Lincolnshire Pharmaceutical Needs Assessment (DRAFT)

Lincolnshire Health and Wellbeing Board

September 2014

Foreword

Our pharmacies provide people in Lincolnshire with vital supportive health services in ways which are accessible and timely. With over 3.5 million prescribed items being dispensed in Lincolnshire's pharmacies every year the public is provided with easy access to the supply of medicines and appliances that they need as vital part of the local healthcare system

Communicating health messages to people who are sick, but also reassurance, advice and guidance to people who are well is another key strength of the work that pharmacies deliver and one which we need to make the most of, and build upon.

We also need to ensure that pharmacies are able to play a stronger role in out-of-hospital care, the management of long term conditions and signposting residents to useful health & wellbeing, social care and voluntary sector services, in partnership with other health professionals.

I therefore welcome this Pharmaceutical Needs Assessment, which considers the need for pharmaceutical services, describes the current services available to the county, and makes recommendations for the future provision of pharmaceutical services.

I trust that NHS England and others will find this assessment informative and useful in their commissioning of pharmaceutical services.

Sue Woolley

Cllr Sue Woolley
Chairman of the Lincolnshire Health and Wellbeing Board

Acknowledgements

With many thanks to the many people who have contributed to the production of this Pharmaceutical Needs Assessment.

Particular thanks to the significant contribution made by the members of the Pharmaceutical Needs Assessment Steering Group in the development and writing of the assessment.

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Glossary

C-Card	Scheme providing free condoms and lubricants to teenagers along with safe-sex information and signposting to other services.
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
DH	Department of Health
DRUM	Dispensing Review of Use of Medicines
DSQS	Dispensing Services Quality Payment Scheme
EHC	Emergency Hormonal Contraception
GOR	Government Office Region
GP	General Practitioner
GUM	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
JHWS	Joint Health and Wellbeing Strategy
LA	Local Authority
LMC	Lincolnshire Medical Committee
LPC	Lincolnshire Pharmaceutical Committee
LSOA	Lower Super Output Area
MUR	Medicines Use Reviews
NHS	National Health Service
NMS	New Medicines Service
NSP	Needle and Syringe Programmes
ONS	Office of National Statistics
OOH	Out Of Hours
PBEvP	EHC via patient group direction provided from a community pharmacy
PBNEX	Pharmacy Based Needle Exchange
PBSAP	Pharmacy Based Supervised Administration Service
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework

Executive summary

The purpose of the Lincolnshire Pharmaceutical Needs Assessment (PNA) is to review existing pharmaceutical service provision in Lincolnshire and to identify any gaps or deficiencies that need to be addressed. Proposed changes may seek to increase service provision, improve access to services or broaden the range of services available for Lincolnshire patients with the ultimate goal of improving their health and wellbeing.

Methods

The data included in this review was compiled by members of the Public Health informatics (PHI) team at Lincolnshire County Council. Interpretation and presentation of the data has been the responsibility of the Pharmaceutical Needs Assessment Steering Group comprised of staff from NHS England, GEM Commissioning Support Unit and Public Health

The document reviews the prescribed process that must be followed to produce a PNA; it also considers both the health needs and the pharmaceutical needs of the Lincolnshire population. Health needs have been reviewed down to the level of each district council area and/or CCG boundary dependent on the data. Within each of these localities we have reviewed existing pharmaceutical service provision with a view to identifying geographical gaps in services (i.e. localities in which pharmaceutical service provision may be inadequate). Unmet health need in the provision of community pharmacy provided enhanced services and lack of coordination between local medical and pharmaceutical services have also been considered.

Lincolnshire

Lincolnshire is one of the largest counties in England. However, the population density in the county is less than a third of the average. Despite lower than average deprivation compared to the UK as a whole there is considerable variation in deprivation across the county. Similarly, reported health also varies greatly across the county with smoking, excess weight, diabetes, cardiovascular disease and COPD all more prevalent in Lincolnshire than in the rest of the UK.

