



Bristol Clinical Commissioning Group

## Bristol Health & Wellbeing Board

<b>Pharmaceutical Needs Assessment Update</b>	
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Report for Information	

### 1. Purpose of this Paper

This paper updates the Health and Wellbeing Board (HWB) on progress in producing the 2015 Bristol Pharmaceutical Needs Assessment (PNA). It notes emerging findings from consultation on the draft PNA.

### 2. Executive Summary

The HWB has a legal obligation to produce Pharmaceutical Needs Assessments (PNAs) at intervals of no less than every 3 years. It must produce a revised assessment or supplementary statement after notification of significant changes to the availability of pharmaceutical services since the publication of its PNA.

Production of the 2015 Bristol PNA is proceeding according to plan. Publication is planned before the mandatory deadline of 1 April 2015, subject to the final PNA receiving HWB approval in February 2015.

Formal consultation has been successful in bringing forward views of the public and stakeholder organisations on potential to improve access to local community pharmacies. The Consultation Report will be submitted to the Bristol PNA Steering Group in December 2014, so that the findings can be taken into account in the final PNA.

A system for receiving and responding to changes in the pharmaceutical provider list will be proposed to HWB as part of the PNA submission in February 2015.

### 3. Context

The Health and Social Care Act 2012 transferred responsibility for developing and updating Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts to HWBs. Every HWB has a statutory responsibility to:

- produce the first PNA by 1 April 2015;
- publish a revised PNA within three years of publication of their first assessment;
- publish a revised PNA as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

PNAs will be used by NHS England area teams in meeting their responsibilities for determining market entry to a pharmaceutical list.

In accordance with the 2013 Regulations, the PNA will include (as a minimum) statements on:

- Current provision of necessary services (both within the Health and Wellbeing Board locality area and nearby areas outside the locality)
- Gaps in provision of necessary services
- Current provision of other relevant services
- Gaps in provision of services that would secure improvements and better access to pharmaceutical services
- Other services (as per guidance)
- How the assessment was carried out including a report on the consultation undertaken<sup>1</sup>.

The Bristol HWB delegated responsibilities for the PNA to the Interim Director of Public Health.

The current PNA was published by NHS Bristol in November 2010. It is available at <http://www.bristol.gov.uk/page/council-and-democracy/health-and-wellbeing-board>. A PNA Supplementary Statement was published by NHS Bristol in April 2012. This PNA and Supplementary Statement will be retained until the first PNA is produced by the HWB, by the end of March 2015.

<sup>1</sup> Department of Health guidance is available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197634/Pharmaceutical\\_Needs\\_Assessment\\_Information\\_Pack.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

## 4. Progress in production of the PNA

Production of the 2015 Bristol PNA has progressed according to the Project Plan and timescale agreed with the Bristol PNA Steering Group. The outstanding stages are as follows:

Formal consultation closes	14 November 2014
Analysis of consultation feedback and report to Bristol PNA Steering Group	3 December 2014
PNA finalised in line with consultation	December 2014
PNA and consultation report signed-off by Steering Group	January 2015
Final PNA submitted to Health and Wellbeing Board	February 2015
Deadline for issue of first PNA by Health & Wellbeing Board	1 April 2015

The draft PNA was developed using data and views of the public gathered during an early engagement phase. The draft will be edited to take account of comments made during consultation. As per the PNA Communication and Consultation Plan, consultation has involved visits to groups likely to have a particular need for or interest in local pharmaceutical services. The draft PNA and consultation questionnaire have been available on Bristol City Council's Consultation Hub. Press releases, posters and cards placed in public places have been used to encourage participation in the consultation.

As at 22 October, review of consultation responses indicates that consultees want easier access to information on finding an open community pharmacy out of hours. Several consultees would like longer opening hours. Comments suggesting an absolute lack of access to a local pharmacy for any specific neighbourhood in Bristol were not apparent, but there were a small number of comments suggesting improvements in some localities. More details on the findings of the consultation to date are provided in appendix 1.

