be needed for expanding populations in these areas. This is considered in further detail in Section 6.

4.2.10 Stakeholder feedback in 2014

In 2014, the majority of respondents to the public consultation (88%) felt that the needs for pharmacy services for the population of Cambridgeshire were adequately identified in the PNA report. 82% (179

out of 218) agreed that at that time no more pharmacies were needed in Cambridgeshire; only 5% (13 individuals) suggested that additional pharmacies were required.

In summary, taking into account current information from stakeholders including community pharmacies and dispensing GP practices, the number and distribution of pharmaceutical service provision in Cambridgeshire appears to be adequate. There is no current need identified for more pharmaceutical providers at this time.

4.3 Accessibility

4.3.1 Distance and travel times

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future* states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.[38]

Map 9 shows the locations of both pharmacies and dispensing practices in Cambridgeshire, together with the major roads in the county.

Map 10 was created to identify which areas in Cambridgeshire were within and which were not within a 20 minute driving distance of either a pharmacy or a dispensing practice as of 31st July 2013 (and pharmacy locations have remained unchanged save for one additional pharmacy). For this map pharmacies and dispensing practices could be located either within the county or outside of the county. Road speed assumptions were made dependent on road type, and ranged up to 65mph (for motorways) but down to 20mph in urban areas, and just 15mph in Cambridge City.

Map 10 indicates that there are some pockets in Cambridgeshire where it is necessary to drive more than 20 minutes by car to access a pharmacy or dispensing surgery. However, these areas are to a large extent uninhabited. In terms of postal addresses, across all of Cambridgeshire, there are only 67 postal addresses registered as a residential property that are located more than 20 minutes away by car from a pharmacy or dispensing surgery.

Therefore, assuming that the numbers of people who live at the mentioned postal addresses are equal to the average for Cambridgeshire, it would be expected that there are only around 146 people in the county who need to drive more than 20 minutes by car to access a pharmacy or dispensing GP practice (146 people corresponds to 0.02% of 653,400 people, the estimated population size for Cambridgeshire). This can be considered as an indication of good coverage in terms of the locations of pharmaceutical services across the county.

However, it is recognised that not everyone has access to a car, and that those unable to access a car may be among the more vulnerable in society. The Steering Group considered creating maps to illustrate access through public transport, but found that this information could not easily be presented due to the complexity and constantly changing nature of public transport routes and service times.

4.3.2 Home delivery services

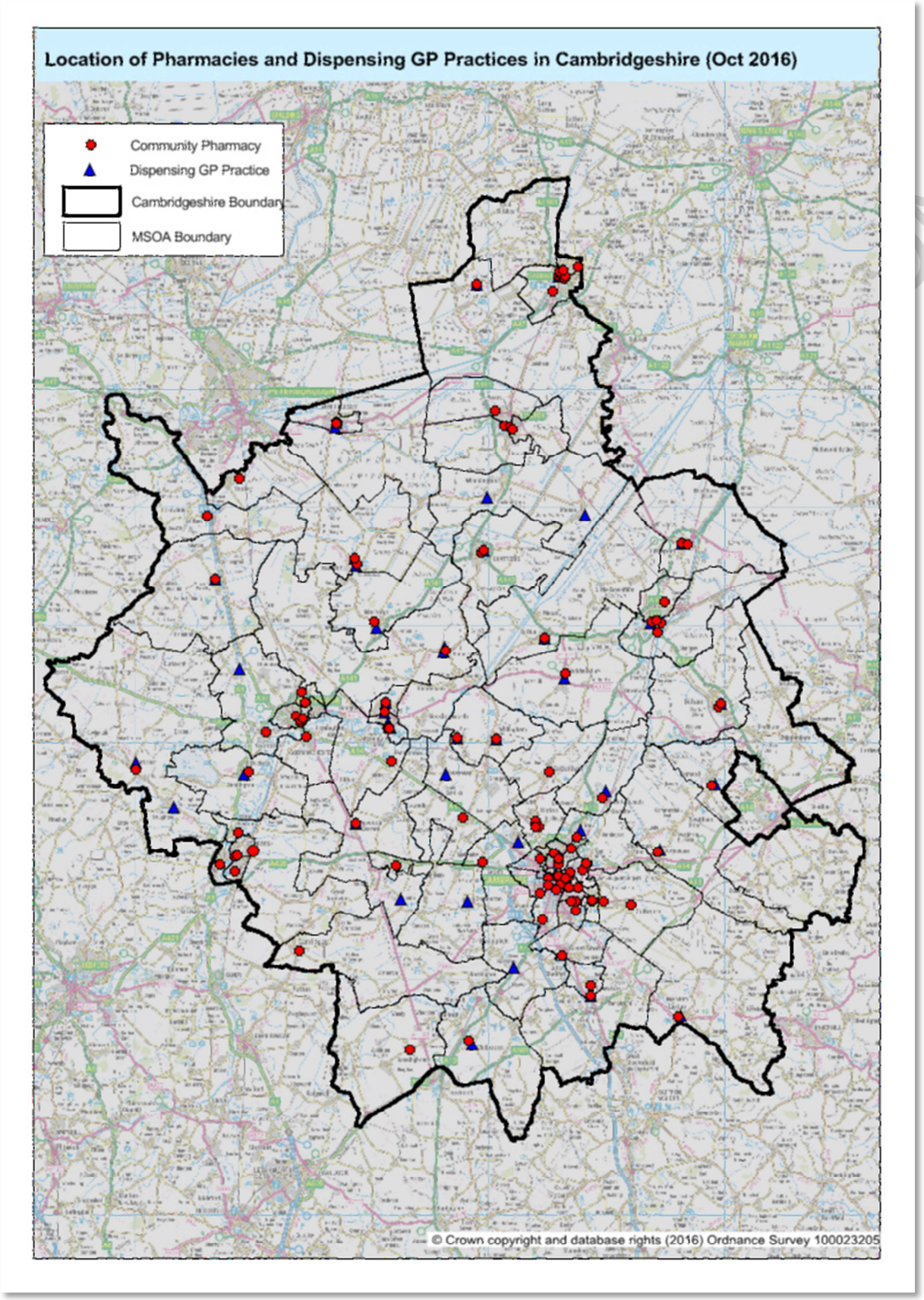
Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

[38] Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at: http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf

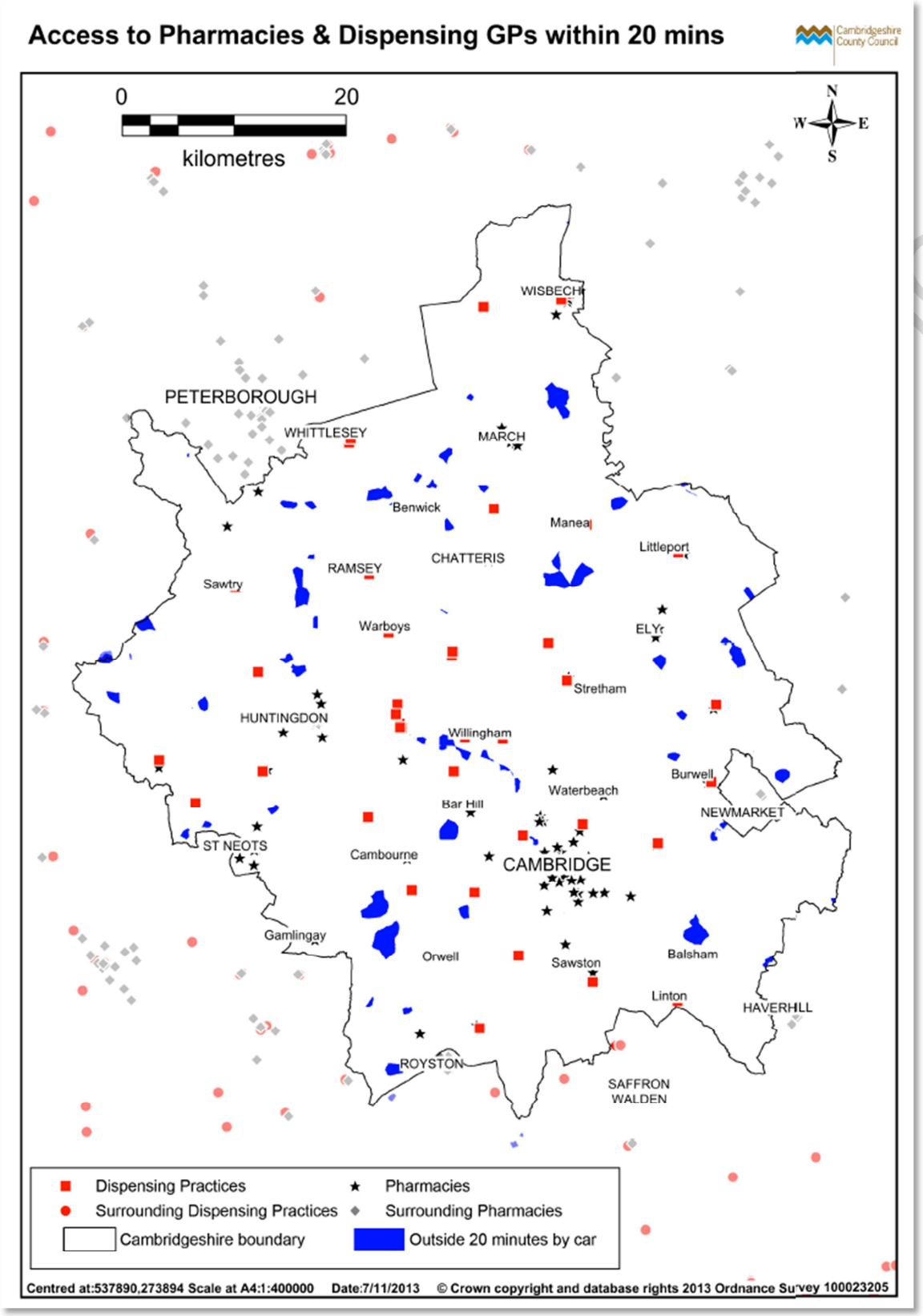
Of the pharmaceutical providers who completed the questionnaire in 2016, 83 out of 93 pharmacies (89.2%) and 17 out of 34 dispensing GP practices (50%) reported that they provide free delivery services to their patients. This represents an increase in the percentage of providers offering home delivery services as reported in 2013 (64% of community pharmacies and 34% of dispensing GP practices). In addition, some providers deliver to specific patient groups and/or specific regions, some for free and others for a charge. Of those who responded to the questionnaire, 89 pharmacies (95.7%) and 21 dispensing GP practices (61.8%) have some form of delivery service in operation.

Pharmaceutical services are also available from internet pharmacies (located inside or outside of the county) that could make deliveries to individual homes. Finally, in addition to delivery services, community transport schemes (e.g. car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

Map 9. Pharmacies, dispensing practices and major roads in Cambridgeshire



Map 10. Access to Pharmacies and Dispensing Practices: 20 minutes by car



Note: While there are pockets in Cambridgeshire more than 20 minutes away from a pharmacy or dispensing surgery by car, these are mainly uninhabited areas. It is estimated that only around 0.02% of the population in Cambridgeshire are more than 20 minutes away from a pharmacy or dispensing surgery by car.

4.3.3 Border areas

There are nine other HWBs with borders close to Cambridgeshire. These areas have pharmacies that are accessible to the residents who live near the borders of the county.

Within Cambridgeshire there are three large settlements close to the county border: Wisbech, Whittlesey and St Neots. They have pharmacies that serve their town and the surrounding areas in Cambridgeshire and beyond. Just over the border of Cambridgeshire the towns of Peterborough, Royston, Saffron Walden, Haverhill and Newmarket all have pharmacies that provide services to Cambridgeshire residents.

The rest of the border areas are more sparsely populated with few settlements of a size that would support a pharmacy. However, there are many pharmacies in surrounding counties that are located in smaller settlements near the Cambridgeshire border (see **Map 10**). These pharmacies provide services to people whether they reside in Cambridgeshire or a neighbouring county. Dispensing GP practices also offer pharmaceutical services in these areas.

4.3.4 Access for people with disabilities

The questionnaire sent to pharmacies and dispensing GP practices included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 87 of 94 community pharmacies who completed the questionnaire (93%) report they have consultation areas with wheelchair access. Similarly, 30 out of 34 dispensing GP practices who completed the questionnaire (88.2%) report they have consultation areas with wheelchair access. This represents an increase from the percentages reported in 2014: 80.4% of community pharmacies and 86.8% of dispensing GP practices.

4.4. Opening hours

4.4.1 Opening hours: community pharmacies

There are currently 13 '100 hour' pharmacies in Cambridgeshire, this is unchanged since 2014. These are included in the pharmaceutical list under regulation 13(1)(b) of the *National Health Service (Pharmaceutical Services) Regulations 2005*; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

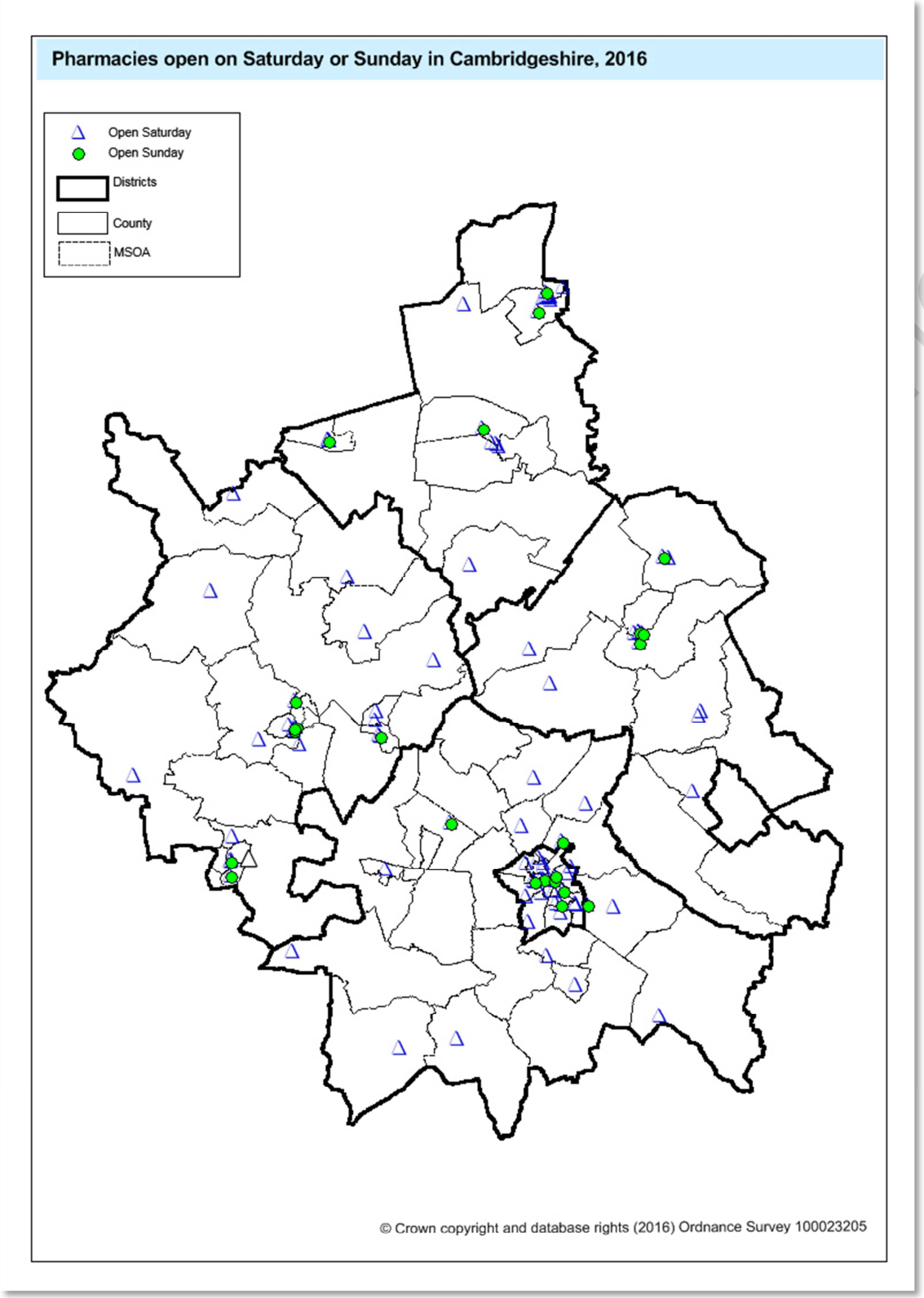
These 100 hour pharmacies are:

- Numark Pharmacy, Perne Road, Cambridge
- Sainsbury's Pharmacy, Brookes Rd, Cambridge
- Tesco Pharmacy, Fulbourn, Cambridge
- Sainsbury's Pharmacy, Ely
- St. Mary's Pharmacy, Ely
- Tesco In-store Pharmacy, Angel Drove, Ely
- Priory Fields Pharmacy, Huntingdon
- St George's Pharmacy, Littleport
- Tesco In-store Pharmacy, March
- Asda Pharmacy, Wisbech
- North Brink Pharmacy, Wisbech
- Tesco Pharmacy, Wisbech
- Whittlesey Pharmacy, Whittlesey

There is also night pharmaceutical service provision at a pharmacy in Boots, Newmarket Road, Cambridge, which is open until midnight Monday to Saturday (not including bank holidays).

Overall, out of 110 community pharmacies, 45 (41%) are open after 6pm and 26 (24%) are open after 7pm on weekdays; 90 (82%) open on Saturdays; and 22 (20%) open on Sundays. These findings are similar to those in the 2014 PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in **Map 11**.

Map 11. Pharmacies open on a Saturday or Sunday in Cambridgeshire, 2016



Note: The map does not include dispensing GP practices in Cambridgeshire, and also does not include pharmacies or dispensing GP practices in neighbouring counties.

Further community pharmacy opening hours on weekdays can be summarised as:

- During the week two pharmacies are open until midnight; these are located in Cambridge City and Whittlesey.
- St Mary's pharmacy in Ely opens from midnight through to 6.30 pm the following day Monday to Friday (not including bank holidays). Elsewhere in the county, five pharmacies are open at 6 am or 6.30 am; these pharmacies are found in Whittlesey, March, Ely, and Wisbech. By 7 am a further five pharmacies are open across the county.

Community pharmacy opening hours on weekends can be summarised as:

- Of 90 pharmacies open on a Saturday, 12 (13%) pharmacies distributed across the county are open by 8.00 am. Nine pharmacies across the county are open until 10 pm and one pharmacy in Cambridge City is open until midnight.
- On a Sunday, of 22 pharmacies that open, 21 pharmacies (96%) open at 10 am and one at 8 am and 19 (86%) close at 4 pm. One pharmacy in Littleport remains open until 9 pm.

Herts Urgent Care is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open. It is recognised that the provision of a prescription for dispensing at a pharmacy during the evenings and at weekends is preferable to the out-of-hours service stocking and supplying the medication.

For a number of conditions, there is also a range of general sales list medications that are available from a range of overnight retailers such as garages and 24-hour supermarkets.

The consultation for the 2014 PNA showed that 201 out of 225 respondents (89%) agreed that pharmacy services are currently available at convenient locations and opening times. In addition, 14 responders gave feedback on opening hours including a desire to extend opening hours on weekdays (six respondents), around weekend openings (five respondents) and around closings at lunch time (four respondents).

For the 2011 PNA, focus groups expressed a feeling that whilst 24/7 opening would be ideal realistically they felt this would be an expensive and underused option. The general consensus was, therefore, that pharmacy provision addressed the needs of most people. The results of the consultation for the 2011 PNA indicated that a vast majority (93%) of respondents agree, it is necessary for *some* pharmacies to open late at night and at weekends.

Currently 13 pharmacies are contractually obliged to open for 100 hours per week due to the conditions on their application. This inevitably means that they are open until late at night and at the weekend. There is a risk that if the regulations for these contracts were to change that they may reduce their hours. This could significantly reduce the county network of late night and weekend pharmacies.

Cambridgeshire HWB has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out-of-hours access for the population of Cambridgeshire.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies. Despite this, there is still a gap in contracted hours to cover statutory holidays.

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day and Easter Sunday as these are days where pharmacies are still traditionally closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services. These arrangements are renewed every year.

4.4.2 Opening hours: dispensing GP practices

To consider opening hours for dispensing GP practices the opening hours for general practices were identified using the NHS Direct website. The dispensaries at the dispensing GP surgeries were assumed to be open at the same hours as the rest of the practice. Out of 43 dispensing GP practices, all surgeries (including dispensary) are closed on a Saturday and Sunday.

In summary, review of the accessibility of NHS Pharmaceutical Services in Cambridgeshire in terms of locations, opening hours and access for people with disabilities, suggest there is adequate access. There appears to be good coverage in terms of opening hours across the county.

89% (201 out of 225) of respondents to the public consultation in 2014 agreed that pharmacy services are currently available at convenient locations and opening times.

The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services, which can help to provide medications to those who do not have access to a car or who are unable to use public transport.

4.5. Priorities for local community pharmacies and dispensing GP practices

The top five features identified by Community pharmacies as being important were availability of information and advice about medicines and how to use them (83/93, 89%), the availability of consultation facilities (65/93, 70%), the availability of prescription only items (57/93, 61%), qualified staff (56/93, 60%) and the availability of non-prescription medicines (50/93, 54%) (see Figure 2)

The top five features identified by Dispensing Practices as being important were location (27/34, 79%), qualified staff (24/34, 71%), access and facilities for disabled people (24/34, 71%), car parking (20/34, 59%) and the availability of consultation facilities (15/34, 44%) (see Figure 3).