Changes in the population structure resulting from an ageing population in conjunction with a projected increase in obesity rates is likely to have a negative effect on general health and increase associated disease prevalence in county.

Current Pharmaceutical provision

Maps included within the document illustrate the distribution of pharmacies and dispensing practices across the county as well as the provision of advanced community pharmacy services such as Medicines Use Reviews (MUR) and the New Medicines Service (NMS). Further to this, tables show the availability of NHS England commissioned pharmaceutical services such as Saturday opening, 100 hour pharmacies, LCC commissioned pharmaceutical services and the presence of dispensing and non-dispensing GP surgeries. . These tables and maps show that most places within Lincolnshire have at least one reasonably accessible provider of dispensing services, either a dispensing practice or a community pharmacy or

sometimes both. The map of community pharmacy provision illustrates that some of the essential and advanced pharmaceutical services only available through community pharmacies (e.g. help with self-care, over-the counter medicines. Medicines Use Reviews and the New Medicines Service) are not consistently available across the whole of the county to all Lincolnshire residents.

The PNA steering group committee has identified several gaps in service provision and makes recommendations on future actions to address this:

Conclusions and Recommendations

- Residents of Lincolnshire are adequately served by providers of dispensing services both in urban and rural areas. However, ongoing change in many localities linked to population growth will necessitate frequent review of this position.

- Patient access to self-care through the provision of healthcare advice and supply of over-the-counter medicines is only available from community pharmacies. There are many rural areas of the county where dispensing services are available, but patients have no access to self-care, over-the-counter medicines or community pharmacy advanced services such as Medicines Use Reviews and the New Medicines Service. Gaps in current provision are identified as follows:

    - Lincolnshire West CCG – Caenby Corner area bordered by Gainsborough, Hibaldstow, Kirton Lindsey, Caistor, Market Rasen, Welton and Saxilby.

    - South West Lincolnshire CCG – Fulbeck area bordered by Newark, Navenby, Sleaford and Grantham.

    - South West Lincolnshire CCG – Rippingale area bordered by Grantham, Sleaford, Donington and Bourne.

    - Lincolnshire East CCG – Sibsey area bordered by Coningsby, Spilsby, Wainfleet and Boston.

    - Lincolnshire East CCG – Binbrook area bordered by Market Rasen, Louth, Spilsby, Horncastle and Bardney.

    - Lincolnshire East CCG – North Somercotes area bordered by Holton-le-Clay, the North Sea, Mablethorpe and Louth.

- Having reviewed the evidence for the provision of a wide range of locally commissioned services through community pharmacy, the PNA Steering Group concluded that further expansion and wider availability of the range of services currently provided through community pharmacies would benefit the Lincolnshire population subject to local need, patient demand, clear evidence of benefit and value for money and improved health outcomes. This should be done with existing community pharmacies as establishing new pharmacies

could lead to an over provision of Essential Services and may destabilise current provision.

- The PNA Steering Group is supportive of patients exercising their right to choose where they access their pharmaceutical services. Patient choice is likely to be further enabled by the wider implementation of electronic prescribing across the county.

- As required by regulations the PNA Steering Group intend to continue to review pharmaceutical need and local service provision and to publish regular updates and supplementary statements where circumstances change.

1. Introduction

1.1 Legal Framework

The provision of pharmaceutical services falls under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA), the application and decision making process for opening pharmacies and also details the terms of services for pharmacies, dispensing appliance contractors and dispensing doctors. New to the regulations was the inclusion of performance sanctions which NHS England can use where contractors are not meeting their terms of service.

The regulations also cover the dispensing of medication to patients by doctors; Lincolnshire has 65 dispensing GP practices. There are strict criteria as to who can and cannot be dispensed to. Generally dispensing status is reserved for patients who:

- Live more than 1 mile (1.6 km) from a pharmacy, or
- May consider they have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy and must evidence serious difficulty by reason of distance or inadequate means of communication.

This is generally defined as patients that require regular repeat prescriptions not having personal transport to travel to the chemist and/or having a chronic condition that severely impedes the ability to travel. This status must be granted by NHS England.

