



## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	<b>Lincolnshire Health and Wellbeing Board</b>
Date:	<b>26 September 2017</b>
Subject:	<b>Lincolnshire Pharmaceutical Needs Assessment (PNA) 2018</b>

### Summary:

Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards to undertake at least every 3 years. Data contained within the assessment will be used to plan pharmaceutical services in the county to best meet local health needs.

The production of the 2018 PNA for Lincolnshire has commenced, and a draft PNA is being prepared to go to consultation between Monday 11 December 2017 and Saturday 11 February 2018. A final PNA is expected to be published by 1 April 2018.

### Actions Required:

1. To note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by April 1 2018 has commenced
2. To receive the Terms of Reference for the 'Lincolnshire PNA Steering Group'
3. To receive the project plan timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2018 Lincolnshire PNA

### 1. Background

The Pharmaceutical Needs Assessment (PNA) is a report of the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources (commissioners,

planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

The first PNA was completed on behalf of Lincolnshire HWB and submitted to NHS England by April 1 2015, as was required by law. The next PNA is due by April 1 2018.

The HWB has requested Lincolnshire County Council Public Health prepare a revised assessment for 1 April 2018. Lincolnshire County Council has convened a PNA Steering Group to support the development of the PNA.

An external pharmaceutical expert resource, Soar Beyond Limited, has been commissioned to support the preparation of the draft PNA 2018 report. Soar Beyond have extensive expertise in producing PNAs, having produced 8 in 2015, and have been commissioned to support 12 to date in 2017/18.

The PNA Steering Group held its first meeting on 11 July 2017. At this meeting a Terms of Reference (Appendix A) for the group and Project Plan (Appendix B) for the PNA were agreed.

The steering group are presently consulting with and gathering views from service providers, commissioners, and Lincolnshire public on current pharmaceutical service provision

## **2. Conclusion**

The draft PNA 2018 is currently being prepared in close consultation with the external consultants, Soar Beyond Ltd. The draft assessment will be considered by the Steering Group at a meeting on 10 November 2017.

Upon recommendation of a draft PNA by the Steering Group, the assessment will be put to HWB members at the meeting on 5 December to approve for consultation. Pending approval, it will be made available for a mandatory 60-day consultation.

The results of consultation will be considered by the Steering Group at its meeting on 27 February 2018, and a final PNA produced with recommendation for the HWB to publish, at its meeting on 27 March 2018.

The final PNA must be published no later than 31 March 2018

## **3. Consultation**

A public questionnaire has been produced by the PNA Steering Group to seek views and comments on current pharmaceutical service provision. Supported by community pharmacies, GP practices, libraries, Healthwatch, and the local authority and CCGs communications teams, the questionnaire have been made available through various channels. A total of 1145 have been received from all ages group above the age of 16 years. A summary of the responses has been provided in Appendix C.

In addition, a commissioner questionnaire, pharmacy contractor questionnaire, and dispensing GP practice questionnaire have been compiled, to ascertain current commissioning and provision of services.

Response are being analysed and will help inform any further public engagement to be undertaken during the consultation and the Equality Impact Assessment (EIA).

A 60-day consultation is a mandatory component of the Pharmaceutical Needs Assessment (PNA) preparation. The consultation follows a period (June – September 2017) of data gathering on health needs, service provision and views of residents on the existing levels of pharmacy provision. The proposed consultation will be on the findings of the draft Pharmaceutical Needs Assessment, approved by the HWB at its December meeting. It is anticipated that the consultation questions will broadly cover the following:

- To what extent do you agree or disagree with this assessment? (The findings on whether there are gaps or not in pharmaceutical provision)
- To what extent do you agree or disagree with the other conclusions contained within the draft PNA
- In your opinion, how accurately does the draft PNA reflect each of the following? (current provision of pharmaceutical services, current pharmaceutical needs of Lincolnshire's population, future pharmaceutical needs of Lincolnshire's population (over the next three years)
- Any other comments
- We will also collect some (optional) basic data about the respondent (in line with LCC guidance)

The Pharmaceutical Regulations mandate that the consultation must be for a minimum of 60 days. The planned dates for the consultation are from 11 December 2017 to 11 February 2018.

The regulations also list a range of stakeholders whom must be consulted. A stakeholder list has been developed, in conjunction with the Steering Group, and used to help distribute the questionnaires.