Figure 2. Features identified by local Community Pharmacies as important in the questionnaire
(Question: Please tick 5 of the following features which you would identify as being most important)

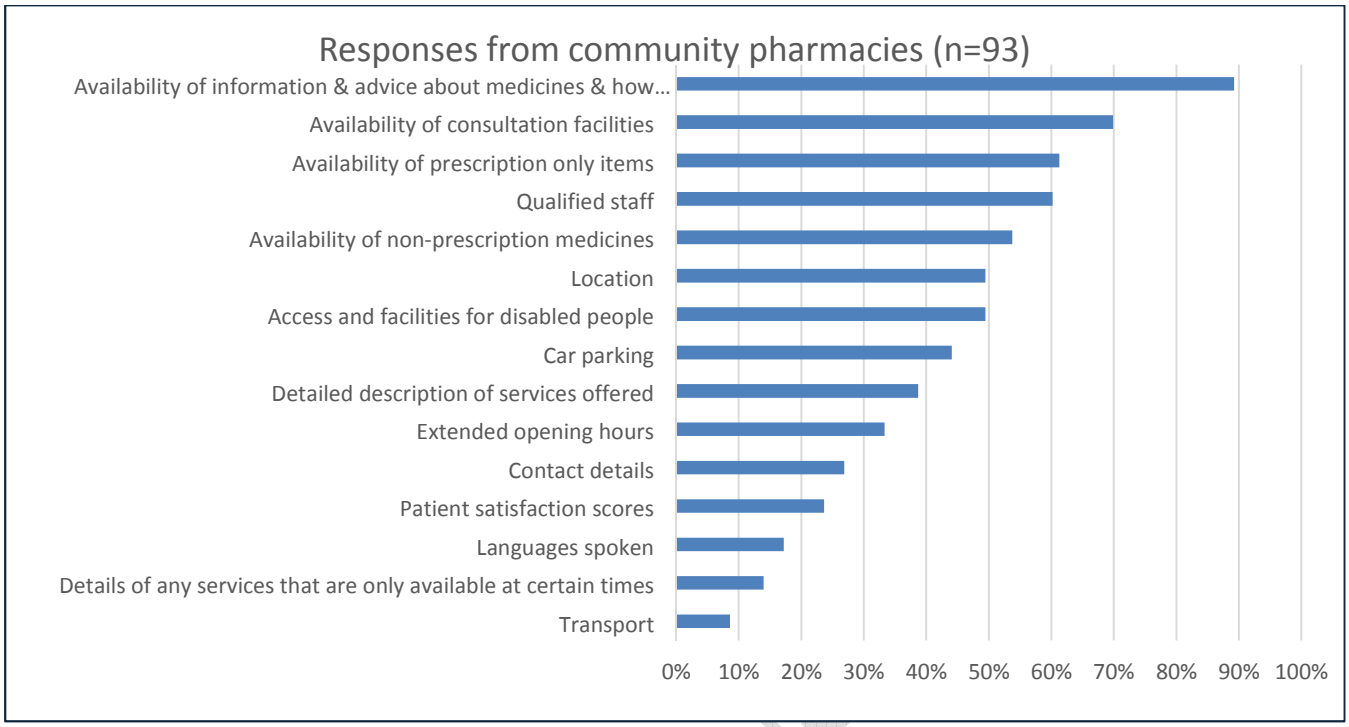
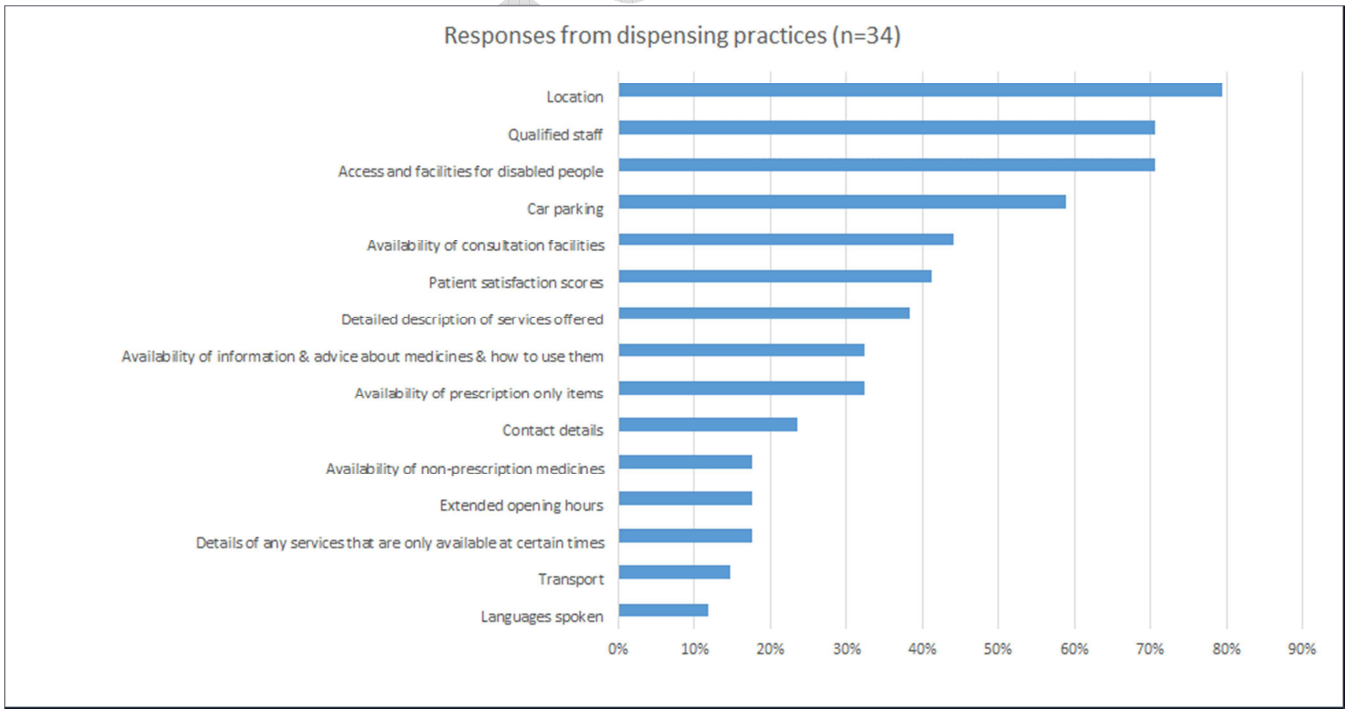


Figure 3. Features identified by local dispensing GP practices as important in the questionnaire
(Question: Please tick 5 of the following features which you would identify as being most important)



5 The role of pharmaceutical providers in addressing health needs

This section describes the services provided by local pharmaceutical providers: 'Essential Services' which all pharmacies are required to provide; 'Advanced Services' commissioned by NHS England to support patients with safe use of medicines and the NHS national seasonal flu vaccination programme; and health improvement services locally commissioned by Cambridgeshire County Council.

Key messages:

Medicines advice and support

Through the provision of advanced services including Medicine Use Reviews (MURs), Dispensing Review of Use of Medicines (DRUMs), clinical screening of prescriptions and identification of adverse drug events, dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated. In the community, pharmacists should continue to work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Medication errors in care homes for older people can also be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. C&P CCG employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste.

Services and support to encourage healthy lifestyle behaviours

Providers of pharmaceutical services also have an important role to play in improving the health and wellbeing of local people beyond providing and supporting the safe use of medicines. The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve and the recent changes to the 2017/2018 pharmacy contract have included quality payments to pharmacies who are accredited as 'Healthy Living Pharmacies'. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest fastest.

Preventative approaches are important to ensure people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services

for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. This could be particularly important for frail older people and those with multiple conditions.

Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures. Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could potentially contribute to improving the health of the local population. This could, for example, potentially be integrated into agreements around medication checks.

Pharmacy staff can play a role in promoting awareness of good mental health, for example, signposting to information about local support networks, mental health help lines etc. Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.

The following local services are currently commissioned from community pharmacies:

- ***Smoking Cessation 'CAMQUIT'*** **(commissioned by Cambridgeshire County Council (CCC))**
  The Community Pharmacy Smoking Cessation Service in Cambridgeshire illustrates how community pharmacies can improve population health through smoking cessation services, as evaluated by NICE. Smoking cessation services are commissioned from some community pharmacies in Cambridgeshire but this has decreased in the past two years. The contribution of pharmacies towards quit levels has also decreased from 12% in 2013/2014 to 6% in 2015/2016 and the lost to follow up rates have increased. Community pharmacies remain well placed to ensure services are accessible to the smoking population and evidence suggests community pharmacies can improve quit rates. The provision of commissioned smoking cessation services in pharmacies is currently under review to address service provision and quality concerns.

- ***Chlamydia Screening and Treatment*** **(commissioned by CCC)**
  Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. Only 26 pharmacies have signed up to the Cambridgeshire chlamydia screening programme and only 0.9% of chlamydia tests performed in Cambridgeshire were collected from pharmacies. Although there is some opportunity to expand, this is limited by the number of pharmacies that do not have the appropriate facilities to offer screening. There is also potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

- ***Emergency Hormonal Contraception (commissioned by CCC)***
  Pharmacies in Cambridgeshire are offered the opportunity to receive training and contract to provide Emergency Hormonal Contraception (EHC), which is available as a locally commissioned service in some community pharmacies. The EHC Service is currently being

delivered by 28 pharmacies across Cambridgeshire, as part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Cambridgeshire, with opportunities to expand. It is advised to offer chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection. The extent to which local services signpost to services or carry out testing when EHC is provided is regularly examined in an audit, as recommended in the 2014 PNA.

- ***Needle and Syringe Exchange Service*** **(DAAT, CCC)**
  The Cambridgeshire Drug and Alcohol Action Team (DAAT) commission services to provide specialist drug and alcohol treatment across Cambridgeshire. Currently Adult drug and alcohol services are provided by Inclusion and Young People services are provided by CASUS. Further information can be found at: www.cambsdaat.org. A 'Drug and Alcohol JSNA' was published in September 2016 which provides an overview of legal and illicit drug and alcohol misuse needs for the Cambridgeshire population.

  People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

  Across Cambridgeshire, 34 community pharmacies across Cambridgeshire are sub-contracted by the DAAT commissioned provider Inclusion to provide access to sterile needles and syringes, and sharps containers for return of used equipment.

- ***Supervised Administration Service*** **(DAAT, CCC)**
  Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment. 34 community pharmacies across Cambridgeshire are sub-contracted by the DAAT commissioned provider *Inclusion* to provide a Supervised Administration Service, which requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.

- ***Outreach NHS Health checks service (pilot) (CCC)***
  In summer 2016, Cambridgeshire County Council trained 11 Pharmacies in the Wisbech area, Fenland, to deliver outreach NHS Health Checks as part of a six month pilot. The NHS Health Check is a health check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, in adults in England aged 40-74 without a pre-existing condition. The rural, market town of Wisbech was chosen for the pilot as it has a high prevalence of cardiovascular disease, a high number of local residents unable to attend their GP practice, and a number of proactive community pharmacies in the area.

- ***Directly observed therapy (DOT) service for Tuberculosis (TB) patients (C&PCCG/ CCC)***

The CCG in conjunction with public health and local respiratory clinics are exploring commissioning a Directly Observed Therapy (DOT) service for tuberculosis (TB) patients from a limited number of community pharmacies across the geography of the CCG. This will provide care closer to home for non-infectious patients who require support in adherence with their prescribed TB medication.

In addition to commissioned services, our questionnaire found that community pharmacies provide a number of additional services.

In conclusion, the Cambridgeshire Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies to all of the currently commissioned services. Pharmacies are able to, and should be encouraged to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to "ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these." At a local level, the Health and Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

5.1 Community Pharmacy Essential Services

Community Pharmacies provide three tiers of Pharmaceutical Services commissioned by NHS England:

- Essential Services – services all pharmacies are required to provide;
- Advanced Services – services to support patients with safe use of medicines;
- Enhanced Services – services that can be commissioned locally by NHS England.

These types of services are defined in the *NHS Regulations*[39] and are briefly described below.

The essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. The following description of these services is an excerpt from a briefing summary on NHS Community Pharmacy services by the Pharmaceutical Services Negotiating Committee:[40]

[39] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf (Last accessed 1 Dec 2016)
[40] Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf

- ***Dispensing*** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- ***Repeat dispensing*** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- ***Disposal of unwanted medicines*** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- ***Promotion of Healthy Lifestyles (Public health) (see section 6.4.2)*** – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.
- ***Signposting patients to other healthcare providers*** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- ***Support for self-care*** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- ***Clinical governance*** – pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:
    - provision of a practice leaflet for patients;
    - use of standard operating procedures;
    - patient safety incident reporting to the National Reporting and Learning Service (NRLS);
    - conducting clinical audits and patient satisfaction surveys
    - having complaints and whistle-blowing policies;
    - acting upon drug alerts and product recalls to minimise patient harm;
    - having cleanliness and infection control measures in place.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits. All Cambridgeshire pharmacies have been assessed as compliant with the contract to date.

5.2 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of four advanced services to support patients with the safe use of medicine, which currently include: Medicines Use Reviews (MUR); Appliance Use Reviews (AUR); New Medicines Service (NMS); the Stoma Customisation Service (SCS). The NHS Seasonal Flu Vaccination Programme is also currently commissioned from pharmacies as an advanced service (see Section 5.2.5) although NHS England currently has limited powers to monitor or direct this service to local need.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system wide implementation of safety alerts – for instance National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc. In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Through the provision of MURs, DRUMs, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

The Community Pharmacy questionnaire indicates that all community pharmacies who responded currently provide MURs and a Stoma Customisation service. 28% of those who responded provide AURs or intend to within the next 12 months. 93.5% of those who responded provide seasonal flu vaccinations under the NHS programme or intend to within the next 12 months. In addition, of the GP dispensing practices who responded to the questionnaire, 4/34 (11.8%) provide AURs or intend to within the next 12 months and 3/34 (8.8%) provide a Stoma customisation service or are intending to within the next 12 months.

Table 5: Community pharmacies providing advanced services 2016

Advanced service	Does the community pharmacy provide the following Advanced services? (respondents n=93)		
	Provided	Intending to within next 12 months	No, not intending to
Medicines Use Reviews (MUR)	93 (100%)	-	-
Appliance Use Reviews (AUR)	7 (7.5%)	19 (20.4%)	67 (72%)
New Medicines Service (NMS)	22 (23.7%)	13 (14%)	58 (62.4%)
Stoma Customisation Service (SCS)	93 (100%)	-	-
NHS Seasonal Flu Vaccination Programme.	78 (83.9%)	9 (9.7%)	6 (6.5%)

5.2.1 Medicines Use Reviews (MURs)

"The MUR service is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively. The MUR involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider. An MUR is not usually conducted more than once a year.

An MUR is a way to: improve patients' understanding of their medicines; highlight problematic side effects and propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require. An MUR is not: a full clinical review; an agreement about changes to medicines; a discussion about the medical condition

beyond that which is needed to achieve the above objectives; or a discussion on the effectiveness of treatment based on test results."[41]

A 'Prescription Intervention' is an MUR which is triggered by a significant adherence problem which comes to light during the dispensing of a prescription. It is over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service.

From 1st April 2015 community pharmacies have been required to ensure that at least 70% of their MURs within any given financial year are for patients in one or more of four target groups:

- patients taking high risk medicines;
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital;
- patients with respiratory disease; and
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

All patients who receive an MUR should experience the same level of service regardless of their condition, i.e. MURs cover all the patient's medicines not just those that fall within a target group.

The pharmacy provides a quarterly summary report to NHS England of MUR consultations conducted. Each pharmacy is limited in the numbers of each Medicines Use Reviews (MURs) that they may undertake. In the year 2015/2016, 109 pharmacies in Cambridgeshire were able to provide up to 400 MURs each financial year to provide a potential total of 43,600 MURs (which includes one distance selling pharmacy that technically could deliver MURs). In total 31,404 MURs were completed over the year 2015/16. This compares with 26,911 MURs that were completed in 2012/13. Pharmacies are now undertaking approximately 73% of the reviews that could have been undertaken if all pharmacies had completed their maximum entitlement. There is the potential for an increased delivery of MURs across the county to support patients with their medicines. There are also opportunities to increase the uptake of MURs and in the future to target pharmaceutical care towards complex cases.

The '*Community Pharmacy Clinical Services Review'* (The 'Murray report', 2016) recommends that "the MURs element of the pharmacy contract should be re-designed to include on-going monitoring and regular follow-up with patients as an element of care pathways". [42] The report proposes that MURs evolve into full clinical medication reviews for patients with long term conditions and/or multiple morbidities.

5.2.2. Appliance Use Reviews (AURs)

Appliance Use Review (AUR) is the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). 'This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by:

- establishing the way the patient uses the appliance and the patient's experience of such use;

[41] Pharmacy Services Negotiating Committee. 'MURS: the basics'. Available at: http://psnc.org.uk/services-commissioning/advanced-services/murs/murs-the-basics/

[42] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 18. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and proper disposal of the appliances that are used or unwanted.'[43]

5.2.3 New medicines service

'This service is designed to improve patients' understanding of a newly prescribed medicine for a long term condition, and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information.

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

The Department of Health (DH) commissioned researchers at the University of Nottingham to lead an academic evaluation of the service, investigating both the clinical and economic benefits of the service. The findings from the evaluation[44] were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. This was the basis for NHS England's decision to continue commissioning the service.

Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients. The pharmacy provides a quarterly summary report to NHS England of NMS consultations conducted. This supports monitoring of the service to determine its effectiveness and value to the NHS.

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient.

A final consultation (typically 21-28 days after starting the medicine) will be held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP.'[45]

PSNC and NHS Employers envisaged that the successful implementation of NMS would:

- improve patient adherence which will generally lead to better health outcomes;
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines;

[43] Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf
[44] University of Nottingham. 'The New Medicine Service Evaluation' (2014) Department of Health. Available at: http://www.nottingham.ac.uk/~pazmjb/nms/
[45] Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf

- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmaco-vigilance;
- receive positive assessment from patients;
- improve the evidence base on the effectiveness of the service;
- support the development of outcome and/or quality measures for community pharmacy.

5.2.4 Stoma Appliance Customisation Service (SAC)

This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

5.2.5 Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service)

Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

From 2015/16 NHS England also commissioned a new Advanced Service from all community pharmacies who can vaccinate patients in at-risk groups against flu. In May 2016, NHS England announced the Community Pharmacy Seasonal Influenza Vaccination programme would be re-commissioned for the 2016/17 flu season. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

The aims of the national programme are:[46]

- to sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
- to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

In the pharmacy questionnaire, 93.5% of community pharmacies who responded reported that they provide seasonal flu vaccinations under the NHS programme or intend to within the next 12 months. As of January 2017, community pharmacies across Cambridgeshire have delivered over 11,000 seasonal flu vaccinations. A number of pharmacies also reported that they provide private seasonal flu vaccinations (at a cost) to those who are not in the NHS at risk groups.

5.2.6 NHS Urgent Medicine Supply Advanced Service Pilot

This year NHS England has commissioned a national NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need.

[46] NHS England. 'Community Pharmacy Seasonal Influenza Vaccination Advanced Service Service Specification.' October 2016. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/08/serv-spec-seasnl-flu-16-17-v1.pdf.

Under this NUMSAS service, in an emergency and at the request of a patient via NHS 111 telephone service, a pharmacist can supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM.[47]

Six pharmacies across Cambridgeshire participated in the national pilot programme and commenced the service on 23rd December 2016. The service will be evaluated in due course.

5.3 Enhanced Services

The third tier of Pharmaceutical Service that can be provided from pharmacies are the Enhanced Services. These are services that can be commissioned locally from pharmacies by NHS England. Examples of enhanced services include:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services. At present no enhanced services are commissioned in Cambridgeshire.

5.4 The role of community pharmacy in preventing ill health and promoting healthy behaviours

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. Children, adults and the elderly are all vulnerable to the risk factors that contribute to preventable non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.[48]

Cambridgeshire Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement

[47] NHS England. 'NHS Urgent Medicine Supply Advanced Service Pilot Community Pharmacy Service Specification'. (November 2016) Available at: https://www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf

[48] World Health Organization. (March 2013) Fact sheet: Noncommunicable diseases. Available at: http://www.who.int/mediacentre/factsheets/fs355/en/ (Last accessed 20 Nov 2013)

initiatives and work closely with partners to promote health and wellbeing, as recommended by the Local Government Association (LGA)[49] and Public Health England[50].

Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

In Cambridgeshire in 2016, there were 118,700 people aged 65 or over. People in Cambridgeshire are living longer and the number of people over 65 is set to grow by approximately 15% in the next five years and 30% in the next ten years. Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. As described earlier in section 3.5, the Murray report proposes that pharmacy needs to be a 'core part of the integrated, convenient services that people need', although the report identifies that this has proven difficult to achieve thus far. NHS England's *Five Year Forward View* (October 2014)[51] and the *General Practice Forward View* (April 2016)[52] set out proposals for the future of the NHS based around new models of care, and offer a strategic opportunity to review and revisit the role of community pharmacy in the health and care system.

Preventative approaches are important to ensure older people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Further information regarding the health and wellbeing of older people can be found in the JSNA on Primary Prevention of Ill Health in Older People (2014), JSNA for the Prevention of Ill Health in Older People (2013) and JSNA for Older People (including Dementia) (2010) all available at www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports.