The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB) with NHS England having responsibility for the application process and the management of pharmacies compliance with their terms of service. The PNA informs the application and decision making process however NHS England ultimately have responsibility for approving or rejecting an application.

1.1.1 Pharmaceutical needs assessment

The regulations cover what constitutes a pharmaceutical service for the purposes of conducting a PNA, how the PNA is to be produced, by when and what information is to be contained within them as well as matters for consideration when making an assessment.

Matters for consideration

Part 2 of the regulations detail matters for consideration in making an assessment. These cover the demographic profile of the HWB's area, choice in obtaining pharmaceutical services, any differences in need within the area, services provided in neighbouring HWB areas which may affect the needs within the HWB area. Finally the PNA must consider any likely future needs in order to make a proper assessment of the matters above.

Information to be contained in PNA

Schedule 1 of the regulations set out the information to be contained within the PNA. These cover provision and gaps in pharmaceutical services, improvement in access regarding gaps in provision, how the assessment was carried out and maps detailing the provision of services.

1.1.2 Commissioning of pharmaceutical provision

The regulations set out the types of applications that can be made with these fall into two categories of 'Routine' and 'Excepted' applications.

'Routine' applications

'Routine' applications must meet the market entry test which is that an application may be granted if NHS England is satisfied that:

- it is necessary to grant the application in order to meet a need in its area for all or some of the services specified in the application, or
- to grant the application would secure improvements or better access to pharmaceutical services in its area

The types of 'Routine' application are:

- Current Needs (Identified in PNA)
- Future Needs (Identified in PNA)
- Improvements or better access to services (Identified in PNA)
- Future Improvements or better access to services (Identified in PNA)
- Unforeseen benefits (Something which has not been identified in the PNA this could be examples of new and innovative types of service delivery)

'Excepted' applications

'Excepted' applications do not have to meet the market entry test and are not dependent on needs or improvements identified in the PNA. The types of 'Excepted' applications are:

- Relocations that do not result in significant change
- Distance selling premises
- Changes of ownership
- Combined changes of ownership and relocations that do not result in significant change
- Applications for temporary listings arising out of suspensions
- Applications from persons exercising a right of return to a pharmaceutical list

- Applications relating to emergencies requiring the flexible provision of pharmaceutical services

- Application offering to provide additional directed services

The changes to the NHS from the 1st April 2013 have led to changes with the commissioning of enhanced services from community pharmacies. Previously Primary Care Trusts would commission all services however now NHS England is the only organisation that can commission Enhanced Services.

CCGs and Local Authorities can commission services from pharmacies with these now being referred to as Locally Commissioned Services. These do not fall under the definition of pharmaceutical service for the PNA and will not be taken into consideration for applications. Within this PNA, these services have occasionally been referenced in order to demonstrate the wider impact they have on meeting health needs. Any such inclusions have been clearly identified as not being in the formal definition of pharmaceutical services for the purpose of producing the PNA.

1.2 Production of the PNA

The regulations specify that the PNA must include information relating to the process of how it was carried out. This includes the requirement to explain how the localities referred to were determined, how it has taken account of differences in needs between the different localities and how the consultation on the PNA is carried out.

The production of this PNA for Lincolnshire has been led by a PNA Steering Group made up of representatives from NHS England, Greater East Midlands Commissioning Support Unit and Public Health within Lincolnshire County Council.

1.2.1 Determination of localities

Localities used within this PNA have been determined by the Steering Group to align to the Clinical Commissioning Group (CCG) boundaries in Lincolnshire. In relation to health needs it is not always possible to report this data at these levels and so where CCG level data has not been available the administrative boundaries of local authorities (districts) have been used instead. In reviewing the evidence the PNA Steering Group have also referenced smaller areas within CCGs that appear from the maps to show gaps in pharmaceutical provision.