Additional to its approval of a draft PNA for the HWB to approve, the PNA Steering Group will propose a consultation plan for the draft PNA. The Steering Group has membership of some of the key stakeholders – pharmacy (represented by the LPC), health services (represented by the CCGs, LMC, LCC), residents (represented by Health Watch, and LCC and CCG engagement leads).

The EIA will be used to identify any vulnerable groups which may need to be targeted. As a minimum, it is envisaged that the draft PNA will be consulted through the following methods:

- Questionnaires: distribution through pharmacies, libraries and other venues and online through Health Watch, CCGs newsletters and LCC website
- Talks: presentations at various groups where dates allow – and then distribution of questionnaires
- Media: traditional and social media communications

#### 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire PNA Steering Group Terms of Reference
Appendix B	Lincolnshire 2018 PNA Project Plan
Appendix C	Summary report on the public questionnaire

#### 5. Background Papers

Document	Where can it be accessed
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	<a href="http://www.legislation.gov.uk/ukxi/2013/349/contents/made">http://www.legislation.gov.uk/ukxi/2013/349/contents/made</a>

This report was written by Chris Weston, Public Health Consultant, who can be contacted on 01522 553006 or [chris.weston@lincolnshire.gov.uk](mailto:chris.weston@lincolnshire.gov.uk)

## **APPENDIX A: LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT**

### **STEERING GROUP TERMS OF REFERENCE**

#### **1. Background**

In order to provide pharmaceutical services providers (most commonly community pharmacists but also dispensing appliance contractors and GPs in rural areas) are required to apply to be included on a pharmaceutical list. For their inclusion to be approved they are required to demonstrate that the services they wish to provide meet an identified need in the Pharmaceutical Needs Assessment (PNA) for the area.

From April 2013 the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs from the former primary care trusts (PCTs) to Health and Wellbeing Boards. At the same time the responsibility for using PNAs as the basis for determining market entry to the pharmaceutical list transferred from PCTs to NHS England.

#### **2. Purpose**

The Health and Wellbeing Board (HWB) has the legal responsibility for producing a PNA every three years. A revised PNA for Lincolnshire needs to be published by 1 April 2018.

The purpose of the PNA Steering Group (PNA SG) is to develop the revised PNA on behalf of the HWB.

The PNA SG will set the timetable for the development of the PNA, agree the format and content, oversee the statutory consultation exercise and ensure the PNA complies with statutory requirements.

#### **3. Role**

The PNA SG has been established to:

- Oversee and drive the formal process to review the PNA for Lincolnshire, including the 60 day statutory consultation exercise;
- Ensure the published PNA complies with all the statutory requirements set out in the appropriate Regulations;
- Promote integration and linkages with other key strategies and plans including the Lincolnshire Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy for Lincolnshire and Lincolnshire's Sustainability and Transformation Plan;
- Establish arrangements to regularly review the PNA following publication, including issuing subsequent supplementary statements in response to any significant changes.

#### **4. Key Functions**

- To oversee the PNA process
- To approve the framework for the PNA
- To approve the project plan and timeline, and drive delivery to ensure key milestones are met
- To ensure the development of the PNA meets all statutory requirements

- To determine the localities which will be used for the basis of the assessment
- To undertake an assessment of the pharmaceutical needs of the population including:
  - Mapping current pharmaceutical service provision in Lincolnshire
  - Reviewing of opening hours and location of services
  - Using the JSNA & other profile data to review of the health needs of the population
  - Analysing current and projected population changes in conjunction with existing patterns of service provision
  - Identifying any gaps in service provision and proposed solutions on how gaps can be addressed
  - Consideration of future needs, including housing growth, and its impact on the development of services - in terms of essential, advanced and enhanced service provision.
- To produce a draft PNA for consultation
- To ensure active engagement arrangements are in place
- To oversee the consultation exercise ensuring that it meets the requirements set out in the Regulations
- To consider and act upon formal responses received during the formal consultation process, amending the PNA document as appropriate
- To ensure the Lincolnshire Health and Wellbeing Board is updated on progress and that the final PNA is signed off by the Board by the end of March 2018.