The HWB and its partners also recognise the importance of improving awareness of the risks associated with Long Term Conditions (LTC). In 2015 the Cambridgeshire JSNA on Long Term Conditions across the Lifecourse was published (www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports.). This highlighted the importance of, and value placed by patients particularly those on multiple medications, of local pharmacies in managing their conditions.

Patients with Long Term Conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Health campaigns

[49] Local Government Association (2013). 'Community Pharmacy: Local government's new public health role.' Available at: http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521 (Last accessed 26 Nov 2013)
[50] Public Health England Public Health Matters blog. Prof Fenton K. 'Putting pharmacy on the public health map' (March 2015). Available at: https://publichealthmatters.blog.gov.uk/2015/03/24/putting-pharmacy-on-the-public-health-map/
[51] NHS England. 'Five Year Forward View' (October 2014). Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[52] NHS England 'General Practice Forward View' (April 2016) Available at: https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

aimed at improving medicines-related care for people with LTC, and therefore reducing emergency admissions, could also be provided through community pharmacies. Community pharmacists could be involved in monitoring the use of, for example: statins, blood pressure regulating medication and supplementary prescribing, making adjustments to the treatment being received by the patient. In addition, pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment. The recent evidence review published in the Murray report found there is evidence supporting a wider role for pharmacy in supporting patients with long-term conditions and one of its key recommendations is integrating community pharmacists and their teams into long-term condition management pathways.[53]

Evidence shows that deprived populations often experience poor health outcomes including low life expectancy.[54] The prevalence of lifestyle related conditions as well as long term conditions are more prevalent in more deprived populations. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest fastest.

5.4.1 Promoting healthier lifestyles

There are a wide range of opportunities for pharmacies to promote healthier lifestyles which could involve: motivational interviewing; providing education, information and brief advice, providing on-going support for behaviour change; and signposting to other services or resources.

Across England, over 2100 pharmacies were accredited or en route to be accredited as 'Healthy Living Pharmacies' in January 2016. The 'Healthy Living Pharmacy (HLP)' framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Evaluations[55],[56] of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quits, extensive delivery of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services.

Achieving HLP level 1 (self-assessment) is also now a quality payment criterion for the Quality Payments Scheme 2017/18, introduced by the DoH as part of the Community Pharmacy Contractual Framework in 2017/18.[57] This will involve payments being made to community pharmacy contractors

[53] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

[54] Marmot, M et al. 'The Marmot report- Fair society, healthy lives'. Feb 2010. University College London (Accessed November 2016). Available at: http://www.instituteofhealthequity.org/

[55] University of Bradford. 'Evaluation of the West Yorkshire Healthy Living Pharmacy Programme' (Jan 2016). Available at: http://www.cpwy.org/doc/973.pdf

[56] Mohan L, McNaughton R & Shucksmith J. Teeside University. 'An Evaluation of the Tees Healthy Living Pharmacy Pilot Scheme' (2013) Available at: https://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites/messageboard/hlp-forum/358672516/600199395/healthy-living-pharmacy-electronic-3-pdf

[57] Public Health England. 'Healthy Living Pharmacy Level 1 Quality Criteria Assessment of Compliance Healthy Living Pharmacy (HLP) Level 1' (2016). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538638/HLP-quality-criteria-and-self-assessement-process.pdf

that meet certain quality criteria. The inclusion of the HLP accreditation emphasises the national expectation of pharmacies to take an active role in public health and the promotion of healthy lifestyles.

The HLP framework is underpinned by three enablers[58]:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

In July 2016 the Pharmacy and Public Health Forum, accountable to Public Health England, developed a profession-led self-assessment process for level 1 HLPs, based on clear quality criteria and underpinned by a proportionate quality assurance process. "*Achieving level 1 Healthy Living Pharmacy status will require pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include, understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment.*"[59]

In terms of what patients or customers can expect from a HLP, the Pharmaceutical Services Negotiating Committee (PSNC) states that: "*The public will feel the difference when entering an HLP; the Health Champion and other staff may proactively approach them about health and wellbeing issues and will know about local services for referral or signposting. If a health trainer service exists locally then Health Champions can extend their reach. There will be a health promotion zone and there should be a health promotion campaign running linked into local priorities and health needs.*"

5.4.2 Public health campaigns

At the request of NHS England, as part of essential service provision, NHS pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users.[60] Where requested to do so by NHS England the NHS pharmacist records the number of people to whom they have provided information as part of one of those campaigns. 87 of the 93 community pharmacies in Cambridgeshire (93.5%) that responded to the Community Pharmacy questionnaire reported that they participate in the contracted annual six Public Health campaigns. Six pharmacies reported they did not.

Public health campaigns in Cambridgeshire that have been carried out or are planned for 2016/17 include the following themes: Move More (March), Dementia Awareness (May), Alcohol Awareness (June), Change for Life - physical activity (July), Stoptober (October), Stay Well (November/December) and One You (March).

Previous pharmacy campaigns have included the following themes:

2015/16: July/Aug – Change4Life (physical activity); Sept – Sexual Health Week; October – Stoptober; November – Winter Warmth / Flu; January – Stop Smoking; February – Cervical Cancer Prevention; March – Sexual Health.

[58] PSNC Website. 'Healthy Living Pharmacies" Available at: http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/

[59] PSNC Briefing. 'Healthy Living Pharmacies: Information for Local Authorities' (May 2015) Available at: http://psnc.org.uk/wp-content/uploads/2013/08/LA_HLP_briefing_May2015.pdf

[60] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 No. 349 Schedule 4. http://www.legislation.gov.uk/uksi/2013/349/schedule/4/made (Last accessed 27 Nov 2013)

2014/15: April/May – Be Clear on Cancer (Lung); July – Change for life (magic moves); September – Sexual Health; October – Stoptober; November - Winter Warmth/Flu; February – Alcohol Awareness.

Typically each pharmacy is provided with posters, leaflets, and key message fact sheets as part of the campaigns. Feedback from the CCC Public Health Directorate is that there has usually been good engagement from pharmacies in delivering these campaigns.

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing, and participating in the national Be Clear on Cancer campaign,[61] which aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

5.4.3 Promotion of healthy lifestyle and supportive services (non-commissioned)

Between 80-99% of community pharmacies who responded to the questionnaire indicated that they provide:

- Brief advice on lifestyles e.g. stop smoking, weight management, etc (98.9% of community pharmacies);
- Signposting to lifestyles services e.g. Stop smoking service, weight management, exercise etc. (97.8% of community pharmacies);
- Referral to lifestyles services e.g. Stop smoking service, weight management, exercise etc. (80.6% of community pharmacies).

87 community pharmacies (93.5% of respondents) indicated that they would like more information about local lifestyle services.

At present, 35 community pharmacies (37.6% of 93 respondents) report that they provide brief advice and provision of suitable health promotion materials specifically regarding healthy weight management to adults over 18, and 18 (19.4% of respondents) offer this to children 17 and under. All community pharmacies who responded to the questionnaire that they did not currently provide this service indicated a willingness to do so if training were provided. 20 (21.5% of respondents) currently offer to determine BMI in children and adults; 21 (22.6% of respondents) refer individuals to the GP for weight management support and seven (7.5% of respondents) report that they provide follow-up consultation for support and motivation and to record progress outcomes. Similarly, all pharmacies who responded who did not currently offer these interventions indicated a willingness to do so if training were provided (see Appendix 3 for questionnaire responses).

The questionnaire also indicated a willingness by a number of community pharmacies who responded to the questionnaire to consider providing screening services for various health conditions if they were to be commissioned, including: alcohol use; cholesterol; diabetes; gonorrhoea; H. pylori; HbA1C , hepatitis and HIV (see Appendix 3).

5.5 Locally commissioned services: public health services

Pharmacies are able to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

[61] More information on Be Clear on Cancer homepage, available at: http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/beclearoncancer/.

Broadly, across England the following specific public health services are commissioned from community pharmacies by local authorities[62],[63]:

- ***Stop smoking services***: proactive promotion of smoking cessation through to provision of full NHS stop smoking programmes.
- ***Sexual health services***: emergency hormonal contraception services; condom distribution; pregnancy testing and advice; Chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea; contraception advice and supply (including oral and long acting reversible contraception).
- ***Substance misuse services***: needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.
- ***NHS Health Checks for people aged 40-74 years***: carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.
- ***Weight management services***: promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese.
- ***Alcohol misuse services***: providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers.
- ***Pandemic and Seasonal 'Flu services***: providing continuity of dispensing of essential medicines, provision of antiviral medicines; 'flu vaccination services.

The following local services are currently commissioned in Cambridgeshire:

- Smoking Cessation (CAMQUIT, commissioned by CCC)
- Chlamydia Screening and Treatment (commissioned by CCC)
- Emergency Hormonal Contraception (commissioned by CCC)
- Needle and Syringe Exchange Service (DAAT, CCC)
- Supervised Administration Service (DAAT, CCC)
- Pilot for NHS Health Checks (in Wisbech) Treatment (commissioned by CCC)

Table 6 shows the number of pharmacies commissioned to provide smoking cessations services, emergency hormonal contraception, and chlamydia screening and treatment. Table 7 shows how these are delivered according to district.

Table 6: 2016/2017 CCC Public Health Pharmacy contracts offered and taken up by pharmacies

Service	Offered	Contracted
Smoking - Full Service	109	20
Smoking - Voucher Scheme	109	8
Emergency Hormonal Contraception (EHC)	109	28
Chlamydia screening & treatment	109	24
Health Checks (pilot in Wisbech)	12	9

[62] Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf

[63] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

Table 7: 2016/17 CCC Public Health Pharmacy contracts offered and taken up by pharmacies, by district

District	Offered	Contracted				
		Smoking - Full Service	Smoking - Vouchers	EHC	Chlamydia	Health Checks
Cambs City	26	5	3	9	8	-
East Cambridgeshire	12	2	1	3	3	-
Fenland	20	4	0	4	2	9
Huntingdonshire	32	3	2	4	3	-
South Cambridgeshire	19	6	2	8	8	
Total	109	20	8	28	24	9

The range of services commissioned by CCC from community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

There is an apparent discrepancy between what services pharmacies in the PNA questionnaire reported that they provide and agreed contractual arrangements described in tables 6 and 7 – more pharmacies than are commissioned by CCC report providing these services. There are opportunities to develop the contribution of community pharmacies to these services. Pharmacies are able and should be encouraged to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers.

Currently no services are commissioned from pharmacies to support health weight management or alcohol misuse services. In the community pharmacy questionnaire, providers were given an opportunity to indicate if they would be willing to provide specific services if they were commissioned, and could specify whether they would need training and/or facilities adjustment. For example, 22 pharmacies reported that they would be willing to provide obesity management services if commissioned, and 59 reported they were willing but would need training or facilities adjustment.

5.5.1 Smoking cessation services in Cambridgeshire pharmacies

- Around 5,140 deaths occur in Cambridgeshire each year,[64] with around 755 being attributable to smoking.[65]
- Smoking prevalence in Cambridgeshire is statistically similar to the England average, with 16.4% of over 18 year olds estimated to smoke (Table 8). This equates to just over 84,000 smokers in the county.
- The prevalence of smoking varies by district, with statistically significantly higher than national average rates of smoking in Fenland (26.4%) – see Table 8.

[64] Average annual deaths, 2013-15. NHS Digital Primary Care Mortality Database (Office for National Statistics death registrations).
[65] Average annual deaths attributable to smoking, 2012-14. Public Health England Local Tobacco Control Profiles.

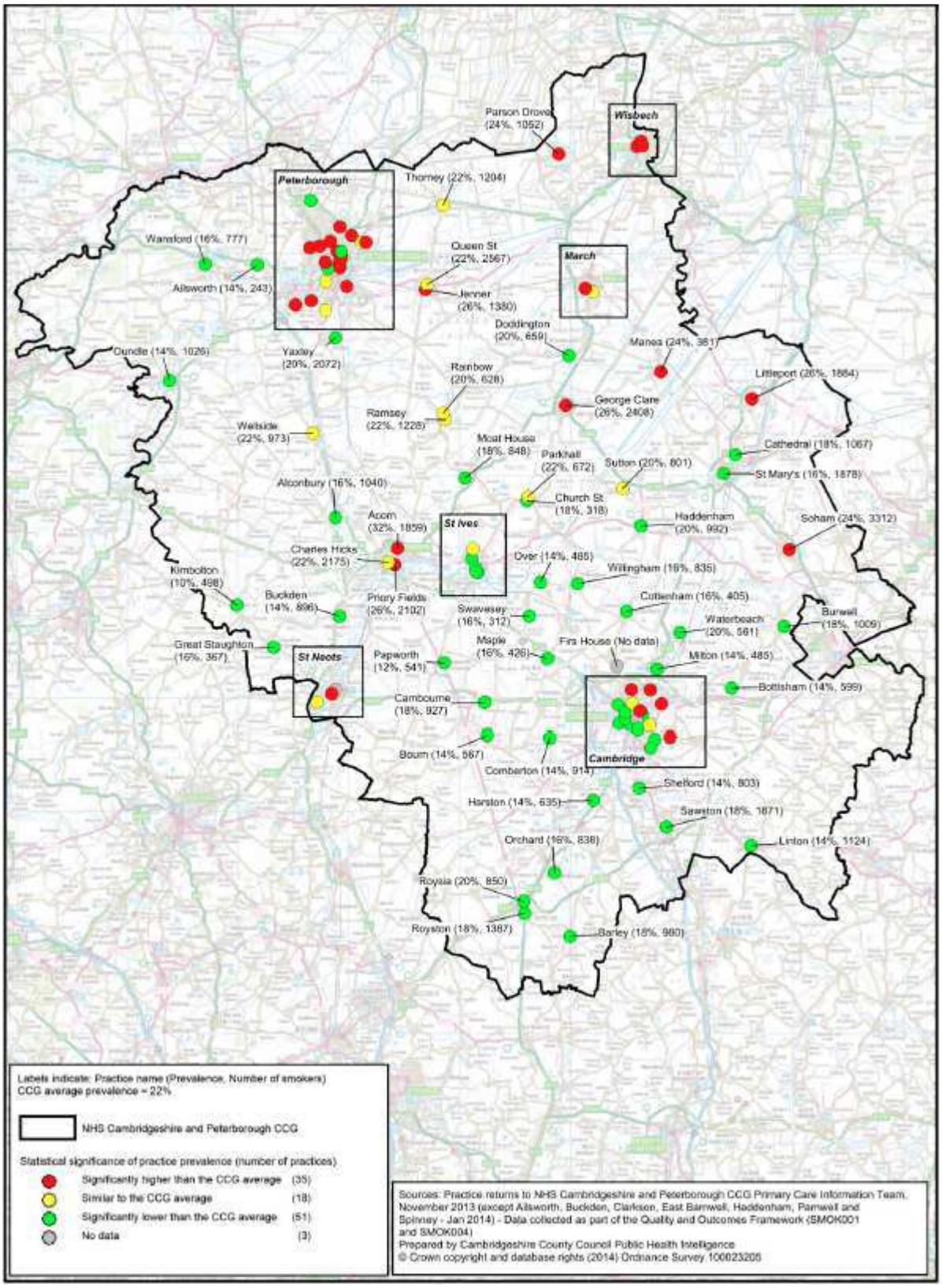
- District-level estimates of smoking prevalence can mask small areas of high prevalence. It is known from GP-level analysis completed for the Cambridgeshire & Peterborough Clinical Commissioning Group that higher rates of smoking are seen in areas of Cambridge, St Neots, Huntingdon, Littleport and Soham, as well as towns and villages of Fenland (see Map 12).

Table 8 Estimated smoking prevalence and number of smokers aged 18 years and over, Cambridgeshire, 2015

Local authority	2015		
	Prevalence (%)	95% CI	Estimated number of smokers*
Cambridge	17.7	12.6 to 22.8	19,166
East Cambridgeshire	14.4	9.4 to 19.4	9,776
Fenland	26.4	19.8 to 33.1	20,965
Huntingdonshire	13.0	10.2 to 17.5	17,958
South Cambridgeshire	12.8	9.3 to 16.3	15,422
Cambridgeshire	16.4	14.4 to 18.5	84,329
England	16.9	16.7 to 17.1	7,285,332

* Number of smokers estimated by applying the point estimate of prevalence to local population estimates
CI - confidence interval
Sources: Public Health England - Public Health Outcomes Framework (Annual Population Survey data - 2015), Office for National Statistics mid-2015 population estimates

Map 12: Recorded smoking prevalence and number of smokers by practice, Cambridgeshire and Peterborough Clinical Commissioning Group, November 2013



Full resolution version of map, including inset maps for major towns/cities, available on request.

The primary care based Stop Smoking Service in Cambridgeshire can improve population health through smoking cessation services, as evaluated by NICE.[66] Evidence for the effectiveness of pharmacies in contributing to smoking cessation has also led to a recommendation in the '*Community Pharmacy Clinical Services Review'* (the Murray report, 2016) [67] for smoking cessation services to be considered an element of the national contract.

All GP surgeries within Cambridgeshire deliver a stop smoking service and during 2015/16 there were also 36 active pharmacies across the county. Pharmacies in Cambridgeshire are offered the opportunity to have a contract with CCC to provide evidence-based stop smoking services. By signing up to the contract, designated personnel within the pharmacy receive training (at both brief intervention – Level 1 and intensive interventions – Level 2 standards), mentoring and ongoing support from the co-ordinating service (CAMQUIT) to help them deliver the National Standard Treatment Programme. The Level 2 service consists of one to one advice and behavioural support for smokers over the age of 12 years who live or work in Cambridgeshire. The programme lasts 12 weeks and the behavioural support is used alongside medication treatments via NHS prescription, with outcomes measured four weeks after setting a 'quit date'.

The community pharmacy can also choose to sign the contract but to deliver the 'NRT voucher scheme' only. This scheme enables the team of community-based CAMQUIT advisors to complete a voucher for Nicotine Replacement Therapy for the client to take to the participating pharmacy to have the chosen NRT dispensed under an NHS prescription.

Over recent years there has been a gradual decline in the number of community pharmacies actively delivering stop smoking interventions from 57 active in 2013/14 to 36 in 2015/16 and 28 in 2016/2017 (see Table 9) below. In conflict with this commissioning activity data, 46 community pharmacies self-reported in the questionnaire that they are currently providing a commissioned stop smoking service, with 58 reporting that they offer the stop smoking vouchers (see Appendix 3).

In addition, the contribution of pharmacies towards quit targets has also decreased from 12% in 2013/14 to 6% in 2015/16. Quality has been a concern with some of the national benchmarks not being achieved, e.g. lost to follow up rates (clients who have set a quit date but not been followed up after four weeks) should be lower than 20%, however in 2014/15 the rate for community pharmacy was 41% and in 2015/16 was 26.4%.

Table 9. Stop Smoking Service activity – number of quit attempts by provider, Cambridgeshire, 2008/09 – 2015/16

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
GP	4,109	4,968	4,529	4,872	4,817	4,008	3,024	2,821
Stop Smoking Services	1,259	1,425	1,744	2,178	1,930	1,534	1,232	1,273
Community Pharmacy	375	519	852	1,231	977	767	418	267
Prison			85	134	77	76	99	74

Source: CAMQUIT

[66] https://www.nice.org.uk/guidance/pH10
[67] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

In 2015/16, 84.7% of quitters in Cambridgeshire quit through a general practice setting, higher than the national average of 35.9% (Table 10). The percentage quitting through a pharmacy in Cambridgeshire was 5.6% compared with 17.9% across England.

47.2% of Cambridgeshire people setting a quit date through a pharmacy successfully quit, compared to a 50.4% quit rate across all settings; this pattern is very similar to that seen for England.

Table 10. Smoking quits by intervention setting, Cambridgeshire and England, 2015/16

Intervention setting	Cambridgeshire				England	
	Number setting a quit date	Number of successful quitters	Quit rate (%)	Percentage of quitters	Quit rate (%)	Percentage of quitters
Children's centre	29	23	79.3	1.0	41.5	0.3
Community	115	59	51.3	2.6	56.1	31.4
Community psychiatric	0	0	-	0.0	43.6	0.1
Dental	0	0	-	0.0	47.9	0.0
General practice	3842	1899	49.4	84.7	49.1	35.9
Hospital	68	58	85.3	2.6	57.8	3.3
Maternity	12	10	83.3	0.4	41.9	0.7
Military base	0	0	-	0.0	49.8	0.2
Pharmacy	267	126	47.2	5.6	46.2	17.9
Prison	74	37	50.0	1.6	45.5	2.2
Psychiatric hospital	0	0	-	0.0	36.6	0.1
School	2	1	50.0	0.0	57.1	0.7
Workplace	1	1	100.0	0.0	57.5	0.8
Other	40	29	72.5	1.3	57.6	5.7
All intervention settings	4450	2243	50.4	100.0	51.0	100

Intervention setting does not necessarily reflect the service provider.
Source: NHS Digital. Statistics on NHS Stop Smoking Services

Community pharmacies remain well placed to ensure the services are accessible to the smoking population, particularly with many offering extended opening hours. Despite the recent decline in the contributions of pharmacies to smoking cessation, there have been some examples of good practice in each of the districts across the county. In addition, in the community pharmacy questionnaire, 40 community pharmacies indicated they would be willing to provide the stop smoking service if commissioned, although many would need training and adjustment of facilities (see Appendix 3).