1.2.2 Assessment of difference in needs within Lincolnshire

The assessment of needs within this PNA has reviewed how Lincolnshire compares to other areas (such as East Midlands and England) and has also included analysis of how these needs vary within the county. Where possible this has reflected differences at the CCG level, as set out above, and local authorities. The analysis of data on and about population and needs has been undertaken up to 31st March 2014 to ensure a consistent approach to this section of the PNA.

The regulations governing the production of the PNA require an explanation of how the needs of people who share one of these 'protected characteristics' have been considered as part of the overall assessment of needs. Where data is available sections relating to need have also considered protected characteristics.

1.2.3 Consultation

The Regulations stipulate who must be consulted by the HWB as part of producing the PNA. Additionally to this the Regulations set out that those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version and that there is a minimum period of 60 days for consultation responses.

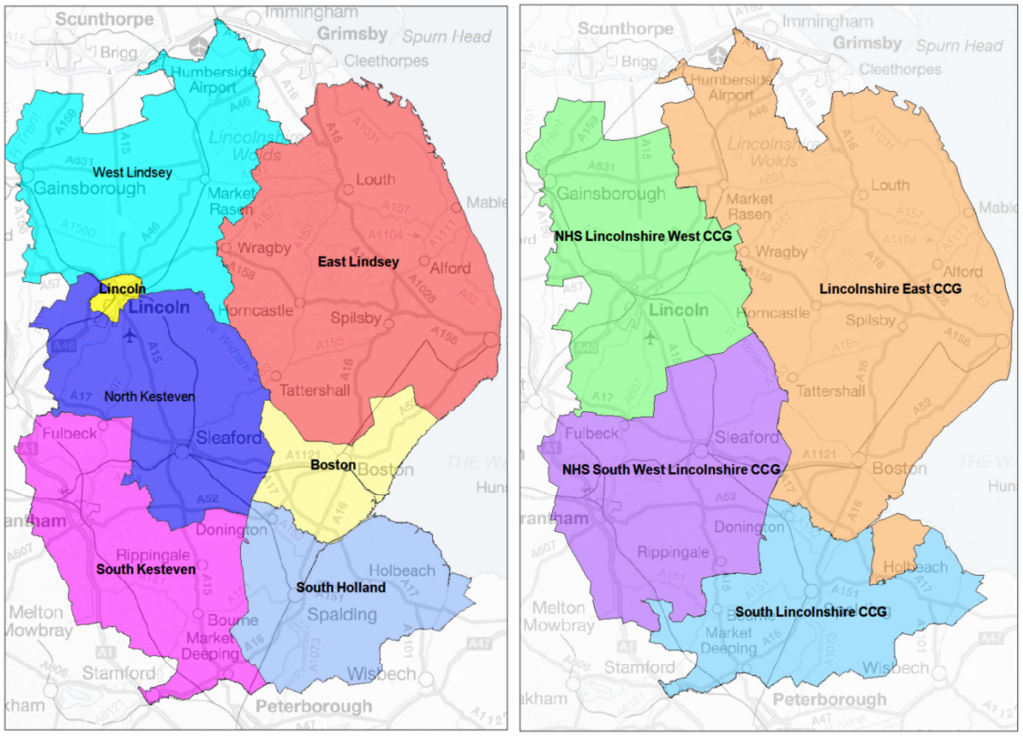
A full report on the consultation that has been undertaken must be published as part of the PNA and this will be produced and published at Appendix A following the consultation.

2. Lincolnshire Population and Socio-economic Context

2.1 Geography of Lincolnshire

Lincolnshire is one of the largest counties in England, with a land area of over 3,600 square miles and an estimated population of 718,800 in 2012. The county has a diverse geography with large rural and agricultural areas, urban areas and market towns and a long Eastern coastline. The population density in the county is just 121 persons per square kilometre (less than a third of the average for England and Wales) [1].

Figure 1: Location of Lincolnshire's district council and clinical commissioning group areas



2.2 Population

The population mid-year estimates for the area covered by Lincolnshire County Council in June 2012 was 718,800. The rate of increase in Lincolnshire's population has slowed in recent years with latest figures showing that it is below the national rate of growth. The annual percentage change between 2011 and 2012 shows the increase in the population of Lincolnshire (0.6 per cent) was lower than the national figure (0.7 per cent). Lincolnshire's population is projected to increase by approximately 82,000 people by 2021 (Table 1) a growth rate of 11 per cent compared to 9 per cent nationally.