## 5. Membership

Core membership will consist of:

- Consultant, Public Health (LCC)
- Programme Manager Health & Wellbeing (LCC)
- Programme Manager Public Health Intelligence (LCC)
- Primary Care Support Contract Manager (NHS England – Leics & Lincs area)
- Chief Executive Officer, Healthwatch Lincolnshire
- Chief Officer, Local Pharmaceutical Committee
- Representative, Local Medical Committee
- Representative, Clinical Commissioning Groups

In addition to the PNA SG core membership, specific expertise will be requested as required in order to meet specific elements of the Regulations, for example LCC's Community Engagement Team will be asked to support and advice on the consultation exercise.

Soar Beyond are not a core member however they will co-chair the meetings alongside the professional LCC lead. Each core member has one vote. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with five core Members in attendance. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

The following are core members which are required for quoracy:

- Consultant, Public Health (LCC) – Chair
- Chief Officer, Local Pharmaceutical Committee
- Representative, Local Medical Committee

- Representative, Clinical Commissioning Groups
- Primary Care Support Contract Manager (NHS England – Leics & Lincs area)

## **6. Reporting Arrangements**

- The PNA SG will report to the HWB as required and at key decision points
- The Professional LCC Chair of the PNA SG will provide regular updates on progress to the Chairman of the HWB and the Director of Public Health.

## **7. Frequency of Meetings**

The PNA SG will meet, either on a face to face basis or virtually (conference call or email discussion), every 4 – 6 weeks or in accordance with the project plan.

Following publication of the agreed PNA, the SG will be convened on a quarterly basis to fulfil its role in timely maintenance of the PNA.

The meetings will be administered by Public Health, Lincolnshire County Council.

## **8. Declarations of Interest**

Declarations of interest will be a standing item on each PNA SG agenda and the details will be recorded in the minutes. Where a member has a conflict of interest for any given item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

If any issues arise concerning conflicts of interest, these will be reported to the HWB.

## **9. Steering Group Member Responsibilities**

Members of the PNA SG will:

- commit to attend meetings regularly
- nominate a deputy, wherever possible, to attend meetings on their behalf in their absence
- actively contribute to the compilation of the revised PNA and any subsequent supplementary statements
- come to meetings prepared with all documents and contribute to the debate
- understand that the discussions at the PNA SG are confidential, unless stated otherwise, and are not to be disclosed to any unauthorised person
- declare any conflicts of interest which might have a bearing on their actions, views and involvement within the PNA SG

## **10. Review**

These Terms of Reference will be reviewed on an annual basis.

**Revised July 2017**

APPENDIX B: LINCOLNSHIRE 2018 PNA PROJECT PLAN

		Owner	07/07/2017	14/07/2017	21/07/2017	28/07/2017	04/08/2017	11/08/2017	18/08/2017	25/08/2017	01/09/2017	08/09/2017	15/09/2017	22/09/2017	29/09/2017	06/10/2017	13/10/2017	20/10/2017	27/10/2017	03/11/2017	10/11/2017	17/11/2017	24/11/2017	01/12/2017	08/12/2017	15/12/2017	22/12/2017	29/12/2017	05/01/2018	12/01/2018	19/01/2018	26/01/2018	02/02/2018	09/02/2018	16/02/2018	23/02/2018	02/03/2018	09/03/2018	16/03/2018	23/03/2018	30/03/2018		
Stage 1	Project Start	S B																																									
Stage 1	First Steering Group Meeting	S B																																									
Stage 1	Data collation including questionnaires	S B																																									
Stage 2	Second Steering Group Meeting to agree and lock down the data	S B												1 9																													
Stage 2	HWB meeting to receive paper on process & initial feedback from Questionnaires	C C												2 6																													
Stage 3	Complete draft PNA including recommendations	S B																																									
Stage 3	Circulate draft PNA to Steering Group and NHSE	S B																		3 0																							
Stage 3	Third Steering Group Meeting-agree draft PNA	S B																			1 0																						
Stage 3	HWB meeting to agree Draft PNA for consultation	C C																							5																		
Stage 3	Consultation(63 days)	S B																							1 1																		
Stage 4	Produce consultation report and draft final PNA	S B																																									
Stage 4	Circulate draft Final PNA to Steering Group	S B																																									
Stage 4	Fourth Steering Group Meeting-agree final PNA	S B																																									
Stage 4	HWB meeting to agree draft Final PNA for publication	C C																																									2 7
Stage 4	Convene steering group to receive/inform comments from HWB (pm)	S B																																									2 8
Stage 4	Amend final PNA for feedback from HWB	S B																																									2 8
Stage 4	Submit final PNA to local authority	S B																																									2 9
Stage 4	Upload Final PNA onto Council or Observatory (TBC) website, and make 'live'	C C																																									2 9