Provision of commissioned smoking cessation services in pharmacies across Cambridgeshire and Peterborough are currently under review to address service provision and the identified quality concerns.

5.5.2 Sexual health services in Cambridgeshire pharmacies

- Genital *chlamydia trachomatis* infection is the Sexually Transmitted Infection (STI) most frequently diagnosed in Genitourinary Medicine (GUM) clinics in England. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections

are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

- It is difficult to assess changes in local chlamydia occurrence over the last decade for several reasons. The diagnostic definitions have changed during this period. More importantly, in the past two years the focus of the programme has changed from the absolute numbers being diagnosed to diagnostic rates. Public Health England recommends that local areas should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population annually. This target can be challenging to reach in Cambridgeshire given the relatively low occurrence of chlamydia infections in the county. Quarterly data is available on the National Chlamydia Screening Programme Website: http://www.chlamydiascreening.nhs.uk/ps/data.asp

- The number of people living with HIV/AIDS in Cambridgeshire has increased by 24% from 2010 to 2014.[68] This increase could reflect either that more people are being diagnosed, or that fewer people die from HIV/AIDS because drug therapies have become more effective.
- Data from Public Health England indicate that between 2010 and 2015 there has been an increase in diagnoses of gonorrhoea and syphilis (small numbers), whilst diagnoses of warts and herpes have shown a downward trend.[69]

Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. In some cases, it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a sample for diagnostic testing on site. There is a potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

Screening uses first-void urine samples or self-taken vulva-vaginal swabs. Samples can be sent in the post to a laboratory for analysis and the results are returned to the chlamydia screening office; all patients are then informed of their result and contact tracing is conducted in people with positive results and treatment is offered to them and their partners. Young people can request a self-administered postal kit by visiting www.dontpassiton.co.uk.

The Cambridgeshire Chlamydia Screening Programme targets 15-24 year olds and was introduced in 2006. From 2008 community pharmacies joined other agencies in providing Chlamydia Screening and Treatment service to support screening and treatment offered across Cambridgeshire.

The Cambridgeshire Chlamydia Screening Programme recognises that pharmacies play an important role in the treatment of chlamydia positive patients and their partners. Treatment can only be provided by accredited pharmacists. All pharmacies in Cambridgeshire are offered the opportunity to receive training and contracts to provide chlamydia screening. Staff in pharmacies can participate in the National Chlamydia Screening Programme by distributing kits or signposting young people to the text or website request system. Compulsory training is provided for pharmacists and pharmacy assistants to support the screening service.

Table 11 summarises the local Chlamydia screening activity in Cambridgeshire in 2015/16. Of the 12,418 tests performed in Cambridgeshire in 2015/16, 111 were collected from pharmacies (0.9%). In pharmacies where testing is offered, diagnostic rates can be expected to be high due to the involvement in testing contacts of infected patients.

[68] Health Protection Agency. The Survey of Prevalent HIV Infections Diagnosed (SOPHID).
[69] Sexual and Reproductive Health Profiles, Fingertips, Public Health England

Table 11. Local Chlamydia screening activity, Cambridgeshire, 15-24 year olds, 2015/16

	Total completed screens, numbers	Positive, %
Contraception and sexual health service (CASH)	2,661	7.6%
GP	3,488	7.0%
Pharmacy	111	18.0%
Termination of pregnancy (TOP)	80	5.0%
Internet	751	9.0%
Outreach and other community work	5,327	4.0%

Source: CCS Chlamydia Screening Team

All pharmacies were offered the opportunity to deliver Community Pharmacy Chlamydia Screening and Treatment service when the service was introduced. In 2016/17 only 24 pharmacies are signed up to the chlamydia screening programme with the Public Health department. Despite this, 31 community pharmacies reported in the pharmacy questionnaire that they are currently providing chlamydia testing. To improve access the chlamydia screening programme would encourage more pharmacies to offer this service. The role of pharmacies in chlamydia is invaluable, especially for treatment where they can access quickly. It is recognised that although there is opportunity to expand the service to more pharmacies, this is limited by the number of pharmacies that do not have the appropriate facilities to offer screening. However, 54 of the community pharmacies who responded to the pharmacy questionnaire indicated that they would be willing to provide chlamydia testing if commissioned, although 41 report they would need training and four would need adjustment of facilities (see Appendix 3).

5.5.3 Emergency hormonal contraception

- Reducing the teenage conception rate and increasing the number of teenage parents who can access and sustain places in education, employment or training are important to improve outcomes for young people and their babies.[70]
- Studies indicate that making emergency hormonal contraception (EHC) available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception.[71]
- Cambridgeshire has a teenage conception rate that is below the national rate, with Cambridge City and Fenland districts having rates that are higher, but not significantly higher, than the England average (2014).[72]

EHC may only be supplied by an accredited pharmacist. In order to achieve accreditation, the pharmacist(s) must have satisfactorily completed the CPPE Emergency Hormonal Contraception distance learning package. Medicine counter staff must be trained to refer each request for EHC to the pharmacist(s). It is the responsibility of the pharmacy to ensure that all pharmacists and locums supplying EHC are accredited. The pharmacy must be able to supply EHC during opening hours of the pharmacy on at least four days of the week, one of which will preferably be a Saturday. Anyone

[70] Cambridgeshire JSNA Children & Young People (2010). Page 45. Available at http://www.cambridgeshireinsight.org.uk/currentreports/children-and-young-people (Last accessed 20 Nov 2013).
[71] Marston C. (2005) 'Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys.' *BMJ* 331: 271.
[72] Teenage Conceptions, Sexual and Reproductive Health Profiles

accessing the service will need to check with the pharmacy that they have an accredited pharmacist available.

Pharmacies in Cambridgeshire are offered the opportunity to receive training and contract to provide EHC, which is available as a locally commissioned service in some community pharmacies. Ideally, community pharmacies would have more than one pharmacist available to provide EHC to ensure continuity of services. In addition, pharmacies could promote the availability of free EHC.

The Emergency Hormonal Contraception Service (EHC) is currently being delivered by 28 pharmacies across Cambridgeshire (see Table 6) with opportunities to expand. In 2015/16 Pharmacies administered 3,613 Levonelle (EHC) treatments to the women of Cambridgeshire.

65 community pharmacies reported in the pharmacy questionnaire that they are currently providing an emergency hormonal contraception service and a further 24 would be willing to do so but they would need training or adjustment of facilities (see Appendix 3). This service is part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Cambridgeshire.

It is advised to offer chlamydia screening at the time of EHC provision because those who require EHC contraception are highly likely to be at risk of infection. In 2015/16 pharmacies provided 364 chlamydia screening kits to people aged 15 to 24 years old when they administered EHC. The extent to which local services offer signposting to services or carry out testing when EHC is provided is routinely examined in an audit, as recommended in the 2014 PNA. There is a rolling programme of pharmacy audits in place which focuses on the use of the patient group directions for EHC and chlamydia treatment, overall governance process and safeguarding. These audits are currently undertaken by a community pharmacist.

5.5.4 Services for drug misuse related harm

- Illicit drug use contributes to the disease burden both globally and in Cambridgeshire. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale.[73]
- A 'Drug and Alcohol JSNA' was published in September 2016 which provides an overview of legal and illicit drug and alcohol misuse needs for the Cambridgeshire population. The full report is available at: http://cambridgeshireinsight.org.uk/JSNA/Drugs-and-Alcohol-2015.
- Based on national prevalence estimates, in 2014 32,190 people in Cambridgeshire aged 16-59 had used illicit drugs in the last year (8.6% of the population) (Table 12). Nearly half (47%, 14,603) were young adults aged 16-24 (19.4% of the population). There were 8,235 frequent drug users, of which 3,839 were young adults.
- In 2014, there were 29 drug-related deaths in Cambridgeshire; provisional data for 2015 indicate 27 deaths. The annual number and crude rate of drug-related deaths has stayed relatively stable over the past ten years.
- The age-standardised rate of drug-related deaths in Cambridgeshire varies with deprivation, with statistically significantly higher than county average rates in the most deprived 20% of wards (Figure 4).

[73] Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug. Available at: http://www.sciencedirect.com/science/article/pii/S0140673613615305 (Last accessed 19 Nov 2013)

Table 12: Estimated numbers using illicit drugs*, Cambridgeshire, 2014

Local Authority	Used in the last year		Using more than once a month	
	16-24 years	16-59 years	16-24 years	16-59 year
Cambridgeshire	14,603	32,190	3,839	8,235
NN - Oxfordshire	16,174	34,091	4,252	8,721

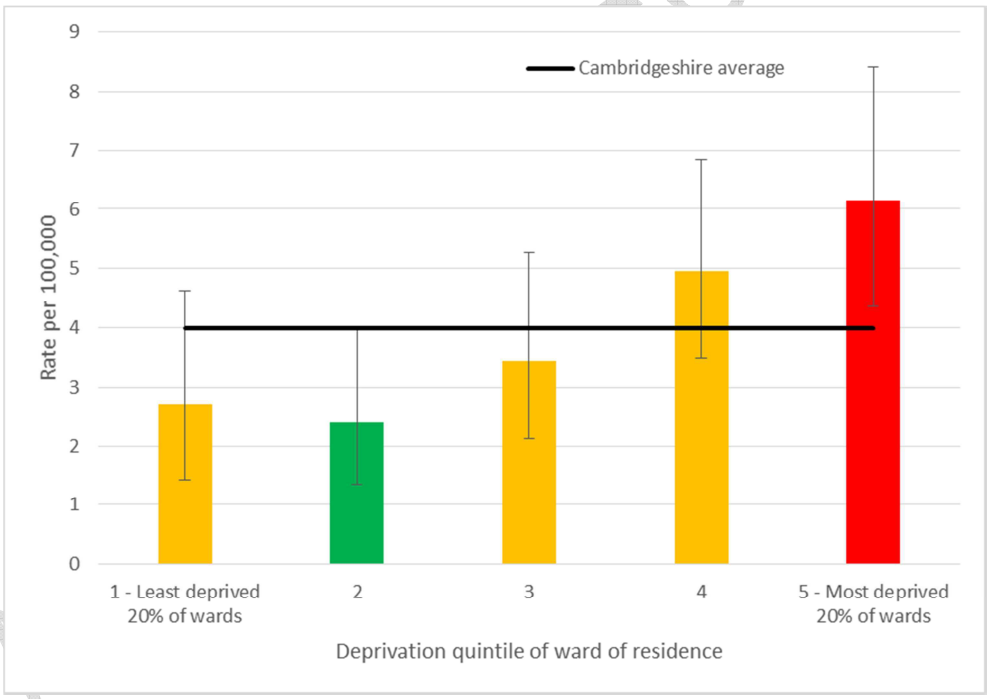
* As defined by the Misuse of Drugs Act

NN - CIPFA nearest neighbour for Cambridgeshire
These numbers are estimated based on prevalence estimates for England and Wales 2014/15 applied to the mid-2014 population:

Using in the last year	16-24 year olds: 19.4%
	16-59 year olds: 8.6%
Frequent drug use	16-24 year olds: 5.1%
	16-59 year olds: 2.2%

Sources: Crime Survey for England 2014/15, Office for National Statistics mid-year population estimates

Figure 4: Drug-related mortality by deprivation quintile of ward of residence (directly age-standardised rates), Cambridgeshire, 2011-15



Error bars represent 95% confidence intervals

Source: Health and Social Care Information Centre Primary Care Mortality Database, Office for National Statistics mid-year population estimates, Communities and Local Government Index of Multiple Deprivation 2010

The Cambridgeshire Drug and Alcohol Action Team (DAAT) commission services to provide specialist drug and alcohol treatment across Cambridgeshire. Currently Adult drug and alcohol services are provided by 'Inclusion' and Young People services are provided by CASUS. Further information can be found at: www.cambsdaat.org.

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment.

- *Needle exchange programmes offered in pharmacies across the county*

34 community pharmacies across Cambridgeshire are sub-contracted by the DAAT commissioned provider *Inclusion* to provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials will be provided (for example condoms, citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

The pharmacy provides support and advice to the user, including referral to other health and social care professionals, specialist drug and alcohol treatment services where appropriate and promotes safe practice to the user, including advice on sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

The contracted pharmacies provide a sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including allocation of a safe place to store equipment and returns for safe onward disposal. Storage containers provided by the Specialist Drug Treatment commissioned clinical waste disposal service are used to store returned used equipment.

Usage of needle exchange services can be difficult to capture as users tend to provide little information which can be recorded and this has to be manually counted, which the service does not do as a norm.

- *Community pharmacy supervised administration service across Cambridgeshire*

The same 34 community pharmacies offering needle exchange also provide 'supervised administration'. This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Contracted pharmacies aim to offer a user-friendly, non-judgmental, client-centred and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.
Examples of medicines which may have consumption supervised include: methadone, other medicines used for the management of opiate dependence and medicines used for the management of mental health conditions or tuberculosis.
Terms of agreement are set up between the prescriber, pharmacist, patient, and patient's key worker (a four-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client and what action will be taken by the Specialist Drug Treatment Service and pharmacist if the user does not comply with the agreement.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service and are aware of and operate within local protocols. The pharmacy contractor must maintain appropriate records to ensure effective on-going service delivery and audit and share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

In 2015/2016 there were a total of 817 individuals (565 males and 252 females) who were on supervised consumption for at least one point during the year.

Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach. In addition, in some cases a local pharmacy could, through independent or supplementary prescribing and Patient Group Directions (PGDs) provide support to the clients. This could cover both advice and immunisation to protect the person from diseases or blood-borne viruses.

5.5.5 Outreach NHS Health checks service (pilot)

In summer 2016, Cambridgeshire County Council trained 11 Pharmacies in the Wisbech area, Fenland, to deliver outreach NHS Health Checks as part of a six month pilot. The NHS Health Check is a health check-up for adults in England aged 40-74 without a pre-existing condition. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, and calculates a cardiovascular disease risk score over the next 10 years. An NHS Health Check helps to identify ways to lower this risk.

The rural, market town of Wisbech was chosen for the pilot as it has a high prevalence of cardiovascular disease, a high number of local residents unable to attend their GP practice, and a number of proactive community pharmacies in the area. Once an eligible patient check was complete, the result was sent securely to their GP Practice to be entered onto the patient's clinical record and for any appropriate follow-up.

Eligibility, patient forms, all relevant resources, and all promotional materials were supplied by Cambridgeshire County Council. Clinical training and ongoing support for the delivery of an NHS Health Check was provided by a clinical lead nurse on secondment from Cambridgeshire & Peterborough Foundation Trust, whilst Point of Care blood testing equipment and training was supplied by Alere.

Eight Pharmacies actively took part delivering outreach NHS Health Checks, aiming to reach patients who are unable to attend their GP Practice. Data are collected and payments are made on a quarterly basis, in line with the local authority's GP Practice programme.

More information on the national programme is available at: www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx.

5.6 Locally commissioned services commissioned by Cambridgeshire & Peterborough CCG

5.6.1 Community Pharmacy Not Dispensed Scheme

The National Audit Office in 2007 found that drugs wastage is a significant cost for the NHS: at least £100 million a year, and perhaps considerably more.[74] One objective marker of waste in prescribing that is easily measurable, is the production of prescriptions bearing items that the patient does not require. This may be caused by a misunderstanding on the part of any or all of the parties involved in the ordering and production of the repeat prescription.

The Not Dispensed Scheme highlights items that are not required by the patient and informs their GP's. Previously GPs did not get any feedback on medicines which had not been dispensed or were returned to the pharmacy unused. Out of 110 community pharmacies in Cambridgeshire there are currently 94 pharmacies (86.2%) signed up to the scheme. Not all pharmacies signed up submit claims to the medicines management team on a monthly basis. Pharmacies are entitled to a small fee for each item that is not dispensed. There are restrictions on items that may be claimed under the scheme.

5.6.2 Directly Observed Therapy (DOT) service for tuberculosis treatment

The CCG in conjunction with public health and local respiratory clinics are exploring commissioning a Directly Observed Therapy (DOT) service for tuberculosis (TB) patients from a limited number of community pharmacies across the geography of the CCG. This will provide care closer to home for non-infectious patients who require support in adherence with their prescribed TB medication.

5.6.3 Pharmacy support in care homes

Medication errors in care homes for older people can be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. The CCG employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste.

In the pharmacy questionnaire, 28 pharmacies reported that they currently supply medicines to care homes (see Appendix 3). 14 (15% of respondents) reported that they provide a care home service - a further 59 indicated that they would be willing to provide this as a commissioned service. 12 of the 34 dispensing GP practices who responded to the questionnaire (35%) reported that they supply medicines to care homes.

5.6.4 Community Pharmacy Minor Ailments Service

A minor ailments service was commissioned across Cambridgeshire from 2009 to August 2016. This service was however stopped following a public consultation from March-May 2016.

The service aimed to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments.

[74] National Audit Office (2007) 'Prescribing Costs in Primary Care.' Available at: http://www.nao.org.uk/wp-content/uploads/2007/05/0607454.pdf (Last accessed 21 Nov 2013)

There is now a national commitment that a minor ailments scheme should be commissioned locally across England by April 2018, although there is debate over whether this needs to be a nationally commissioned service by NHS England or commissioned locally by CCGs.[75]

5.7 Healthcare services commissioned by NHS England

There are opportunities for local service commissioning to build on the services provided as essential services to assist in proving effective, integrated healthcare services. A wide range of services are described in the Drug Tariff which are locally commissioned across England including:[76]

- minor ailments management
- palliative care services
- care home services
- head lice management services
- gluten free food supply services
- services to schools
- out of hours services
- supplementary and independent prescribing by pharmacists
- medicines assessment and compliance support.

5.7.1 Dispensing Review of Use of Medicines

As part of the contractual arrangements for dispensing doctors, a' Dispensary Services Quality Scheme' (DSQS) rewards dispensing GP practices for providing high quality services to their dispensing patients. As part of the DSQS, dispensing staff are trained to discuss issues of concordance and compliance with patients during a Dispensing Review of Use of Medicines (DRUM). This is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively. Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Similar to pharmacy MURs, dispensary DRUMs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber.

5.8 Healthcare services commissioned by other organisations in primary and secondary care

5.8.1 Healthcare associated infections

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and *C difficile.*

Senior specialist antimicrobial pharmacists within hospitals, primary care trust pharmacists and microbiology/infectious diseases/infection control teams must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

[75] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
[76] Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf

Within the secondary care setting, it is possible for pharmacists to lead on 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity.

Increasingly, patients are treated with intravenous antibiotics at home. The patient's regular community pharmacy, together with hospital pharmacy services, should be aware of and could be involved in their treatment.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition, they are able to inform other primary care practitioners when a prescribed item is not normally available in the community.

5.8.2 Anticoagulation monitoring

An example of a local service that can be commissioned from pharmacies is anticoagulation monitoring ('INR Clinics'). Currently this is provided in only one pharmacy in Cambridgeshire (Sainsbury's Cherry Hinton Branch, as an outreach service through Addenbrooke's CUHFT).

5.9 Other health advice and support services (non-commissioned)

In addition to commissioned services, our questionnaire found that community pharmacies provide a number of additional services as described in Table 13.

There is also potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. Possible examples include work around fuel poverty, falls prevention, supporting people at risk of domestic abuse, and behavioural change initiatives.

Table 13: Community pharmacy questionnaire – reported local services provided by community pharmacies, as reported in the questionnaire (from 93 respondents out of 110 community pharmacies)

23. Locally commissioned services (Locally commissioned services commissioned by either NHS England, local authorities or CCGs)						
	Currently providing	**Willing and able to provide if commissioned**	**Willing to provide if commissioned (need training)**	**Willing to provide if commissioned (need facilities adjustment)**	**Not able or willing to provide.**	**Response Total**
Emergency Supply of Medicines (at NHS Expense)	38.7% (36)	24.7% (23)	33.3% (31)	1.1% (1)	2.2% (2)	93
Home Delivery Service (not appliances)	64.5% (60)	10.8% (10)	16.1% (15)	2.2% (2)	6.5% (6)	93
Gluten Free Food Supply Service (ie not via FP10)	10.8% (10)	33.3% (31)	34.4% (32)	3.2% (3)	18.3% (17)	93
Independent (Prescribing Service)	2.2% (2)	15.1% (14)	60.2% (56)	3.2% (3)	19.4% (18)	93
Language Access Service	1.1% (1)	18.3% (17)	52.7% (49)	2.2% (2)	25.8% (24)	93
Medicines Assessment and Compliance Support Service	6.5% (6)	21.5% (20)	55.9% (52)	4.3% (4)	11.8% (11)	93
On Demand Availability of Specialist Drugs Service	5.4% (5)	22.6% (21)	47.3% (44)	5.4% (5)	19.4% (18)	93
Phlebotomy Service	4.3% (4)	8.6% (8)	43.0% (40)	17.2% (16)	26.9% (25)	93
Refer to Pharmacy - allows hospital pharmacy to refer patients to their community pharmacy for a discharge medicines use review/new medicines service	9.7% (9)	31.2% (29)	43.0% (40)	4.3% (4)	11.8% (11)	93
Schools Service	2.2% (2)	20.4% (19)	49.5% (46)	4.3% (4)	23.7% (22)	93

5.9.1 Community Pharmacy Palliative Care Service

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain, and aims to improve quality of life for both patients and their families. Drug

treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need.

Designated community pharmacies hold essential palliative care drugs for easier access. The drugs that must be held in stock by pharmacies taking part in the scheme are listed in the essential list of palliative care drugs agreed with palliative care clinicians. When pharmacies are closed Hertfordshire Urgent Care are required to meet the needs of patients for provision of essential palliative care drugs.