## 5. Key risks and Opportunities

The risk of the HWB failing to meet its responsibility to publish a PNA by April 2015 is low. No significant risks to project completion have been identified.

The system for receiving and responding to notifications of changes to the pharmacy list will be agreed and submitted to HWB for decision in February 2015. All notifications prior to that date will be taken into account in the final PNA.

The content of the PNA will meet the requirements set out in the regulations, but the HWB may wish to take further opportunities to use information in the PNA to help inform other health and service plans. For example, the survey of local community pharmacies gathered data on services that local pharmacists would be interested in providing. The public survey included information on the services that matter most to the public.

## **6. Implications**

Completion of the PNA project plan and publication of the final PNA by 1 April 2015 will meet the obligations of the HWB as described in section 3. The HWB will be asked to agree an on-going system for receiving notification of changes in pharmaceutical services with a review to revising or publishing supplementary statements to the PNA in February 2015.

## **7. Conclusions**

Production of the 2015 Bristol PNA is proceeding to plan. The final PNA will benefit from a productive formal consultation, due to close on 14 November.

## **8. Recommendations**

This report is provided to the Bristol HWB for information.

## **Appendix 1:**

### **Emerging findings from consultation on the draft 2015 Bristol PNA, as at 22 October 2014**

#### **Introduction**

This report on PNA consultation findings as at 22 October 2014 has been produced to help inform the Bristol HWB on progress in production of the 2015 PNA.

#### **How did we consult on the draft Bristol PNA?**

The Bristol PNA Steering Group agreed a Communication and Consultation Plan. Consultation was open from 15<sup>th</sup> August – 14<sup>th</sup> November 2014. The Consultation was publicised on the Bristol City Council Consultation Hub, through press releases and by our contacting organisations and individual pharmacies directly to invite them to comment. Publicity posters and postcards were provided for local libraries, pharmacies and GP services. We completed an Equality Impact Assessment on the draft PNA to help us identify groups that we particularly needed to contact to hear views on local community pharmacy services.

The summary and draft versions of the PNA were available online with a feedback form. The form invited responses to questions on whether the PNA provided an accurate assessment of local pharmacy services in Bristol and on whether the consultee agreed with the conclusion that there are no gaps in essential pharmaceutical services.

## **How successful was the consultation process?**

To date (22 October 2014) we had received 117 responses, mostly from members of the public (87%) but also including responses from local organisations and community groups. Analysis of information on respondents regarding protected characteristics showed that 34% of consultees reported that they had a disability.

Some consultees found the draft PNA document too long, and one person reported difficulty downloading it.

## **What people responding to the Draft Bristol PNA Consultation told us**

- There were 117 respondents to the consultation. When asked if they agreed that the draft PNA provided an accurate assessment of local pharmacy services, 65 of the respondents answered this question. Of these, 61% agreed; 30% disagreed and 9% answered 'don't know'.
- We asked if they agreed with the assessment of 'no gaps in essential services'. 54 respondents answered: 67% agreed, 16.5% disagreed and 16.5% answered 'don't know'. 63 did not answer this question.
- Comments praising existing local community pharmacies were received
- There were a number of ideas and requests for improvements in services.

We have analysed the comments and identified the following improvements wanted by consultees.

### **1. Opening hours**

Several consultees wanted longer opening hours, particularly out of hours, at weekends and over Bank Holidays.

### **2. Information on where to find an 'out of hour's pharmacy'**

A better system is needed to help people find an open pharmacy at weekends, Bank Holidays and outside usual retail hours.

### **3. Community pharmacies offering a delivery service**

Delivery services are particularly valued by people with disabilities. Some responses raised uncertainty about which pharmacies offer this service and the eligibility criteria, noting that availability of delivery services seems to vary across Bristol.

#### **4. Dispensing medicines for people with sight impairment**

A response from the Royal National Institute for the Blind (South West) explained that 'The major issue reported to us by blind and partially sighted people in respect of pharmacy services is that blind people or those with sight loss find it difficult to read the labels on medicines, or access information leaflets'. All pharmacies receive a payment as a contribution towards providing auxiliary aids to support people eligible for help with taking their medicines under the Equality Act 2010. These aids can include:

- Monitored dosage systems. These may help people to take the right medicines at the right time of day.
- Provision of large print labels for the partially sighted. Some pharmacies also have facilities to provide labels printed with Braille (and many original packs provided by manufacturers are now embossed with Braille).
- Aids to help older people access their medicines. The provision of packaging such as winged lids for bottles.