## APPENDIX C: SUMMARY RESULTS FROM THE PUBLIC QUESTIONNAIRE

- 72% of respondents visit a pharmacy at least once a month for themselves.
- 60% of respondents visit a pharmacy for someone else at least once a month
- 84% of respondents have a regular pharmacy they visit, with two-thirds reporting their choice of pharmacy is one closest to home.
- 60% travel to their chosen pharmacy by car, 31% walk and 2% use public transport
- The average travel times to their chosen pharmacy by the respondents were as follows:
  - 0-15 minutes: 79%
  - 16-30 minutes: 16%
  - Over 30 minutes: 5%
- 9% of respondents experience difficulty in accessing a pharmacy:
  - 46% of which reporting this to be parking
  - 16% of which reported this to be location
  - 6% of which reported wheelchair or other access problems
- 45% of respondents prefer to visit pharmacy Mon-Friday, whilst 45% had no preference
- 8% of respondents use or have used an internet pharmacy
- 261 other general comments were received; the majority were positive; less than 5% were negative

A breakdown of respondents is provided below:

### **Age group breakdown:**

	Questionnaire responses
15 and under	0.00%
16-19	0.93%
20-24	2.90%
25-34	6.45%
35-44	8.04%
45-54	16.17%
55-64	22.34%
65-74	27.76%
75-84	12.43%
85 and over	2.06%
Prefer not to state	0.93%

32% of responses were male, 68% were female

**Respondents were asked to note any disability:**

	Questionnaire responses
Yes, a physical disability	19.02%
Yes, a mental health disability	2.69%
Yes, a learning disability	0.29%
Yes, a sensory impairment (e.g. hearing or vision)	4.51%
No	69.07%
Prefer not to state	4.42%

**Marital status:**

	Questionnaire responses
Single (never been married or in a civil partnership)	10.58%
Divorced or dissolved civil partnership	8.48%
Civil partnership	1.91%
Married	60.06%
Widowed or surviving partner from a civil partnership	9.34%
Separated (but still legally married or in a civil partnership)	1.91%
Not applicable	2.29%
Prefer not to state	5.43%

**Ethnic background:**

	Questionnaire responses
White - English / Welsh / Scottish / Northern Irish / British	94.31%
White - Irish	0.76%
White Gypsy or Irish Traveller	0.28%
White - Other	0.38%
Mixed / Multiple - White and black Caribbean	0.28%
Mixed / Multiple - White and black African	0.09%
Mixed / Multiple - White and Asian	0.00%
Mixed / Multiple - Other	0.00%
Asian / Asian British - Indian	0.28%
Asian / Asian British - Pakistani	0.00%
Asian / Asian British - Bangladeshi	0.00%
Asian / Asian British - Chinese	0.09%
Asian / Asian British - Other	0.00%
Black / African / Caribbean / Black British - African	0.09%
Black / African / Caribbean / Black British - Other	0.00%

	Questionnaire responses
Black / African / Caribbean / Black British - Other	0.00%
Other ethnic group - Eastern European	0.19%
Other ethnic group - Arab	0.00%
Other ethnic group - Other	0.00%
Prefer not to state	2.37%
Where 'Other' is answered, please specify:	0.85%

**Main language:**

	Questionnaire responses
English	99.13%
Other (please specify)	0.87%

**Religion/belief:**

	Questionnaire responses
No religion	26.48%
Hindu	0.20%
Buddhist	0.61%
Muslim	0.10%
Jewish	0.00%
Sikh	0.00%
Christian (including Church of England, Catholic, Protestant and other Christian denominations)	62.42%
Prefer not to state	8.66%
Other (please specify)	1.53%

**Sexual orientation:**

	Questionnaire responses
Heterosexual	86.67%
Gay man	0.62%
Bisexual	1.13%
Lesbian	0.51%
Prefer not to state	10.77%
Other	0.31%

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