5.9.2 Electronic prescriptions

Responses to the PNA public consultation in 2014 suggested that electronic prescriptions might be beneficial to providing a good service, and improve communication between GPs and pharmacies. The Electronic Prescription Service (EPS) allows the transfer of a prescription from the prescriber to pharmacy (or other dispensing contractor), by electronic means rather than the traditional paper form. The introduction and running of the EPS service is managed by an NHS department. The Murray report[77] recommends that electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.

In Cambridgeshire, all community pharmacies are enabled to receive electronic prescriptions. 15 (44% of the 34 dispensing practice respondents) reported that they are enabled to receive electronic prescriptions and a further 6 (18%) are intending to become enabled in the next 12 months.

5.9.3 Community Pharmacy Healthy Start Service

Healthy Start is the Department of Health's scheme to help pregnant women and children under four in low-income families eat healthily. Women who qualify for Healthy Start, including those on certain benefits and all pregnant women under the age of 18, receive free food and vitamin vouchers. Healthy start provides vitamin supplements through arrangements with local community pharmacies. Pharmacy coverage is voluntary and unpaid.

The scheme helps to support breastfeeding and offers nutrition support to pregnant women and young children, including eating 5-a-day and following a healthy diet with Healthy Start vitamins. Recipients receive weekly food vouchers to exchange for fresh and frozen fruit and vegetables, plain cow's milk and cow's milk based infant formula and vouchers every eight weeks for free vitamin supplements for children from six months until their fourth birthday, and free vitamin supplements for pregnant women and women with babies up to one year old. The scheme also has the advantage of encouraging earlier and closer contact between health professionals and families from disadvantaged groups.

5.9.4 Travel immunisation clinics

A number of community pharmacies reported in the questionnaire that they provide private travel clinics including vaccinations.

[77] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

6 Future Population Changes and Housing Growth

Key messages:
Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. Several large-scale housing developments are in progress and considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. These are further described in section 6.5.3 of the PNA report.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

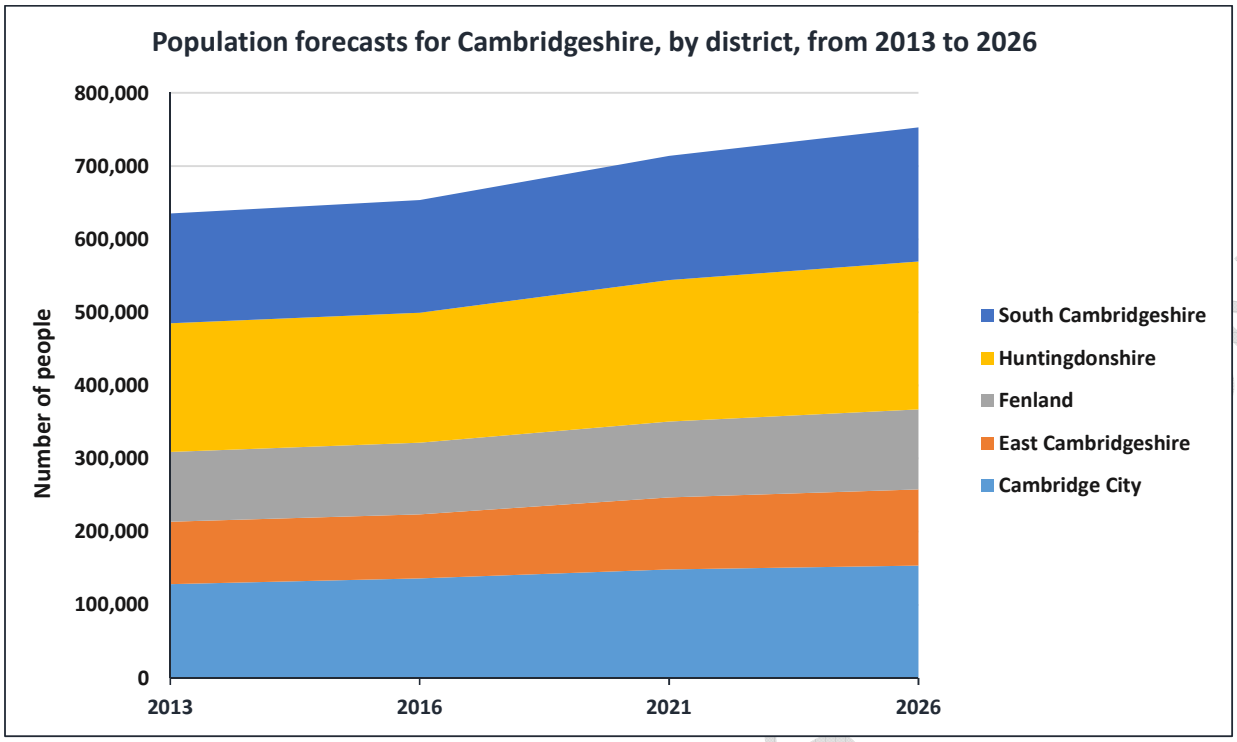
This section considers population changes and housing growth in Cambridgeshire. Particular emphasis is placed on expected housing completions during 2016 to 2019, which is the three-year period before the PNA will need to be updated.

6.1 Population changes in Cambridgeshire

The population of Cambridgeshire was 653,400 in 2016 and is expected to increase by approximately 60,400 (9.2%) to 752,800 by 2021.

An overview of the population growth in Cambridgeshire by district in the coming decades is shown in **Figure 5**. The largest increases in both absolute and relative terms are expected in Huntingdonshire and South Cambridgeshire, where a number of significant new housing developments are planned, including the new town of Northstowe.

Figure 5. Population forecasts for Cambridgeshire, by district, from 2013 to 2026



Source: Cambridgeshire Research Group 2013 base population forecasts

The population of 0 to19 year olds in Cambridgeshire is expected to increase by 9.4% overall between 2016 and 2021 (see **Table 14)**. East and South Cambridgeshire are forecast to have the largest increases, of 14% and 11% respectively.

Table 14. Current and Forecast Population aged 0-19 years

Local Authority	2016	2021	2026	% change 2016-2021	% change 2016-2026
Cambridge	35,000	37,800	38,900	8.0%	11.1%
East Cambridgeshire	20,350	23,200	24,150	14.0%	18.7%
Fenland	21,100	22,200	23,000	5.2%	9.0%
Huntingdonshire	40,400	44,100	45,750	9.2%	13.2%
South Cambridgeshire	36,100	40,050	42,900	10.9%	18.8%
Cambridgeshire	152,950	167,350	174,700	9.4%	14.2%

Source: Cambridgeshire Research Group 2013 base population forecasts

The adult working-age population (age 20 to 64) in Cambridgeshire is expected to increase by some 7.6% between 2016 and 2021 (see **Table 15)**. East Cambridgeshire is expected to have the largest increase at 11.6%.

Table 15. Current and Forecast Population aged 20-64 years

Local Authority	2016	2021	2026	% change 2016-2021	% change 2016-2026
Cambridge	84,900	92,100	94,000	8.5%	10.7%
East Cambridgeshire	49,750	55,500	57,350	11.6%	15.3%
Fenland	55,100	56,900	58,700	3.3%	6.5%
Huntingdonshire	103,500	109,900	111,650	6.2%	7.9%
South Cambridgeshire	88,200	95,850	101,600	8.7%	15.2%
Cambridgeshire	381,450	410,250	423,300	7.6%	11.0%

Source: Cambridgeshire Research Group 2013 base population forecasts

The number of people in Cambridgeshire aged over 65 years is expected to increase by 14.8% between 2016 and 2021 (see **Table 16)**. The highest growth in the older population is expected to be in East Cambridgeshire (16.6%) and in Huntingdonshire (16.6%).

Table 16. Current and Forecast Population aged 65 years and over

Local Authority	2016	2021	2026	% change 2016-2021	% change 2016-2026
Cambridge	16,200	18,500	20,900	14.2%	29.0%
East Cambridgeshire	16,900	19,700	22,300	16.6%	32.0%
Fenland	22,200	24,800	27,800	11.7%	25.2%
Huntingdonshire	33,800	39,400	45,200	16.6%	33.7%
South Cambridgeshire	29,600	33,900	38,700	14.5%	30.7%
Cambridgeshire	118,700	136,300	154,900	14.8%	30.5%

Source: Cambridgeshire Research Group 2013 base population forecasts

6.2 Housing growth

The county has been an area of growth for many years. In fact, Cambridgeshire was the fastest growing county between the 2001 and 2011 Census in terms of population growth. Emerging district council local plans continue to support future growth in their areas of the county to meet housing need and support economic growth.

The 2013 update of the Strategic Housing Market Assessment (SHMA) proposes a total of 75,000 new dwellings in the county from 2011 to 2031. The recession and current economic situation has caused a slowdown in house building and a delay in starting work on major new housing sites. During 2015/16, there were 2,540 new dwellings completed, which is less than the 2,812 completed in 2014/15 and 3,176 in 2013/14. District council planners had expected annual house completions to increase to pre-recession levels of over 4,000 completions a year from 2014/15, but this has not happened with levels still below the figure of 4,000 completions per year.

Table 17: Dwelling Completions (NET) in Cambridgeshire

	2013-2014	2014-2015	2015-2016
Cambridge City Council	1,325	713	884
East Cambridgeshire District Council	191	163	181
Fenland District Council	343	555	269
Huntingdonshire District Council	686	516	535
South Cambridgeshire District Council	631	865	671
Cambridgeshire	**3,176**	**2,812**	**2,540**

NET completions include all dwelling gains in monitoring year minus the losses (demolitions, etc)
Source: Cambridgeshire Research Group.

Table 18 describes dwelling commitments across Cambridgeshire as at 31 March 2015. Commitments include those with outline planning permission, full/reserved permissions, and allocated sites within the Local Plans.

Table 18. Dwelling Commitments in Cambridgeshire at 31 March 2015

Outline planning permission	Full / Reserved Matters permission, Under Construction	Full / Reserved Matters permission, Not Started	Total Permissions	Adopted Allocation with no Planning Permissions	Proposed Allocation included in Local Plans submitted March 2014	Total Commitments
14,423	2,723	5,859	23,005	26,668	15,437	65,110

Source: Cambridgeshire Research Group

6.3 Growth during 2017 – 2020

Several major developments are expected to progress significantly during 2017 to 2020. There are several developments which are underway and a number of other major developments are expected to begin during the period. Table 19 shows the major developments in Cambridgeshire between 2017 to 2020.

Table 19. Major developments in Cambridgeshire 2017 to 2020

Site	Area	Total units at completion	Estimated start date
Northstowe	South Cambridgeshire	10,000	Started
Bourn Airfield	South Cambridgeshire	3,000	TBC
Cambourne West	South Cambridgeshire	2,350	TBC
Waterbeach	South Cambridgeshire	10,000	TBC
Cottenham (various sites)	South Cambridgeshire	530-625	TBC
Alconbury Weald	Huntingdonshire	5,000	2015
Wyton	Huntingdonshire	4,500	TBC
RAF Brampton	Huntingdonshire	587	TBC
West March	Fenland	2,000	TBC
Chatteris	Fenland	1,000	TBC
St Neots East	St Neots	3,700*	2014
Ely North	Ely	3,000	2014
Cambridge North-West	Cambridge fringe	3,000	2014
Darwin Green 1&2	Cambridge fringe	2,700	2014
Clay Farm	Cambridge fringe	2,300	Started
Trumpington Meadows	Cambridge fringe	1,200	Started
Wing	Cambridge fringe	1,500	2015

* St Neots East includes two separate sites, Wintringham Park (2,800 units) and Loves Farm East (900 units with a possible potential for 1200 units). Source: Cambridgeshire Research Group

Map 13 shows growth sites of 200 or more commitments across Cambridgeshire together with community pharmacies and dispensing practices as at October 2016. **Map 14** shows growth sites of between 10 and 200 commitments against current pharmaceutical providers.

6.4 Growth after 2020

After 2020, there are likely to be additional sites that need to be taken account of in future PNAs.

6.5 Monitoring of housing developments and needs for pharmaceutical services

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

The new town of Northstowe is an NHS Healthy New Town Vanguard and the project is looking to provide new residents with the spectrum of health services from pharmacy and primary care in a new model of care. Residents will be advised when they move in on the most appropriate health service to access for their needs.

The HWB has considered ways of monitoring the progress of planned housing developments in relation to need for pharmaceutical services.

6.5.1 Monitoring of housing developments

Cambridgeshire Research Group publish a quarterly update on the status of major housing developments in Cambridgeshire.[78] This information will be used to inform monitoring of need for pharmaceutical services before the next PNA is published.

CCC also monitors, on behalf of the five Cambridgeshire district councils, the annual number of commitments, completions and units under construction. This information is available on an annual basis across the county.[79]

Each District in Cambridgeshire has a plan for community growth and development and these plans are under regular review.

In addition to monitoring individual housing sites, it may be necessary to monitor cumulative developments across several sites; i.e. if a number of smaller developments are built in an area then future completions may be worth monitoring by town/village/vicinity to pharmacies as well as just by individual housing developments. This might be particularly relevant where the ratio of pharmacies to people is already above or below average.

6.5.2 Effect of Growth on a Reserved Location

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750 the pharmacy, if already open, can apply to NHS England for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one mile rule would apply (i.e. the doctors lose dispensing rights within a mile of the pharmacy).

[78] Ibid.
[79] Cambridgeshire County Council. 'Housing Development' webpage. Available at: http://www.cambridgeshire.gov.uk/environment/planning/policies/monitoring/housing-development.htm

6.5.3 Factors to consider in relation to needs for pharmaceutical services

In Cambridgeshire there is currently one pharmaceutical provider (defined as community pharmacy or dispensing GP practice) per 4,258 people. The lowest concentration of pharmacies in England is one pharmacy per 4,924 people (in Wessex) and the highest concentration is one pharmacy per 3,768 people (Cheshire and Merseyside).

According to the 2011 Census the average number of people per household in East of England is 2.3-2.4 (the average for England is 2.3). However, an analysis undertaken by Cambridgeshire Research Group, to forecast the population of new developments in Cambridgeshire, suggested that it is reasonable to assume an average household size of 2.5 people. Note that the average household size in the new developments tends to be larger than the standard multiplier used of 2.5, with Cambourne, Cromwell Park and Orchard Park seeing average household sizes of 2.8 (see Table 20). This has implications for service delivery in new developments (i.e. coping with an increase in population compared to predicted populations). The average household size was expected to be relatively consistent in different housing mix scenarios, so that the average would be between 2.25 and 2.75 people for most scenarios.

Table 20. Average household size of recent new developments

Development	Average Household Size
Bar Hill	2.3
Cambourne	2.8
Cromwell Park	2.8
Hampton	2.7
Loves Farm	2.6
Orchard Park	2.8
Stukeley Meadows	2.6

Source: Cambridgeshire Research Group and Census 2011 (ONS)

The HWB is not aware of any robust evidence to suggest a generic 'population trigger point' for when a housing development in a location might need a pharmaceutical service provider. The HWB is also not aware of any measure of the extent to which existing local pharmaceutical service providers can accommodate the increase in need for pharmaceutical services created by an increase in local population size.

An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

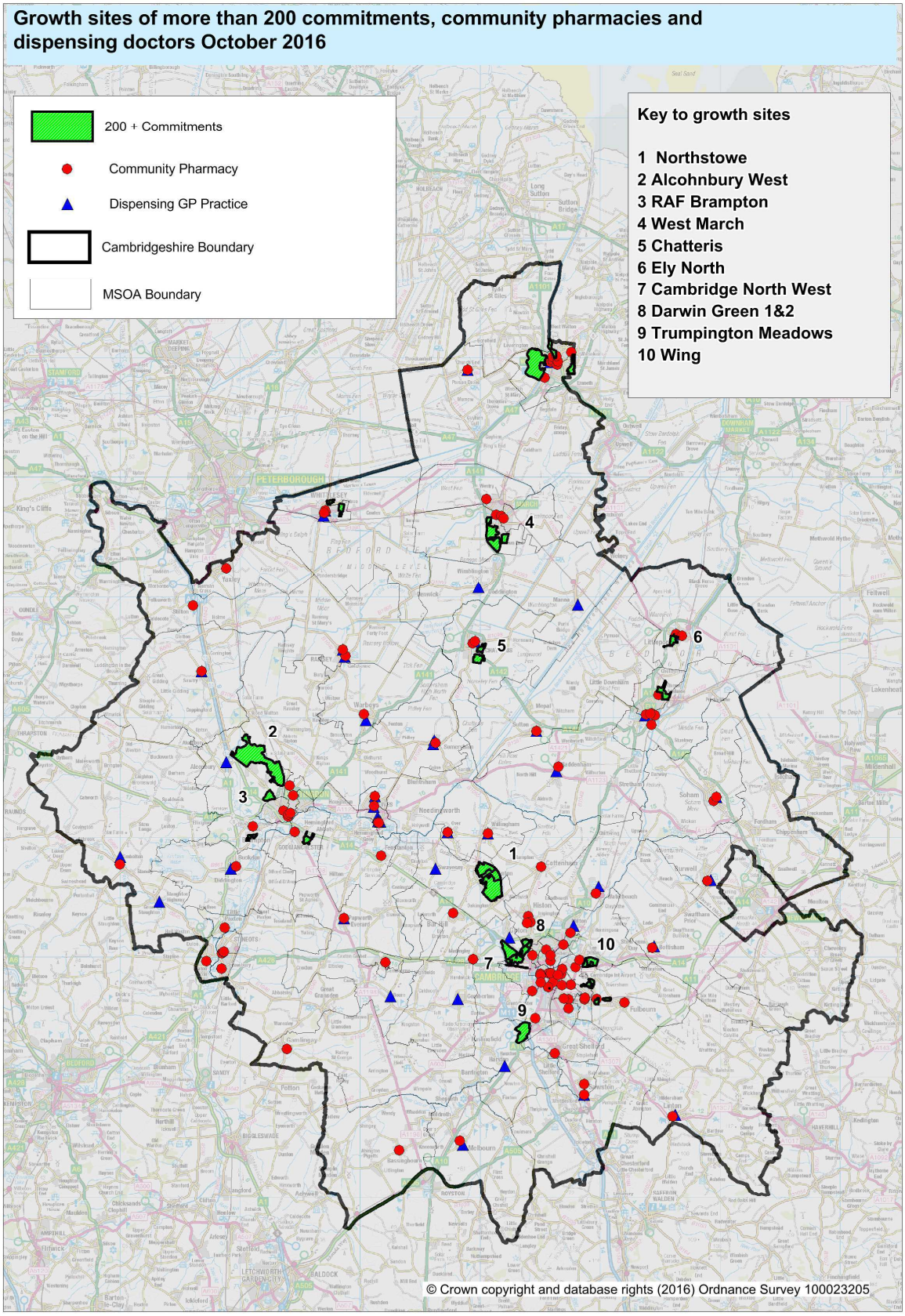
Considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, ie the proportion of affordable housing at the development.

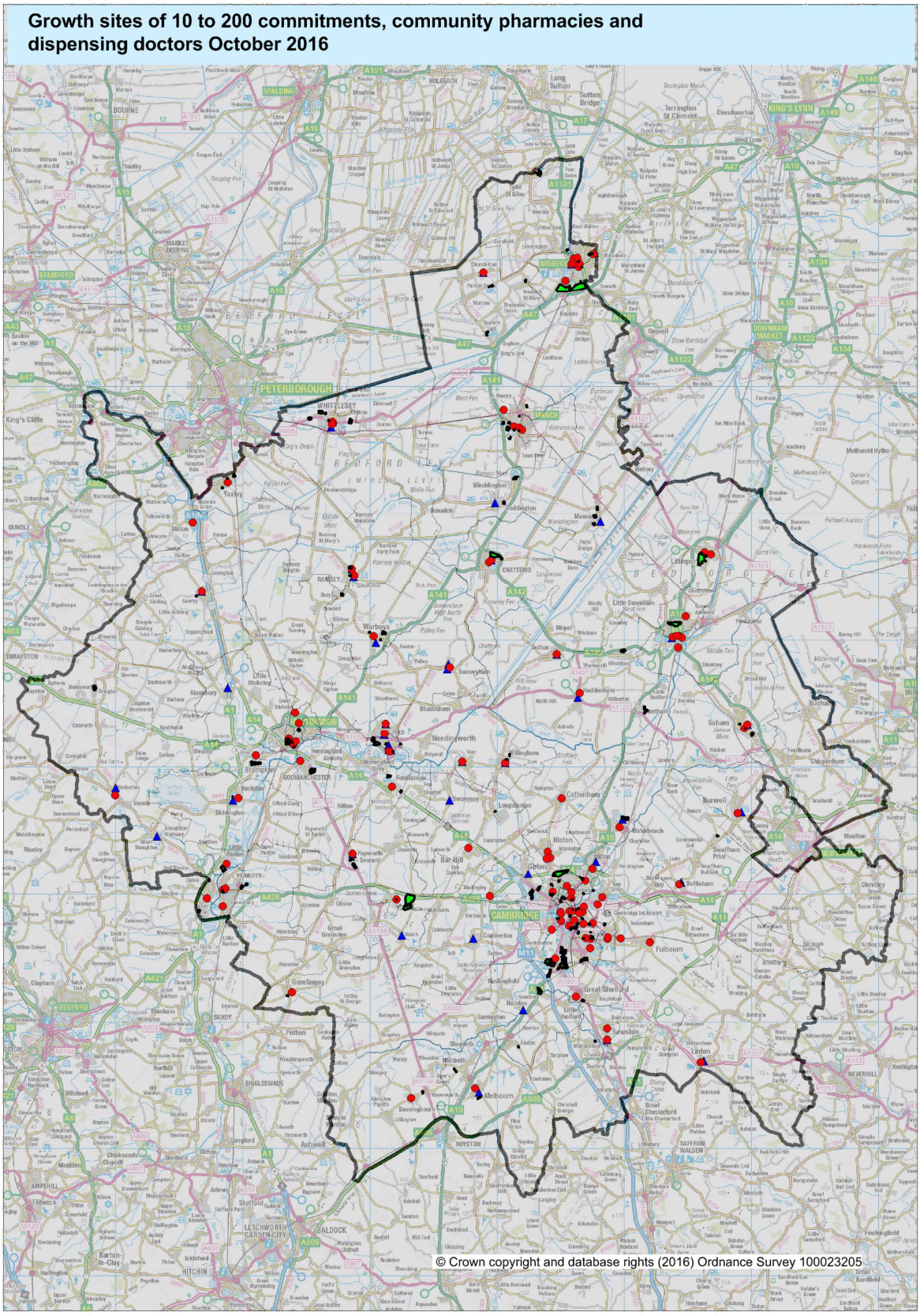
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision;
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (eg delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities for Cambridgeshire.