The RNIB suggests that the PNA 'specifically highlight these issues and make recommendations to address concerns. Actions might include:

- A review of the availability of accessible information in pharmacies
- Work with pharmacy contractors to better promote the availability of support for meeting the needs of particular patient groups
- Promoting the importance of sensory loss awareness training for staff working with patients in pharmacy settings'

#### **5. Adjustments for people with learning difficulties.**

A response from the Health Group of 'Hear our Voice Bristol' explained that not everyone knew where to find information on out of hour's services. Some concerns were raised regarding the dispensing of medications that do not take into account different needs, and the reasonable adjustments required to meet these. 'Whilst Blista packs and dosette boxes were used, most people could not name their medications or had any knowledge on side effects or drug interactions. No one was given easy read information on their medications from the GP or pharmacy. Regular changing of drug company, but dispensing of the same drug causes severe confusion when the colour of

the tablet changes. Although concerns around this are pointed out in the pharmacy, the situation still arises.'

## **6. Making gelatine-free medicines and vaccines available.**

This is a concern for people of some faiths, for vegans and some vegetarians.

## **7. Promoting services provided within pharmacies.**

One consultee highlighted the value of a close relationship between GP surgery and pharmacy, for example to facilitate referral to smoking cessation support services at the pharmacy. Another wanted more promotion of equipment disposal services, particularly to people from BME (black, minority ethnic) groups.

## **8. Pharmacies as part of local shopping centres.**

One consultee was concerned about the impact of pharmacies moving from a shopping parade into the same building as a GP practice, as this may impact on the visibility of the pharmacy service to wider public and affect the vitality of the local shopping centre.

## **9. Comments about unmet needs in localities of Bristol**

- One consultee felt that there was no community pharmacy near enough for people living in St Pauls, (postcode BS2/ BS6 border).
- One consultee was concerned that there were no community pharmacies open and within walking distance of Redfield and St George on Sundays. They felt that this a particular problem for people with disabilities and people who work full time during the week, with limited time to collect prescriptions.
- One consultee wants the PNA to consider a community pharmacy in the new Brunel building in Southmead Hospital for the staff and outpatients. Another consultee was dissatisfied with disabled parking there.
- One consultee was upset to find the commercial pharmacy located at the Bristol Royal Infirmary does not provide on-site dispensing of prescriptions issued by the hospital (one of several problems encountered in seeking an open pharmacy at night).
- One consultee considered that access to 100 hour pharmacies could be better for people living in Shirehampton, Stapleton and Redland.



## **How will the PNA change as a result of this Consultation?**

This Consultation will enable the final PNA to reflect the concerns and barriers that local people have identified when using local pharmacy services. The consultation was primarily concerned with the opening hours and information on services currently located in Bristol. All comments and suggestions around changes and improvements to local community pharmaceutical services will be assessed by the Steering Group and recommendations made, taking account of the full range of information gathered during development of the PNA. The Consultation has brought forward important intelligence on how delivery services and other reasonable adjustments could be used to improve services to people with physical, sensory or learning disabilities.

## **Next Steps**

This report on the Consultation will be taken to the Bristol PNA Steering Group in December 2014 with proposals to amend the draft PNA in the light of comments received. The comments received suggest that amendments are needed that:

- Highlight the need for action by local pharmacies and commissioners to provide easy access to information on opening hours and delivery services available throughout Bristol.
- Support action on meeting the needs of people with sight impairment and people with learning disabilities for reasonable adjustments to dispensing of medicines.
- Evaluate all suggestions on commissioning new essential local community pharmacy services.
- Note changes in the quality of services wanted by consultees that may fall outside the remit of the PNA, but may be amenable to change through action by PNA stakeholders.

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