Table 1: Summary of Lincolnshire's demographic and socio-economic characteristics

	Population (1)	**Proportion of 65+** (2)	**Projected increase by 2021**(3)	**People in deprivation** (4)	**Unemployment** (5)	**Youth unemployment** (6)
Boston	64,800	20.5%	17.0%	19.5%	2.4%	4.5%
East Lindsey	136,600	27.1%	11.4%	22.3%	3.3%	6.5%
Lincoln	94,600	14.5%	1.4%	28.4%	4.1%	4.3%
North Kesteven	109,300	21.7%	11.3%	0.0%	1.6%	3.8%
South Holland	88,500	23.2%	15.4%	0.0%	2.2%	4.0%
South Kesteven	135,000	20.1%	9.9%	3.3%	2.0%	3.6%
West Lindsey	90,000	21.9%	11.6%	10.6%	3.3%	6.8%
Lincolnshire	**718,800**	**21.6%**	**10.8%**	**11.7%**	**2.7%**	**4.7%**

Key to Table 1:

(1) ONS, 2012 mid-year population estimate

(2) Proportion of the 2012 population aged 65 or over; ONS 2012 mid-year population estimate

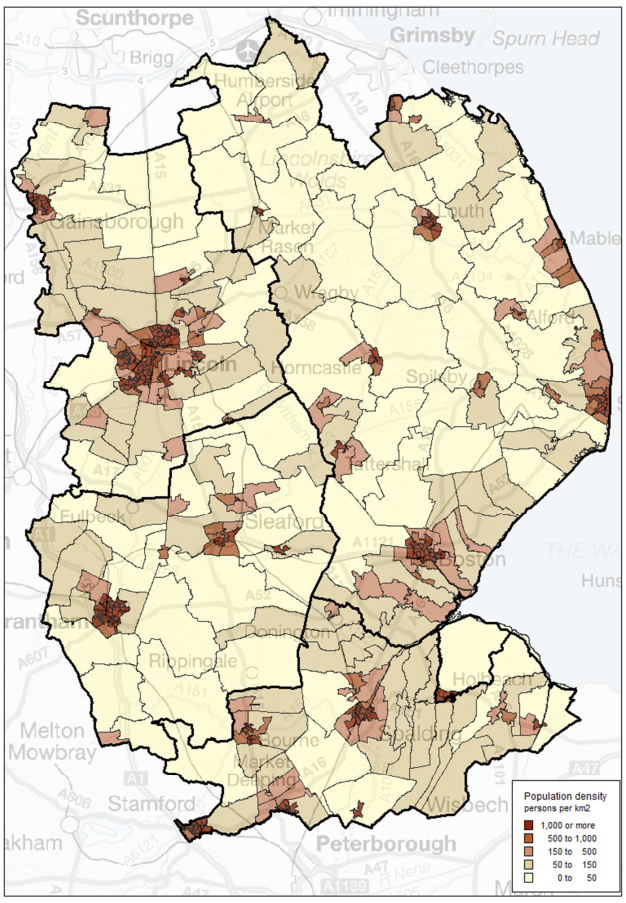
(3) Total population increase based on the difference between 2012 mid-year estimates and the 2021 projected population estimates; ONS

(4) Percentage of population living in 20% most deprived areas in England, based on 2012 population estimates and 2010 IMD scores.