In conclusion, over the coming years, the population in Cambridgeshire is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The Cambridgeshire HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

Map 13: Growth sites of more than 200 commitments



Map 14: Growth sites of 10 to 200 commitments



Appendix 1: Legal requirements for PNAs

This section contains an extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Please note that the HWB takes no responsibility for the accuracy of the extract. The full text of the Regulations is available at: http://www.legislation.gov.uk/uksi/2013/349/contents/made

1. These regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and come into force on 1st April 2013.

2. Interpretation *(long – see website)*

3. The pharmaceutical services the PNA must cover are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:

a) *the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;*
b) *the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or*
c) *the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NSH services that may be provided under arrangements made by the NHSCB with a dispensing doctor)*

4. Information to be contained in PNA

(1) *Each PNA must contain the information set out in Schedule 1.*
(2) *Each HWB must, in so far as is practicable, keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement)*

5. Date by which the first HWB PNAs are to be published

Each HWB must publish its first PNA by 1st April 2015.

6. Subsequent assessments

(1) *After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication.*
(2) *A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular changes to –*
   a) *the number of people in its area who require pharmaceutical services;*
   b) *the demography of its area; and*
   c) *the risks to the health or wellbeing of people in its area,*

   unless it is satisfied that making a revised assessment would be a disproportionate response.

(3) *Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –*
   a) *the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and*
   b) *the HWB –*
      (i) *is satisfied that making its first or revised assessment would be a disproportionate response, or*

(ii) *is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.*

7. Temporary extension of PCT PNAs and access by the NHSCB and HWBs to PNAs

Before the publication by an HWB of the first PNA that it prepares for its area, the PNA that relates to any locality within that area is the PNA that relates to that locality of the PCT for that locality immediately before the appointed day, read with

a) *any supplementary statement published by the PCT (..)*
b) *any supplementary statement published by the HWB (..)*

Each HWB must ensure that the NHSCB has access to –

a) *the HWB's PNA (including any supplementary statements) (..)*
b) *any supplementary statement that the HWB publishes (..)*
c) *any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations*

Each HWB must ensure that, as necessary, other HWBs have access to any PNAs of any PCT that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on PNAs

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHSCB; and

(h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

(a) must consult that Committee before making its response to the consultation; and

(b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

(a) is treated as served with the draft by virtue of paragraph (5); or

(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

(a) the demography of its area;

(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;

(c) any different needs of different localities within its area;

(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—

> *(i) the need for pharmaceutical services in its area, or*
>
> *(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and*

(e) any other NHS services provided in or outside its area (which are not covered by subparagraph

(d)) which affect—

> *(i) the need for pharmaceutical services in its area, or*
>
> *(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.*

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and

(b) having regard to likely changes to—

> *(i) the number of people in its area who require pharmaceutical services,*
>
> *(ii) the demography of its area, and*

(iii) the risks to the health or wellbeing of people in its area.

SCHEDULE 1 Regulation 4(1)

Information to be contained in pharmaceutical needs assessments

Necessary services: current provision

1. *A statement of the pharmaceutical services that the HWB has identified as services that are provided—*

(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Necessary services: gaps in provision

2. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other relevant services: current provision

3. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—*

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

4. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,

(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other NHS services

5. *A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—*

(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

How the assessment was carried out

6. *An explanation of how the assessment has been carried out, and in particular—*

(a) how it has determined what are the localities in its area;

(b) how it has taken into account (where applicable)—

(i) the different needs of different localities in its area, and

(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

Map of provision

7. *A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.*

Appendix 2: List of Pharmacies & Dispensing Practices in Cambridgeshire

(July 2016)

ID	Pharmacy	Code
29	Acorn Pharmacy, Oaktree Drive, Huntingdon	FD696
57	Asda Pharmacy, Beehive Centre, Cambridge	FLM26
102	Asda Pharmacy, North End, Wisbech	FF184
58	Bassingbourn Pharmacy, Royston	FM614
30	Boots, (Boots UK Ltd) (Boots, (Boots UK Ltd) UK Ltd), High Street, St Neots, Huntingdon	FAC08
7	Boots, (Boots UK Ltd), Market Street, Ely	FD365
59	Boots, (Boots UK Ltd), Cambridge Retail Park, Cambridge	FFF41
63	Boots, (Boots UK Ltd), Grafton Centre, Cambridge	FJ710
32	Boots, (Boots UK Ltd), High Street, Huntingdon	FLX65
8	Boots, (Boots UK Ltd), Broad Street, March	FP164
31	Boots, (Boots UK Ltd), Sheep Market, St Ives, Huntingdon	FP179
64	Boots, (Boots UK Ltd), Petty Cury, Sidney St, Cambridge	FPA48
9	Boots, (Boots UK Ltd), Horsefair, Wisbech	FPK57
1	Boots, (Boots UK Ltd), Syers Lane, Whittlesey	FFR55
2	Boots, (Boots UK Ltd), Norfolk Street, Wisbech	FGX50
3	Boots, (Boots UK Ltd), Old Market, Wisbech	FL705
4	Boots, (Boots UK Ltd), De Havilland Road, Wisbech	FQH01
5	Boots, (Boots UK Ltd), Kirkgate Street, Walsoken, Wisbech	FFE75
60	Boots, (Boots UK Ltd), High Street, Cherry Hinton, Cambridge	FNC93
61	Boots, (Boots UK Ltd), High Street, Sawston, Cambridge	FNM28
62	Boots, (Boots UK Ltd), Woollards Lane, Gt Shelford, Cambridge	FXO39
6	Boots, (Boots UK Ltd), Marylebone Road, March	FAW48
10	Boots, (Boots UK Ltd), High Causeway, Whittlesey	FC181
33	Boots, (Boots UK Ltd), Sawtry, Huntingdon	FAE37
65	Boots, (Boots UK Ltd), Cherry Hinton Road, Cambridge	FM486
66	Boots, (Boots UK Ltd), Chesterton Road, Cambridge	FPQ39
103	Bottisham Pharmacy, High Street, Bottisham	FW128
34	Brampton Pharmacy, High Street, Brampton	FQJ32
35	Buckden Pharmacy, Hunts End, Buckden	FCF97
67	Ditton Pharmacy, Ditton Lane, Cambridge	FVP77
11	Fairbrother Pharmacy, Church Terrace, Wisbech	FRT66
36	Fenstanton Pharmacy, High Street, Fenstanton	FXE71
104	Fittleworth Medical, Histon	FJF97
75	Fitzwilliam Pharmacy, Trumpington Street, Cambridge	FPJ79
69	GFT Davies & Co, Hills Road, Cambridge	FRH66
68	Gamlingay Pharmacy, Church Street, Gamlingay	FKT41
70	JT and K Gregory Pharmacy & Opticians, Trumpington, Cambridge	FV636
12	Haddenham Pharmacy, Station Road, Haddenham	FDQ06
105	Halls the Chemist, Stilton	FWL28
37	JW Anderson Dispensing Chemist, Somersham, Huntingdon	FL284
38	JW Anderson Dispensing Chemist, Somersham, Huntingdon	FHM18
71	Kays Chemist, Wulfstan Way, Cambridge	FH400
72	Kumar Chemist, High Street, Cherry Hinton	FXP71
39	Rowlands Pharmacy, The Health Centre, Yaxley	FF148
40	Little Paxton Pharmacy, St Neots	FWJ14
14	Lloyds Pharmacy, High Street, Soham, Ely	FJ667

ID	Pharmacy	Code
73	Loves Farm Pharmacy, St Neots	FF149
13	Lloyds Pharmacy, High Street, Chatteris	FJ193
18	Lloyds Pharmacy, High Street, Burwell, Cambridge	FRK45
76	Lloyds Pharmacy, High Street, Cambourne	FWE48
41	Lloyds Pharmacy, Great Whyte, Ramsey, Huntingdon	FA042
47	Lloyds Pharmacy, Market Hill, St Ives, Huntingdon	FC219
42	Lloyds Pharmacy, Ermine St, Huntingdon	FDL32
43	Lloyds Pharmacy, Kings Hedges, St Ives, Huntingdon	FGT99
15	Lloyds Pharmacy, Princess of Wales, Ely	FJ828
16	Lloyds Pharmacy, Elwyn Roadd, March	FK813
44	Lloyds Pharmacy, Huntingdon Street, St Neots	FLF21
74	Lloyds Pharmacy, Nuffield Centre, Cambridge	FMQ30
45	Lloyds Pharmacy, Gt North Road, St Neots	FMR87
17	Lloyds Pharmacy, Main Street, Littleport	FPF47
19	St Mary's Pharmacy, Ely	FEJ14
20	Lloyds Pharmacy, Swan Drive, Chatteris	FYE36
46	Lloyds Pharmacy, Stockingfen Road, Ramsey	FQ079
21	Staploe Pharmacy	FXM99
77	Milton Road Pharmacy, Cambridge	FND78
106	Lloyds Pharmacy, Arbury Court, Cambridge	FA272
78	NK Jank Chemist, Newnham Road, Cambridge	FM044
23	Brink Medicines Ltd	FQN58
86	Numark Pharmacy, Perne Road, Cambridge	FG659
107	Over Healthcare Pharmacy, Drings Close, Cambridge	FW840
50	Papworth Pharmacy	FDV36
24	Parson Drove Pharmacy, Wisbech	FAK71
87	Waterbeach Pharmacy, Cambridge	FAN68
108	Priory Fields Pharmacy, Huntingdon	FW406
51	Rowlands Pharmacy, Lansdowne Road, Yaxley	FRR65
88	Rowlands Pharmacy, Histon, Cambridge	FX220
109	Sainsbury's Pharmacy, Ely	FDK60
110	Lloyds Pharmacy, Brooks Road, Cambridge	FQ463
52	Sainsburys Pharmacy, Nursery Road, Huntingdon	FMT88
89	Sawston Pharmacy, London Road, Sawston, Cambridge	FW739
111	St George's Pharmacy, Littleport	FRA84
112	Lloyds Pharmacy, Ely	FT482
90	Superdrug Pharmacy, Sidney Street, Cambridge	FJE06
91	Superdrug Pharmacy, Fitzroy Street, Cambridge	FVE60
25	BK Kandola Ltd, High St, Sutton	FMF35
27	Tesco In-store Pharmacy, Sandown Road, Wisbech	FG548
53	Tesco In-store Pharmacy, Abbots Ripton Road, Huntingdon	FJ285
54	Tesco In-store Pharmacy, Eynesbury, St Neots, Huntingdon	FJ579
93	Tesco In-store Pharmacy, Bar Hill, Cambridge	FJM20
26	Tesco In-store Pharmacy, March	FJW80
28	Tesco In-store Pharmacy, Angel Drove, Ely	FTO42
94	Tesco In-store Pharmacy, Cambridge Road, Milton, Cambridge	FV774
92	Tesco In-store Pharmacy, Yarrow Road, Fulbourn	FVR16
85	Well Pharmacy, Barnwell Road, Cambridge	FC248
79	Well Pharmacy, Station Road, Impington, Cambridge	FCH09
83	Well Pharmacy, High Street, Cottenham	FCJ05

ID	Pharmacy	Code
48	Well Pharmacy, Constable Road, St Ives, Huntingdon	FD555
22	Well Pharmacy, Augustine's Road, Wisbech	FFJ83
49	Well Pharmacy, Huntingdon Street, St Neots	FM489
80	Well Pharmacy, High Street, Melbourn, Royston	FN376
84	Well Pharmacy, York Street, Cambridge	FNT86
81	Well Pharmacy, Unity House, Mill Rd, Cambridge	FQJ21
82	Well Pharmacy, Station Road, Histon, Cambridge	FT890
56	The Old Swan Pharmacy, Kimbolton, Huntingdon	FC095
95	The Village Pharmacy, Fulbourn, Cambridge	FM607
96	Village Pharmacy, Linton, Cambridge	FR918
55	JW Anderson Dispensing Chemis, Ramsey Road, Warboys	FLQ28
97	Waterbeach Pharmacy, Cambridge	FHK72
99	Whittlesey Pharmacy, Whittlesey	FGQ83
98	Willingham Health Care, Cambridge	FTA59

List of Dispensing Practices (Oct 2016) *Source: NHS England East Anglia Area Team.*

Practice Code	Practice Name	Map ID
D81004	Alconbury & Brampton Surgeries	38
D81055	Bottisham Medical Practice	12
D81041	Bourn Surgery	5
D81045	Buckden Surgery	30
D81051	The Burwell Surgery	14
D81040	Church Street Medical Centre	40
D81011	Clarkson Surgery	21
D81035	Comberton & Eversden Surgery	6
D81030	Cromwell Place Surgery	35
D81071	Doddington Medical Centre	24
D81061	George Clare Surgery	27
D81081	Great Staughton Surgery	29
D81062	Haddenham Surgery	17
D81058	Harston Surgery	4
D81002	Girton Branch Surgery (Huntingdon Road Surgery)	1
D81039	Jenner Health Centre	25
D81038	Kimbolton Medical Centre	28
D81048	Linton Health Centre (now Granta Medical Practices)*	2
D81611	Manea Surgery	23
D81612	Milton Surgery	10
D81060	The Moat House Surgery	39
D81046	The New Queen Street Surgery	26
D81008	The North Brink Practice	20
D81074	Northcote House Surgery	37
D81623	The Old Telephone Exchange	36
D81018	Orchard Surgery, Melbourn	11
D81606	Orchard Surgery, St Ives	33
D81033	The Over Surgery	9
D81085	Papworth Surgery	43
D81619	Parkhall Surgery	41
D81015	Parson Drove Surgery	22
D81036	Priors Field Surgery	16
D81087	Rainbow Surgery	32
D81059	Ramsey Health Centre	31
D81043	Granta Medical Practices (formerly Sawston)	3
D81021	St Georges Medical Centre	15
D81034	St Mary's Surgery	18
D81607	Swavesey Surgery	7
D81049	The Spinney Partnership	34
D81014	The Staploe Medical Centre	19
D81042	Waterbeach Surgery	13
D81027	Wellside Surgery	42
D81084	Willingham Medical Practice	8

** Sawston Medical Practice and Linton Health Centre now merged to become Granta Medical Practice*

2.c Methods used to identify and map pharmaceutical service providers:

- A list of pharmacies within Cambridgeshire as of 30th June 2016 including postcodes and other information was obtained via Medicines Management in the CCG. This was checked against information from the Organisation Data Service (ODS) (as at June 2016). The 2016 list was compared with that from the previous PNA to identify pharmacies that opened and/or closed since the last PNA was published.
- Pharmacies in surrounding counties were obtained from the ODS. An alternative method for identifying out-of-area providers has also been described[80] but was not used for the current PNA as it was considered more resource intensive.
- Lists of dispensing practices were obtained from NHS England Area Team. The number of people registered with as a dispensing patient was obtained from NHS Digital.
- Maps showing the locations of premises providing pharmaceutical services were created in MapInfo.
- Maps showing access to pharmaceutical services by travel distance were created using *Rootfinder version 3.7.3*. Use of *AddressBase Premium* enabled identification of properties that are classified as residential. This map was not updated from 2013.

[80] NHS Primary Care Commissioning. 'Identifying out-of-area providers of pharmaceutical services' August 2010. Available at: http://www.pcc-cic.org.uk/sites/default/files/articles/attachments/identifying_out_of_area_providers_of_pharmaceutical_services.pdf

Appendix 3: Results of Community Pharmacy questionnaire 2016

A questionnaire was sent to all 110 Community Pharmacies in Cambridgeshire.
There were 93 returned questionnaires (85%)

Consultation Facilities

Question	Response
Are consultation facilities on site and do they include wheelchair access? Where there is a consultation area, is it a closed room?	Out of 93 returned questionnaires: 87 (94%) Have consult. areas w/ wheelchair access 5 (5%) Have consult. areas w/o wheelchair access 1 (1%) Has planned within next 12 months 93 (100%) Have the consult. area in a closed room
Have access to off-site consultation area? Willing to undertake consultations in patient's home, or other suitable site?	Out of 93 returned questionnaires: 2 (2%) have access to off-site consultation area 48 (52%) willing to undertake consult. in patient's home/other suitable site
During consultations are there hand washing facilities? Patents attending for consultations have access to toilet facilities	Out of 93 returned questionnaires: 65 (70%) Hand-washing facilities in cons. area 21 (23%) Hand-washing facilities near cons. area 7 (8%) No hand-washing facilities 44 (47%) have toilet facilities available for patients.

IT Facilities

Question	Response
Does the pharmacy have an nhs.net email address? If no, does the pharmacy intend to have an nhs.net address in the next 12 months?	Out of 93 returned questionnaires: 19 (20%) have an nhs.net address 74 (80%) do not have an nhs.net address 51/74 (69%) intend to have an nhs.net address in the next 12 months
Facilities for opening documents	Out of 93 returned questionnaires: Word 91 (98%) Access 55(59%) Excel 85 (91%) PDF 92(99%)

Question	Response
Essential Services	
Does the pharmacy dispense appliances?	Out of 93 returned questionnaires: 83 (89%) Yes, all types 2 (2%) Yes, excluding stoma appliances 1 (1%) Yes, excluding incontinence appliances 2 (2%) Yes, excluding stoma and incontinence 3 (3%) Yes, just dressings 2 (2%) None

Advanced Services

Question	Response
Medicines Use Review	Out of 93 returned questionnaires: 93 (100%) Yes
Appliance Use Review	7 (8%) Yes 19 (20%) Intend to begin within 12 months 67 (72%) Not intending to provide
Stoma Appliance Customisation	22 (24%) Yes 13 (14%) Intend to begin within 12 months 58 (62%) Not intending to provide
New Medicines Service	93 (100%) Yes
NHS Seasonal Flu Vaccination	78 (84%) Yes 9 (10%) Intend to begin within 12 months 6 (7%) Not intending to provide
Locally Commissioned Services **Locally commissioned services commissioned by either NHS England, Local Authorities or CCGs**	
Anticoagulant monitoring service	Of 93 returned questionnaires: 0 (0%) Currently providing 15 (16%) Willing and able to provide if commissioned 55 (59%) As above (needs training) 10 (11%) As above (need facilities adjustment) 13 (14%) Not able or willing to provide

Question	Response
Anti-viral distribution service	1 (1%) Currently providing 16 (17%) Willing and able to provide if commissioned 49 (53%) As above (needs training) 8 (9%) As above (need facilities adjustmen 19 (20%) Not able or willing to provide
Care Home Service	14 (15%) Currently providing 21 (23%) Willing and able to provide if commissioned 33 (36%) As above (needs training) 5 (5%) As above (need facilities adjustment) 20 (22%) Not able or willing to provide
Chlamydia testing service	31 (33%) Currently providing 9 (10%) Willing and able to provide if commissioned 41 (44%) As above (needs training) 4 (4%) As above (need facilities adjustment) 8 (9%) Not able or willing to provide
Emergency Hormonal Contraception Service	65 (70%) Currently providing 8 (9%) Willing and able to provide if commissioned 15 (16%) As above (needs training) 1 (1%) As above (need facilities adjustment) 4 (4%) Not able or willing to provide
Emergency Supply of Medicines (at NHS expense)	36 (38%) Currently providing 23 (25%) Willing and able to provide if commissioned 31 (33%) As above (needs training) 1 (1%) As above (need facilities adjustment) 2 (2%) Not able or willing to provide
Home Delivery Services (not applicances)	60 (65%) Currently providing 10 (11%) Willing and able to provide if commissioned 15 (16%) As above (needs training) 2 (2%) As above (need facilities adjustment) 6 (6%) Not able or willing to provide
Gluten Free Food Supply Service (ie not via FP10)	10 (11%) Currently providing 31 (33%) Willing and able to provide if commissioned 32 (34%) As above (needs training) 3 (3%) As above (need facilities adjustment) 17 (18%) Not able or willing to provide
Independent (Prescribing Service)	2 (2%) Currently providing 14 (15%) Willing and able to provide if commissioned 56 (60%) As above (needs training) 3 (3%) As above (need facilities adjustment) 18 (19%) Not able or willing to provide

