

Cambridgeshire Pharmaceutical Needs Assessment 2017

Draft report for public consultation

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 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.

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.