(5) Claimant count as proportion of working age population, November 2013

(6) Claimant count for ages 18-24, November 2013

Figure 2: Population density in Lincolnshire

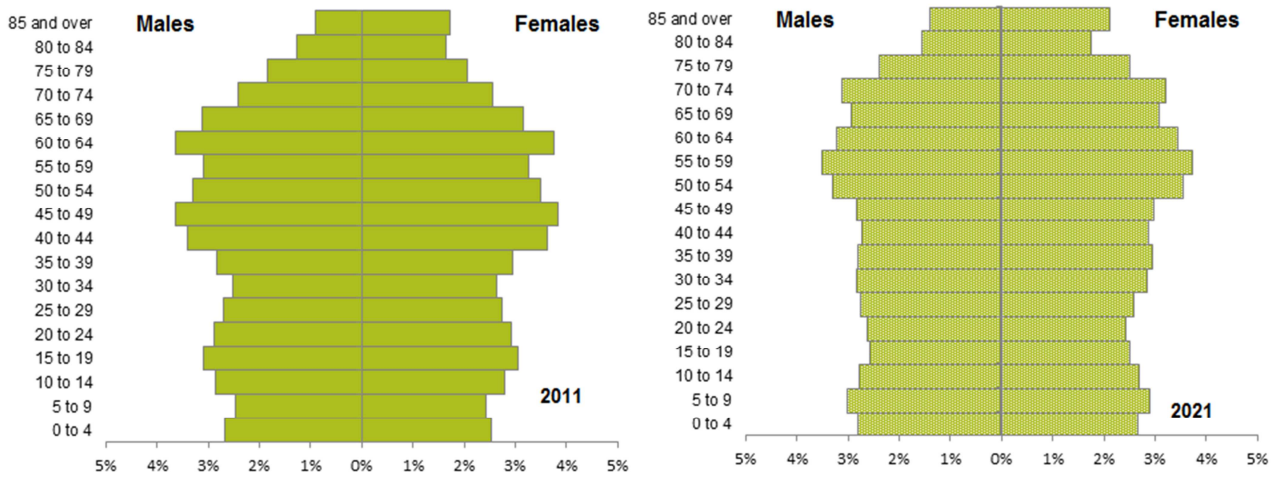


Source: Office for National Statistics (ONS)

2.2.2 Age structure

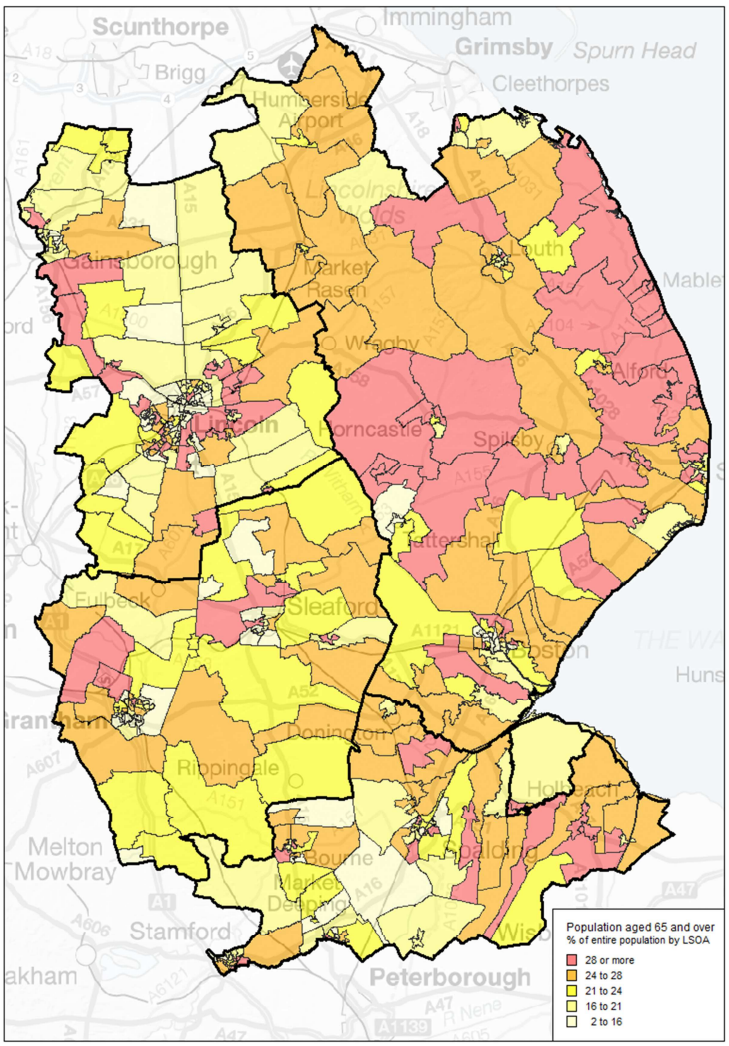
The proportion of young people in Lincolnshire (aged 0-19) has fallen from approximately 24 per cent of the total population in 2002 to 22 per cent in 2012. In contrast to this, and during the same time period, the population of those aged 65 and over has increased in the county by 3 per cent to approximately 22 per cent Over this period, whilst the proportion of people aged 65+ in Lincolnshire has increased by 3 percentage points, nationally it has increased by only 1 percentage point, to 17 per cent. All local authority district areas of Lincolnshire are projected to experience a decrease in the working age population by 2021. Although the decrease is relatively small in percentage terms, when considered alongside the increasingly ageing population, it will present a challenge in respect of a declining tax paying population at a time when the need for services for an ageing population will be rising. [2]