Question	Response
Language Access Review	1 (1%) Currently providing 17 (18%) Willing and able to provide if commissioned 49 (53%) As above (needs training) 2 (2%) As above (need facilities adjustment) 24 (26%) Not able or willing to provide
Medication Review Service	53 (57%) Currently providing 8 (9%) Willing and able to provide if commissioned 29 (31%) As above (needs training) 0 (0%) As above (need facilities adjustment) 3 (3%) Not able or willing to provide
Medicines Assessment and Compliance Support	6 (7%) Currently providing 20 (22%) Willing and able to provide if commissioned 52 (56%) As above (needs training) 4 (4%) As above (need facilities adjustment) 11 (12%) Not able or willing to provide
MUR Plus Service	1 (1%) Currently providing 24 (26%) Willing and able to provide if commissioned 56 (60%) As above (needs training) 3 (3%) As above (need facilities adjustment) 9 (10%) Not able or willing to provide
Needle and Syringe Exchange Service	35 (38%) Currently providing 12 (13%) Willing and able to provide if commissioned 25 (26%) As above (needs training) 5 (5%) As above (need facilities adjustment) 16 (17%) Not able or willing to provide
Obesity Management (adults and children)	0 (0%) Currently providing 22 (24%) Willing and able to provide if commissioned 54 (58%) As above (needs training) 5 (5%) As above (need facilities adjustment) 12 (13%) Not able or willing to provide
On demand availability of specialist drugs service	5 (5%) Currently providing 21 (23%) Willing and able to provide if commissioned 44 (47%) As above (needs training) 5 (5%) As above (need facilities adjustment) 18 (19%) Not able or willing to provide
Oral Contraceptive Service	18 (19%) Currently providing 19 (20%) Willing and able to provide if commissioned 44 (47%) As above (needs training) 4 (4%) As above (need facilities adjustment) 8 (9%) Not able or willing to provide

Question	Response
Out of Hours Service	6 (7%) Currently providing 21 (23%) Willing and able to provide if commissioned 20 (22%) As above (needs training) 2 (2%) As above (need facilities adjustment) 44 (47%) Not able or willing to provide
Phlebotomy Service	4 (4%) Currently providing 8 (8%) Willing and able to provide if commissioned 40 (43%) As above (needs training) 16 (17%) As above (need facilities adjustment) 25 (27%) Not able or willing to provide
Prescriber Support Service	0 (0%) Currently providing 16 (17%) Willing and able to provide if commissioned 48 (52%) As above (needs training) 6 (7%) As above (need facilities adjustment) 23 (25%) Not able or willing to provide
Refer to Pharmacy *allows hospital pharmacy to refer patients to their community pharmacy for a discharge medicines use review/new medicines service	9 (10%) Currently providing 29 (31%) Willing and able to provide if commissioned 40 (43%) As above (needs training) 4 (4%) As above (need facilities adjustment) 11 (12%) Not able or willing to provide
Schools Service	2 (2%) Currently providing 19 (20%) Willing and able to provide if commissioned 46 (50%) As above (needs training) 4 (4%) As above (need facilities adjustment) 22 (24%) Not able or willing to provide
Sharps Disposal Service	22 (24%) Currently providing 20 (22%) Willing and able to provide if commissioned 27 (29%) As above (needs training) 9 (10%) As above (need facilities adjustment) 15 (16%) Not able or willing to provide
Stop Smoking Service (full service)	46 (50%) Currently providing 11 (12%) Willing and able to provide if commissioned 24 (26%) As above (needs training) 5 (5%) As above (need facilities adjustment) 7 (8%) Not able or willing to provide
Stop Smoking Service (voucher service)	58 (62%) Currently providing 12 (13%) Willing and able to provide if commissioned 14 (15%) As above (needs training) 4 (4%) As above (need facilities adjustment) 5 (5%) Not able or willing to provide
Supervised Administration Service	75 (81%) Currently providing 4 (4%) Willing and able to provide if commissioned 7 (8%) As above (needs training) 2 (2%) As above (need facilities adjustment) 5 (5%) Not able or willing to provide

Question	Response
Vascular Risk Assessment Service (NHS Health Check)	6 (7%) Currently providing 17 (18%) Willing and able to provide if commissioned 53 (57%) As above (needs training) 6 (7%) As above (need facilities adjustment) 11 (12%) Not able or willing to provide

Locally commissioned services – Disease Specific Management Service

Question	Response
Allergies	1 (1%) Currently providing 21 (23%) Willing and able to provide if commissioned 55 (59%) As above (needs training) 6 (7%) As above (need facilities adjustment) 10 (11%) Not able or willing to provide
Alzheimer's/Dementia	0 (0%) Currently providing 20 (22%) Willing and able to provide if commissioned 52 (56%) As above (needs training) 6 (7%) As above (need facilities adjustment) 15 (16%) Not able or willing to provide
Asthma	1 (1%) Currently providing 22 (24%) Willing and able to provide if commissioned 56 (60%) As above (needs training) 5 (5%) As above (need facilities adjustment) 9 (10%) Not able or willing to provide
CHD	1 (1%) Currently providing 21 (23%) Willing and able to provide if commissioned 50 (54%) As above (needs training) 6 (7%) As above (need facilities adjustment) 15 (16%) Not able or willing to provide
COPD	1 (1%) Currently providing 21 (23%) Willing and able to provide if commissioned 51 (55%) As above (needs training) 7 (8%) As above (need facilities adjustment) 13 (14%) Not able or willing to provide
Depression	1 (1%) Currently providing 20 (22%) Willing and able to provide if commissioned 52 (56%) As above (needs training) 5 (5%) As above (need facilities adjustment) 15 (16%) Not able or willing to provide
Diabetes type I	3 (3%) Currently providing 21(23%) Willing and able to provide if commissioned 52(56%) As above (needs training) 4 (4%) As above (need facilities adjustment) 13(14%) Not able or willing to provide

Question	Response
Diabetes type II	4 (4%) Currently providing 21 (23%) Willing and able to provide if commissioned 54 (56%) As above (needs training) 4 (4%) As above (need facilities adjustment) 10 (11%) Not able or willing to provide
Epilepsy	0 (0%) Currently providing 20 (22%) Willing and able to provide if commissioned 51 (55%) As above (needs training) 5 (5%) As above (need facilities adjustment) 17 (18%) Not able or willing to provide
Heart Failure	1 (1%) Currently providing 20 (22%) Willing and able to provide if commissioned 51 (55%) As above (needs training) 5 (5%) As above (need facilities adjustment) 16 (17%) Not able or willing to provide
Hypertension	2 (2%) Currently providing 22 (24%) Willing and able to provide if commissioned 53 (57%) As above (needs training) 4 (4%) As above (need facilities adjustment) 12 (13%) Not able or willing to provide
Parkinson's Disease	0 (0%) Currently providing 21 (23%) Willing and able to provide if commissioned 50 (54%) As above (needs training) 5 (5%) As above (need facilities adjustment) 17 (28%) Not able or willing to provide

Locally commissioned services – Screening Services

Alcohol	0 (0%) Currently providing 17 (18%) Willing and able to provide if commissioned 54 (58%) As above (needs training) 7 (8%) As above (need facilities adjustment) 15 (16%) Not able or willing to provide
Cholesterol	2 (2%) Currently providing 19 (20%) Willing and able to provide if commissioned 55 (59%) As above (needs training) 8 (9%) As above (need facilities adjustment) 9 (10%) Not able or willing to provide
Diabetes	11 (12%) Currently providing 18 (19%) Willing and able to provide if commissioned 54 (58%) As above (needs training) 6 (7%) As above (need facilities adjustment) 4 (4%) Not able or willing to provide

Question	Response
Gonorrhoea	0 (0%) Currently providing 17 (18%) Willing and able to provide if commissioned 48 (52%) As above (needs training) 8 (9%) As above (need facilities adjustment) 20 (22%) Not able or willing to provide
H. pylori	0 (0%) Currently providing 16 (17%) Willing and able to provide if commissioned 53 (57%) As above (needs training) 8 (9%) As above (need facilities adjustment) 16 (17%) Not able or willing to provide
HbA1C	0 (0%) Currently providing 18 (19%) Willing and able to provide if commissioned 52 (56%) As above (needs training) 8 (9%) As above (need facilities adjustment) 15 (16%) Not able or willing to provide
Hepatitis	0 (0%) Currently providing 16 (17%) Willing and able to provide if commissioned 45 (48%) As above (needs training) 8 (9%) As above (need facilities adjustment) 24 (26%) Not able or willing to provide
HIV	1 (1%) Currently providing 15 (16%) Willing and able to provide if commissioned 45 (48%) As above (needs training) 7 (8%) As above (need facilities adjustment) 25 (26%) Not able or willing to provide

Locally commissioned services – Other vaccinations

Childhood vaccinations	6 (7%) Currently providing 12 (13%) Willing and able to provide if commissioned 50 (54%) As above (needs training) 7 (8%) As above (need facilities adjustment) 18 (19%) Not able or willing to provide
Hepatitis (at risk workers or patients)	5 (5%) Currently providing 17 (18%) Willing and able to provide if commissioned 47 (51%) As above (needs training) 6 (7%) As above (need facilities adjustment) 18 (19%) Not able or willing to provide
HPV	6 (7%) Currently providing 14 (15%) Willing and able to provide if commissioned 49 (53%) As above (needs training) 6 (7%) As above (need facilities adjustment) 18 (19%) Not able or willing to provide

Question	Response
Travel vaccines	7 (8%) Currently providing 20 (22%) Willing and able to provide if commissioned 47 (51%) As above (needs training) 7 (8%) As above (need facilities adjustment) 12 (13%) Not able or willing to provide

Non NHS funded services – Does the Pharmacy provide any of the following?

	Out of 93 returned questionnaires
Collection of prescriptions from surgeries	93 (100%) Yes
Delivery of dispensed medicines – free of charge on request	83 (89%) Yes 10 (11%) No
Delivery of dispensed medicines - chargeable	6 (7%) Yes 87 (93%) No

Does the pharmacy provide any of the following weight management interventions?

	Out of 93 returned questionnaires:
Weight management suitable for adults (18+) Brief advice and provision of suitable health promotion materials	35 (38%) Currently providing 58 (62%) Willing to if training provided
Weight management for children (17 and under) with parents, Brief advice and provision of suitable health promotion material.	18 (19%) Currently providing 75 (81%) Willing to if training provided
Offer to determine BMI in children and.or BMI and waist measurement in adults	20 (22%) Currently providing 73 (79%) Willing to if training provided
Follow up consultations for support and motivation and to record progress outcomes,	7 (8%) Currently providing 86 (92%) Willing to if training provided
Referral to GP for weight management support	21 (23%) Currently providing 72 (77%) Willing to if training provided

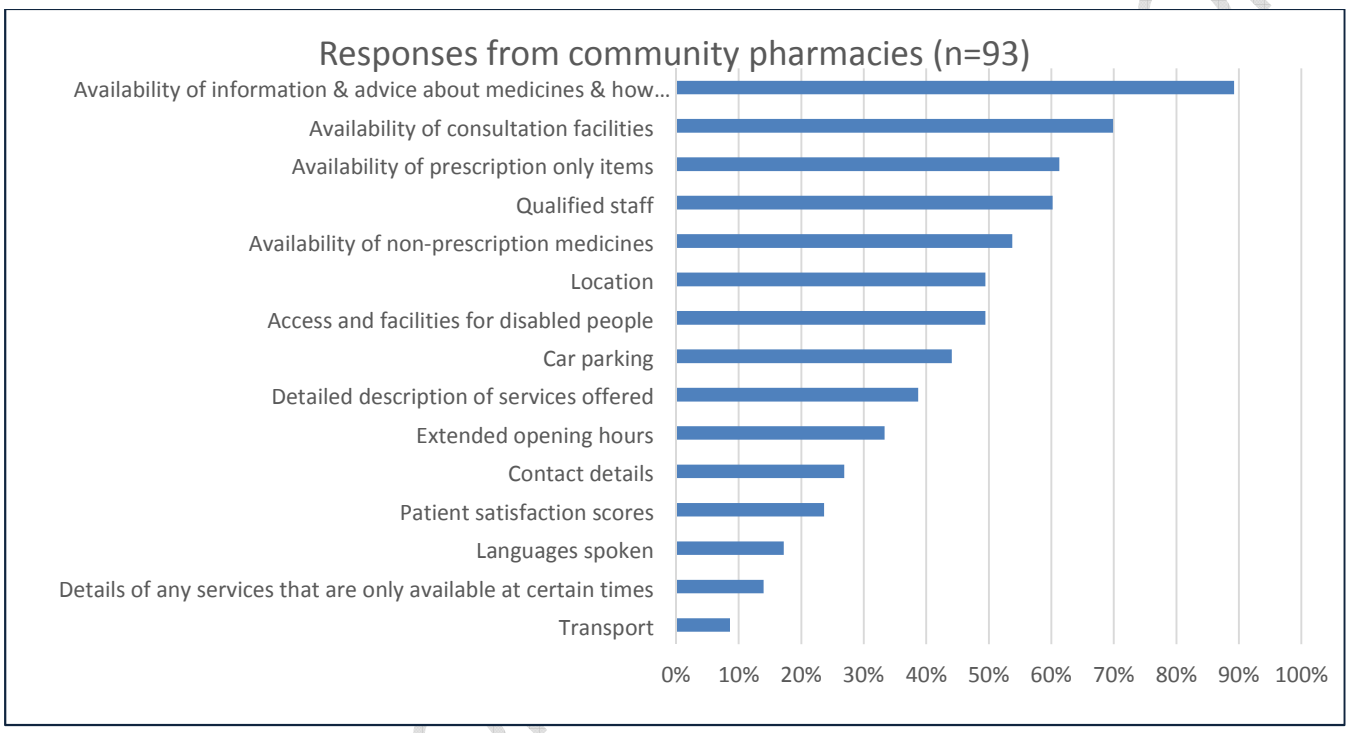
Question	Response

Does the Pharmacy provide any of the following?

Brief advice on lifestyles eg stop smoking, weight management etc	Out of the 93 returned questionnaires: 92 (99%) Yes
Signposting to lifestyle services eg Stop Smoking, weight management, exercise etc	91 (98%) Yes
Referral to lifestyle services eg Stop smoking, weight management, exercise etc	75 (81%) Yes
Would the pharmacy like more information about local lifestyle services?	87 (94%) Yes
Does the Pharmacy participate in the contractual annual six Public Health Campaigns?	87 (94%) Yes
Does the Pharmacy do any extra promotional work?	55 (59%) Yes 38 (41%) No
Are there any other non NHS commissioned services that the pharmacy provides.	Examples include – blood pressure monitoring; local GP surgery warfarin clinic held on premises; asthma/copd inhaler user advice; male sexual health clinic; wellness checks at a cost, phlebotomy; travel health; opticians; Dosette trays; Repeat Prescription services;
Does your pharmacy supply medicines etc to care homes?	28 (30%) Yes 65 (%) No 10 (10.3%) Blank
Is the current provision of Dispensing Doctors and Community Pharmacies: Excellent, Good, Adequate, Poor	Out of 97 returned questionnaires: Excellent 36 (39%) Good 51 (55%) Adequate 6 (7%) Poor 0 (0%)

Question	Response
Do you feel there is a need for more pharmaceutical providers in your locality?	5 (6%) Yes 88 (95%) No

Which features from your Dispensing Doctors and Community Pharmacies would you identify as being important?



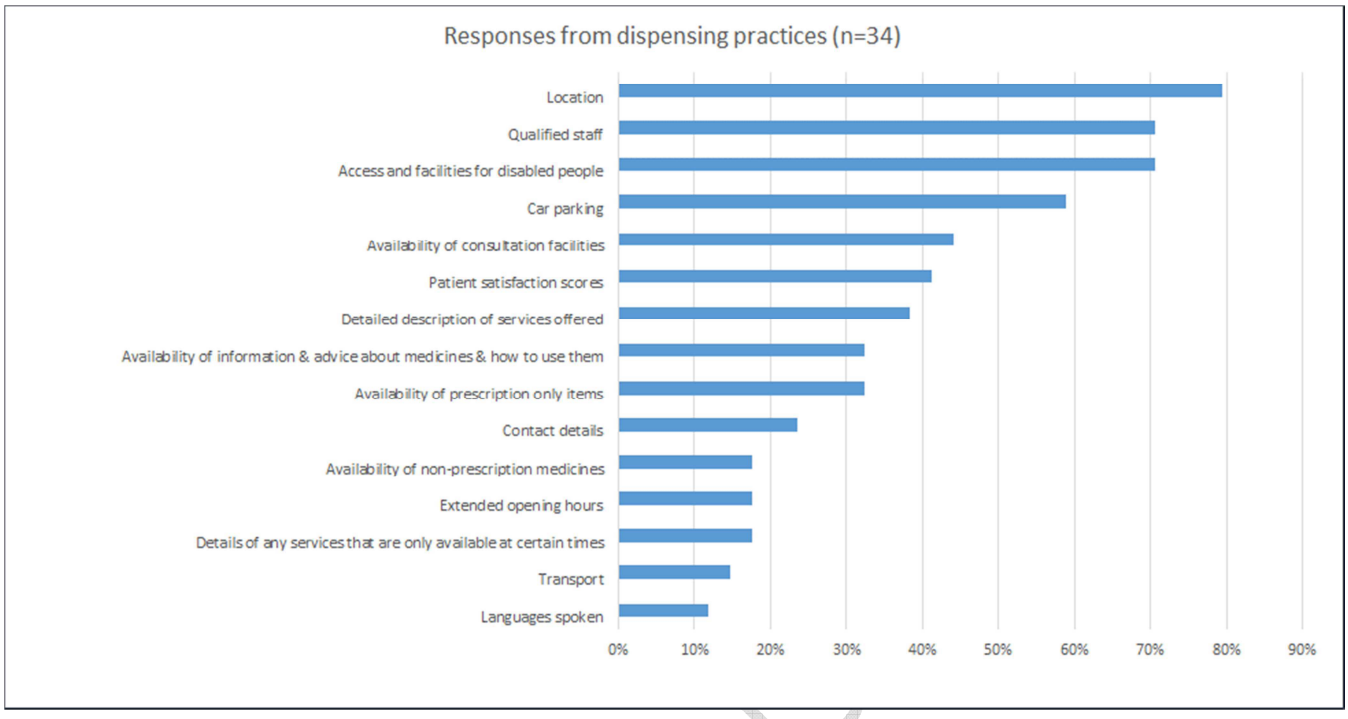
Results of the Dispensing Practice Questionnaire

A questionnaire was sent to all 43 Dispensing Practices in Cambridgeshire. There were 34 returned questionnaires giving a response rate of 79%.

	Question	Response
Consultation Facilities	Are consultation facilities on site and do they include wheelchair access? Where there is a consultation area, is it a closed room?	Out of 34 returned questionnaires: 30 (88%) Have wheelchair access 4 (12%) Have no consultation area 28 (83%) Have a closed room on site for consultation 6 (18%) No
IT Facilities	Electronic Prescription Service	Out of 34 returned questionnaires: 15 (44%) are Release 2 enabled 6 (18%) Intend to become Release 2 enabled 13 (38%) No plans for EPS at present
Services	Essential Does the pharmacy dispense appliances?	Out of 34 returned questionnaires: 15 (44%) Yes, all types 1 (3%) Yes, excluding stoma appliances 3 (9%) Yes, excluding incontinence appliances 2 (6%) Yes, excluding stoma and incontinence 7 (21%) Yes, just dressings 6 (18%) None
	Appliance Use Review	Out of 34 returned questionnaires: 3 (9%) Yes 1 (3%) Intend to begin within 12 months 30 (88%) Not intending to provide
	Stoma Appliance Customisation	Out of 34 returned questionnaires: 2 (6%) Yes 1 (3%) Intend to begin within 12 months 31 (91%) Not intending to provide
	Collection of prescriptions from surgeries	Out of 34 returned questionnaires: 10 (29%) Yes 24 (71%) No
	Delivery of dispensed medicines free of charge on request	Out of 34 returned questionnaires: 17 (50%) Yes 17 (50%) No
	Delivery of dispensed medicines - chargeable	Out of 34 returned questionnaires: 4 (12%) Yes 30 (88%) No
	Delivery of dispensed medicines selected patient groups	Out of 34 returned questionnaires: 4 responses indicating delivery of meds under disability discrimination act as needed; service to housebound, elderly, disabled or those isolated and unable to find he
	Supply of medicines to care homes	Out of 34 returned questionnaires: 12 (35%) Yes 22 (65%) No

	Current provision of pharmaceutical providers	Out of 34 returned questionnaires: Excellent 19 responders (56%) Good 14 responders (41%) Adequate 1 responders (3%) Poor 0 responders (0%)
	Are there any other services provided from your dispensary that you would like to be considered in the PNA?	Examples of responses: 1. DRUMS – Dispensary Review of Use of Medicines. 2. As a dispensing practice we fully integrate GP, nurse and dispensing services. 3. Remote delivery of prescriptions for the over 60s; internet and email access for ordering prescriptions. 4. Preparing Dosset boxes. 5. Reminders for overdue reviews and ability to book in patient at the time. 6. Staff trained to flag patients with memory problems. 7. Just in Case Bags. 8. GP led medication reviews; measuring and fitting of hosiery; flu vaccinations; minor illness consultations; prophylactic medication; travel advice and vaccinations; missed HPV vaccinations, smoking cessation; dermatology checks; erectile dysfunction medications; emergency and LARC contraception.
	Do you feel there is a need for more pharmaceutical service providers in your locality?	Out of 34 returned questionnaires: 2 (6%) Yes 32 (94%) No

Top Five Features identified as being important by Dispensing Practices



Appendix 4: Details of PNA process & document control

Date	***Action***	***Person***
16 June 2016	Planning meeting with chapter authors	KW, JE, SH, IG
14 July 2016	Steering group meeting – initial comments on PNA 2014 and recommendations for amendments for 2017 draft noted	Steering Group
August	Pharmacy questionnaire updated and sent out	JE, SH, RB, JW
July – Oct 2016	Updating all public health data sources including demography, health needs and maps	JE
Sept - Oct 2016	Health improvement team review and updating of local health needs section (Chapter 4)	VT & HI team
Oct – Nov 2016	Chapters 1,2, 3 & 4 edited and summarised to reduce word count	KW
Oct – Nov 2016	Planning chapter (Chapter 5) revised and reviewed, all data updated and additional information added re new sites	IG
Nov 2016	Pharmacy questionnaire data analysed and new data added to draft	JE, KW
Nov 2016	Addition of briefing on new Pharmacy Contract (in conjunction with LPC & CCG)	KW, RB, JW, JE
Dec – Jan 2017	Feedback from HWB Support Group including District Council representatives, Social Care, LMC,	KW collated
4 Jan 2017	Amendments to report according to feedback. Murray report reviewed and relevant recommendations added to the PNA. New regulations and amendments added to PNA report.	KW
5 Jan 2017	Draft 2017 PNA report approved by Steering group	Steering Group
19 Jan 2017	Draft 2017 report for public consultation presented to Cambridgeshire Health and Wellbeing Board	KW, RB, JW, SG
23 Jan 2017	Draft 2017 report published for 60 day public consultation (23rd January 2017 – 27th March 2017)	

Appendix 5: Impact of the Pharmacy Contract Funding Changes (October 2016)

This section outlines the recent consultation and changes to the national Pharmacy contract. Of note, a national public consultation was held to seek views on the proposals in 2015/16 and the decisions have been taken at a national level by DoH. This section describes the national changes in order to assess the potential impact on Cambridgeshire pharmaceutical providers and the local population.

A5.1 Summary of the changes to the Pharmacy Contract

In December 2015, the Department of Health (DoH) launched a consultation with the Pharmaceutical Services Negotiation Committee (PSNC), pharmacy stakeholders and others on community pharmacy in 2016/17 and beyond.[81] The stated vision from the DoH was:

'for community pharmacy to be integrated with the wider health and social care system. This will aim to relieve pressure on GPs and Accident and Emergency Department, ensure optimal use of medicines, and will mean better value and patient outcomes. It will support the promotion of healthy lifestyles and ill health prevention, as well as contributing to delivering seven day health and care services'.[82]

In the context of delivering £22 billion in efficiency savings by 2020/21, the review and consultation aimed to examine how community pharmacy could contribute to this financial challenge. The proposals state that:

'*efficiencies could be made without compromising the quality of services or public access to them because:*

- *There are more pharmacies than necessary to maintain good patient access;*
- *Most NHS funded pharmacies qualify for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider;*
- *More efficient dispensing arrangements remain largely unavailable to pharmacy providers.*'[83]

Key proposals included[84]:

- Simplifying the NHS pharmacy remuneration system e.g. phasing out of the establishment payment received by all pharmacies dispensing 2,500 or more prescriptions per month, which incentives pharmacy business to open more NHS funded pharmacies;
- Helping pharmacies to become more efficient and innovative e.g. through more modern dispensing methods; including hub and spoke models to deliver more economies of scale in purchasing and dispensing and reducing operating costs;
- Encouraging longer prescription durations where clinically appropriate e.g. 90 day repeat periods instead of 28 days.

The results of the consultation and a final package of changes to the contractual framework were announced in October 2016. On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17.[85] This will take

[81] Department of Health stakeholder briefing. 'Community pharmacy in 2016/2017 and beyond: proposals. (Dec 2015) Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495774/Community_pharmacy_in_2016-17_and_beyond_A.pdf
[82] Ibid.
[83] Ibid.
[84] Ibid.
[85] Department of Health. 'Community pharmacy in 2016/2017 and beyond: final package'. (Oct 2016) Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

total funding to £2.687 billion for 2016/17. This is a reduction of 4% compared with 2015/16, but it will mean that contractors will see their funding for December 2016 to March 2017 fall by an average of 12% compared with November 2016 levels. This will be followed by a further 3.4% reduction in 2017/18 to £2.592 billion for the financial year, which will see funding levels from April 2017 drop by around 7.5% compared with November 2016 levels.[86]

Full details of the final Community Pharmacy proposals can be found in the DoH report "Community pharmacy in 2016/2017 and beyond: final package" available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

In addition to the overall reduction of funding, key changes to the regulations are outlined below:

A5.1.1 Changes to payment of fees

- A range of fees including the professional or 'dispensing' fee, practice payment, repeat dispensing payment and monthly electronic prescription payment service payment will be consolidated into a single activity fee.
- Community pharmacists currently receive an establishment payment as long as they dispense above a certain prescription volume – this will be gradually phased out over a number of years, starting with a 20% reduction in December 2016 and reduced by 40% on 1 April 2017.

A5.1.2 The Pharmacy Access Scheme (PhAS)

- A new Pharmacy Access Scheme will be introduced with the aim of creating efficiencies without compromising the quality of services or public access to them. The Pharmacy Access scheme (PhAS) is designed to ensure populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. A national formula will be used to identify those pharmacies that are geographically[87] important for patient access, taking into account isolation criteria based on travel times or distances, and also population sizes and needs.
- Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016. A payment is made to pharmacies that are more than a mile away from another pharmacy (until March 2018).

A5.1.3 A new quality payments scheme

- Quality criteria have been introduced which, if achieved, will help to integrate community pharmacy into the wider NHS/Public Health agenda. The criteria includes[88]:
  - the need to have an NHS email account and ability for staff to send and receive NHS mail;
  - an up to date entry on NHS Choices; ongoing utilisation of the Electronic Prescription service; and
  - at least one specified advanced service e.g., Healthy Living pharmacy level 1 status, 80% of staff trained as Dementia Friends etc.

[86] http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/
[87] Department of Health stakeholder briefing. 'Community pharmacy in 2016/2017 and beyond: proposals. (Dec 2015) Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495774/Community_pharmacy_in_2016-17_and_beyond_A.pdf
[88] http://psnc.org.uk/services-commissioning/essential-services/quality-payments/

A5.1.4 Urgent medicines supply pilot

- NHS England have commissioned a new urgent medicines supply pilot as an advanced service, where people calling NHS 111 requiring urgent repeat medicines will be referred directly to community pharmacies. This pilot commenced on 23rd December in Cambridgeshire with 6 local community pharmacies participating.

A5.1.5 Changes to regulations to allow pharmacy mergers

- '*On 5 December 2016, amendments to the 2013 Regulations come into force which facilitate pharmacy business consolidations from two or more sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.*'
- "*Applications to consolidate will be dealt with as "excepted applications" under the 2013 Regulations, which means in general terms they will not be assessed against … the pharmaceutical needs assessment ("PNA") produced by the HWB. Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation….. If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (regulations 12 and 13). If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (regulation 3).*"[89]
- As such, in the event of a consolidation in future, in accordance with Paragraph 19 of schedule 2 of the regulations the Cambridgeshire HWB will publish a supplementary statement which will become part of the PNA, explaining whether, in its view, the proposed removal of premises from its pharmaceutical list would or would not create a gap in pharmaceutical services provision that could be met by a routine application:
  (a) to meet a current or future need for pharmaceutical services; or
  (b) to secure improvements, or better access, to pharmaceutical services.

A5.1.6 Pharmacy Integration Fund'

- In the Government's letter from 17th December 2015 entitled 'Community pharmacy in 2016/17 and beyond', the Department of Health (DH) announced that it would consult on a 'Pharmacy Integration Fund' (PhIF) to help transform how pharmacists and community pharmacy will operate in the NHS.
- The Fund is the responsibility of NHS England and is separate to any negotiations related to the Community Pharmacy Contractual Framework (CPCF). It will be used to validate and inform any future reform of the CPCF going forward.[90]

A5.2 DoH National Health Impact assessment

The Department of Health has produced an impact assessment for the proposed changes, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561496/Community_pharmacy_impact_assessment_A.pdf.

[89] National Health Service England. ' The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016' (2016 No.1077) Page 13. Available at: http://www.legislation.gov.uk/uksi/2016/1077/contents/made

[90] http://psnc.org.uk/the-healthcare-landscape/the-pharmacy-integration-fund-phif/

This impact assessment focuses only on the impact on essential and advanced services. The Pharmaceuticals Services Negotiating Committee (PSNC) have produced an impact assessment on 'The Value of Community Pharmacies' from external consultants, which also looks at locally commissioned and non-essential services (see section A5.3).

Key findings of the DoH impact assessment are summarised below:

A5.2.1 Potential pharmacy closures

There is no reliable way of estimating the number of pharmacies that may close as a result of the policy and this may depend on a variety of complex factors, individual to each community pharmacy and their model of business. The DoH states that:

> *'it is not the Government's intention to reduce the number of community pharmacies…however, we cannot know for certain how the market will react and we recognise the potential for some pharmacies to take the decision to close as a result of the changes.'* [91]
>
> *'Reducing income would mean that community pharmacies must reduce their costs, change their business model of accept reduced profits, and in some circumstances this could mean pharmacies become economically unviable". It is also unclear whether if the viability of an individual business is threatened, whether these business will close or simply be taken over by other owners on the basis that they can be run more efficiently and remain viable business propositions…. there is also an important interdependency that, if a pharmacy closes, it is likely that the prescriptions that were dispensed by that pharmacy would be redistributed to pharmacies located nearby.*[92]
>
> *The quality payment scheme is expected to maintain or increase the quality of services provided by community pharmacies, although this potential benefit has not been explicitly estimated'.*[93]

A5.2.2. Potential impact on patients

There may be potential increased travel time and consequent economic costs for patients who have to travel further if their nearest pharmacy closes.

In terms of impact on patients, the DoH impact assessment found that a potential reduction in community pharmacy numbers would be likely to '*mean that some patients have further to travel to access community pharmacy services, however the analysis shows that for hypothetical closure scenarios the increase is very small*'.[94] The modelling estimates provided suggest that with the provision of the PhAS, across England the average journey time after the removal of 100 community pharmacies at random was estimated at 12.86 minutes, an increase of 0.04 minutes per journey[95].

It is stated that

> *'even if there were closures as a result of the funding reductions, it is not considered that this would lead to any significant impacts on patient health. It is considered highly unlikely that any*

[91] Department of Health. 'Community pharmacy in 2016/2017 and beyond: impact assessment' (Oct 2016). Paragraph 41, page 12. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561496/Community_pharmacy_impact_assessment_A.pdf.
[92] Ibid. Paragraph 51, page 14.
[93] Ibid. Paragraph 43, page 13.
[94] Ibid. Paragraph 60, page 15.
[95] Ibid. Paragraph 69, page 16.

patient will be unable to receive their medicines and the potential increase in journey times estimated in the DoH model are relatively minor, and patients will have a number of means of ensuring they receive the medicines they need eg distance selling pharmacies'.[96]

Respondents to the consultation stated that, to mitigate the funding reductions, community pharmacies could choose to open only for their 'core' hours, or to withdraw non-NHS services, such as home delivery. In terms of quality of services, the impact assessment states that pharmacies will still need to compete to secure prescription volume and the competitive incentive to provide these services remains.[97]

Evidence shows that deprived areas (by the Index of Deprivation) tend to have more clustering of pharmacies, and it was considered whether deprived areas might therefore be adversely affected by the policy. The Pharmacy Access Scheme is intended to protect areas that may of risk of reduced access, and takes into account isolation and need.

A5.2.3 Impact on other areas of the NHS

The public consultation revealed a concern that a reduction in the number of community pharmacies could lead some patients to seek health advice from GPs, other primary care providers, or acute services, thereby imposing additional costs on the NHS. However, the DoH states that:

'*even if there were closures, the magnitudes of impact on travel time are not considered sufficient to materially deter any significant number of patients from seeking this guidance from a community pharmacy. Those patients who would previously have found it most convenient to get such information from a community pharmacy are considered unlikely to change their decision and seek a different route of access to medical care, even if in some cases there are small increases in travel time*.'

'*In addition, the overall package of measures contains steps to decrease pressure on other parts of the NHS, by embedding pharmacy into the urgent care pathway through an expansion of the services already provided by community pharmacies in England for those who need urgent repeat prescriptions and treatment for urgent minor ailments and common conditions.'*[98]

A5.2.4 Potential impact on local communities

Beyond their direct benefits in providing NHS pharmacy services to patients, community pharmacies may play a less tangible role in promoting welfare and social cohesion in local communities, and in supporting local commercial areas. The DoH impact assessment suggests that '*there would ordinarily be at least one remaining pharmacy in the vicinity" reducing the likelihood that closures would have a significant impact on local communities*'.[99]

A5.3 Views of the Pharmaceuticals Services Negotiating Committee

A5.3.1 Objections to the pharmacy contract changes

The Pharmaceuticals Services Negotiating Committee (PSNC) is the body recognised under section `65(1)(a) of the NHS Act 2006 as representing all community pharmacies providing NHS pharmaceutical services in England. The PSNC has published objections to the proposals, which can

[96] Ibid. Paragraphs 81-82, page 18.
[97] Ibid. Paragraph 84, page 19.
[98] Ibid. Paragraph 86-88, page 19.
[99] Ibid. Paragraph 89-90, page 19.

be viewed in full at: http://psnc.org.uk/our-news/psnc-demands-clarity-on-nhs-englands-long-term-plans/

In brief, the '*PSNC believes the proposals as set out create massive risks to the sustainability of an already fragile supply system.*'[100] The specific concerns outlined include:

- 'Concerns that the £170m funding reduction in 2016/17 runs counter to the Government's stated aim to develop a more clinically focused pharmacy service'.
- Refusal to accept that there are too many community pharmacies. Agreement that there is some clustering of pharmacies and they aim to work with the NHS and Government to facilitate voluntary mergers.
- Refusal to accept that the development of large warehouse supply operations, removing the need for local community pharmacies, is an acceptable alternative to the services currently provided by those pharmacies and would oppose models for hubs without those community pharmacy spokes. Any revised regulations must prevent misuse of collection point arrangements intended for rural locations as an inferior but expedient alternative.
- Rejection of proposals to transfer funds to CCGs to drive longer periods of treatment, and will insist on effective protection against GP direction of prescriptions.

A5.3.2 Report commissioned by the PSNC: "The Value of Community Pharmacies" (2016)

PricewaterhouseCoopers LLP (PwC) was commissioned by the PSNC to examine the contribution of community pharmacy in England in 2015.[101] The report analyses the value (net benefits) to the NHS, to patients and to wider society of 12 specific services provided by community pharmacy:

- Emergency hormonal contraception
- Needle and syringe programmes
- Supervised consumption
- Self-care support
- Minor ailments advice
- Medicines support
- Managing prescribing errors/clarifying prescriptions
- Medicines adjustments
- Delivering prescriptions
- Managing drug shortages
- Sustaining supply of medicines in emergencies
- Medicines Use Reviews (MUR)
- New Medicine Service (NMS)

The report found that in 2015 these 12 community pharmacy services in England contributed a net increase of £3.0 billion in value in that year, with a further £1.9 billion expected to accrue over the next 20 years. Further, 55% of in-year benefits and 91% of long run benefits (69% of total benefits) accrued outside the NHS. Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion of benefits in 2015 as a result of the community pharmacy services covered. A further £1.7 billion is expected to accrue over the next 20 years.

[100] http://psnc.org.uk/psncs-work/communications-and-lobbying/community-pharmacy-in-201617-and-beyond/
[101] PWC. 'The value of community pharmacy: summary report' (Sept 2016). Available at: http://psnc.org.uk/our-news/pwc-report-quantifies-value-of-community-pharmacy/

In addition, their economic modelling suggested that patients experienced around £600 million of benefits, mainly in the form of reduced travel time to alternative NHS settings to seek a similar type of services as the ones provided by community pharmacy. The report notes that for many of these interventions the scale of value created is substantial and greatly exceeds the cost to the NHS of delivering them.

The findings in the report and associated potential impact are limited to just the 12 services reviewed. It excludes the economic value generated by community pharmacy through its central role, alongside pharmaceutical manufacturers and wholesalers/distributors, in the drug delivery system: specifically, it omits the value added that results from treating NHS patients using prescription drugs. It also does not look at other services beyond these core 12, and also does not take into account 'o*ther elements of potential value, for example as a result of the important catalytic role that community pharmacies play in local communities, providing a valuable focal point for communities, especially as a point of contact for isolated people, and anchoring a parade of shops*.'[102]

A5.4 Local impact of the new pharmacy contract

As stated in the DoH health impact assessment, it is complex to assess the impact of these changes on Cambridgeshire residents. There is no reliable way of estimating the number of pharmacies that may close as a result of the policy and this may depend on a variety of complex factors, individual to each community pharmacy and their model of business.

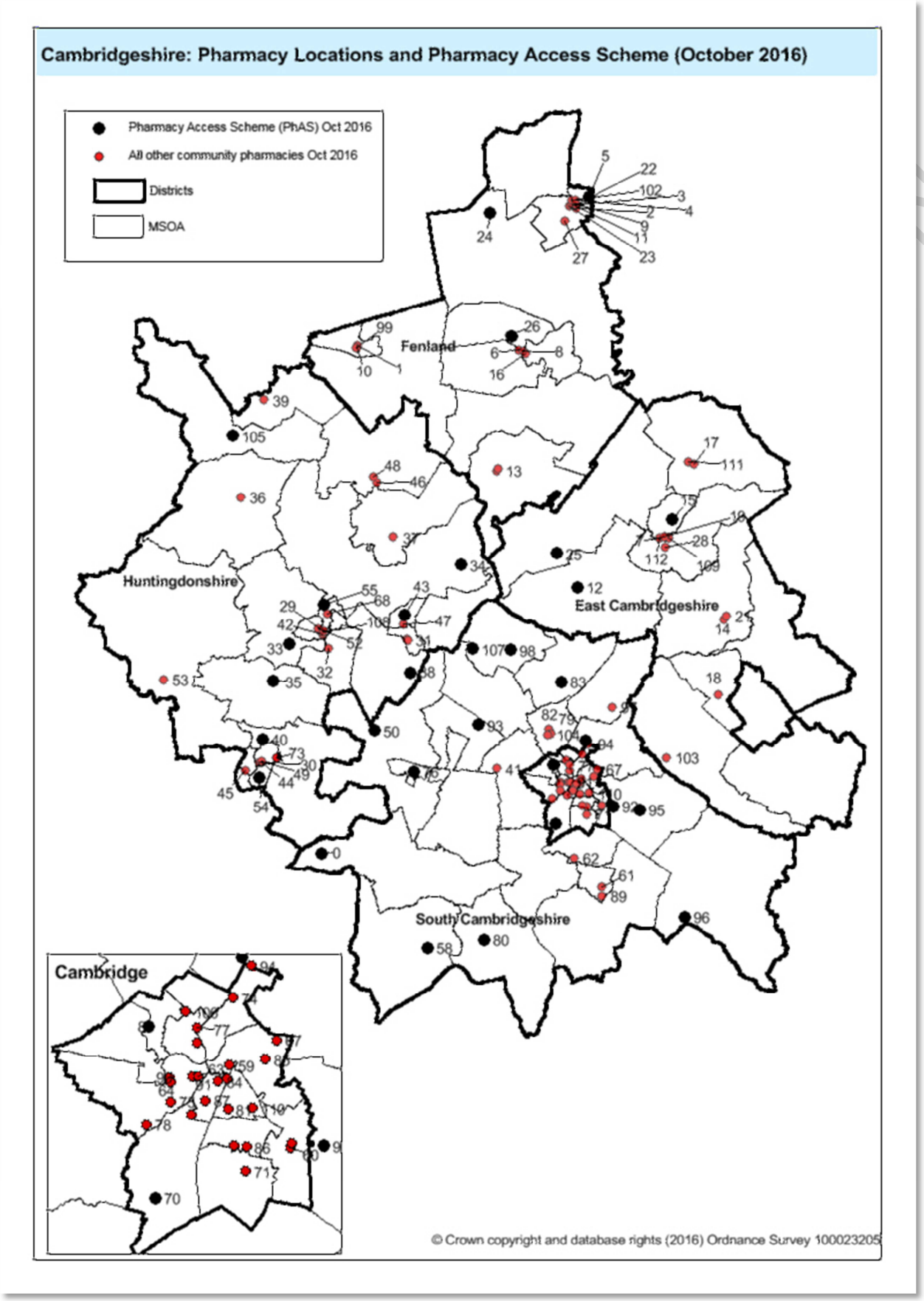
The Pharmacy Access Scheme aims to ensure populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. Nationally 1,356 pharmacies have qualified for the scheme. In Cambridgeshire, 30 pharmacies have been identified which is 27% of all current pharmacies as at October 2016 (see **Map 15)**.

The Cambridgeshire Local Pharmaceutical Committee will focus on supporting local pharmacies by keeping them up to date with changes/details, to meet the quality agenda, and to take up and deliver locally commissioned services more effectively.

The PNA steering group will continue to monitor any closures of local pharmacies and issue appropriate statements of fact as necessary in line with PNA requirements.

[102] Ibid. page 7.

Map 15: Pharmacy Locations and Pharmacy Access Scheme, October 2016



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