Figure 3: Age structure of the Lincolnshire population, 2011 (on the left) and 2021 (on the right)



Source: ONS, 2011 Population Census; ONS Population Projections

Figure 4: Proportion of the population aged 65 and over

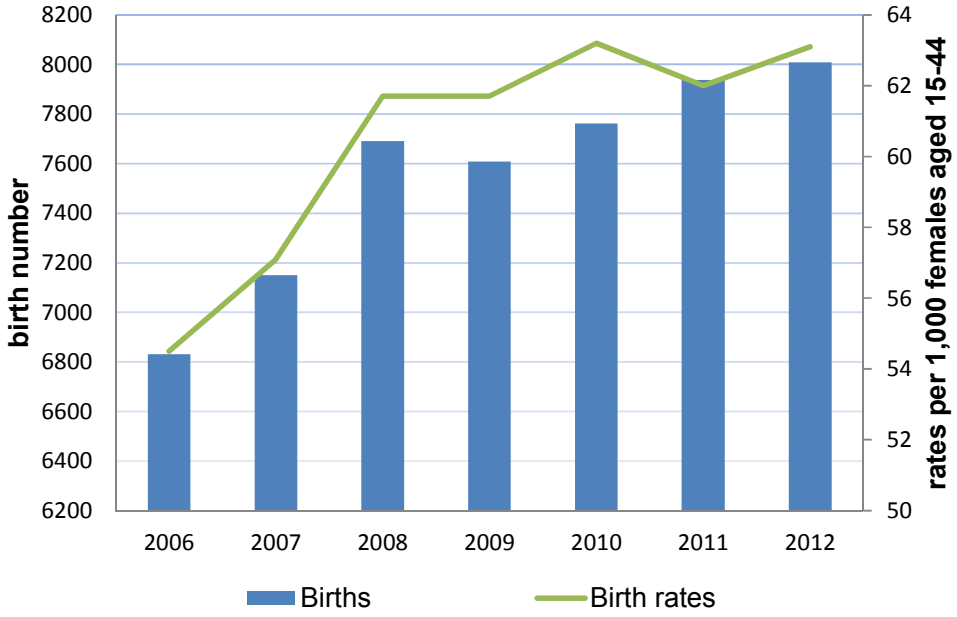


Source: Office for National Statistics (ONS)

2.2.3 Births, mortality and life expectancy

Lincolnshire has experienced an increase in the annual number of births in recent years. Despite of this increase, birth rates in 2012 were still below national rates: 63.1 per 1,000 females aged 15-44 in Lincolnshire compared to 64.8 in England and Wales. [3]

Figure 5: Number of live births and birth rates in Lincolnshire in 2006-2012



Source: Office for National Statistics (ONS)

Infant mortality in Lincolnshire was 4.1 per 1,000 live births in 2010-2012 which is at the average national level.

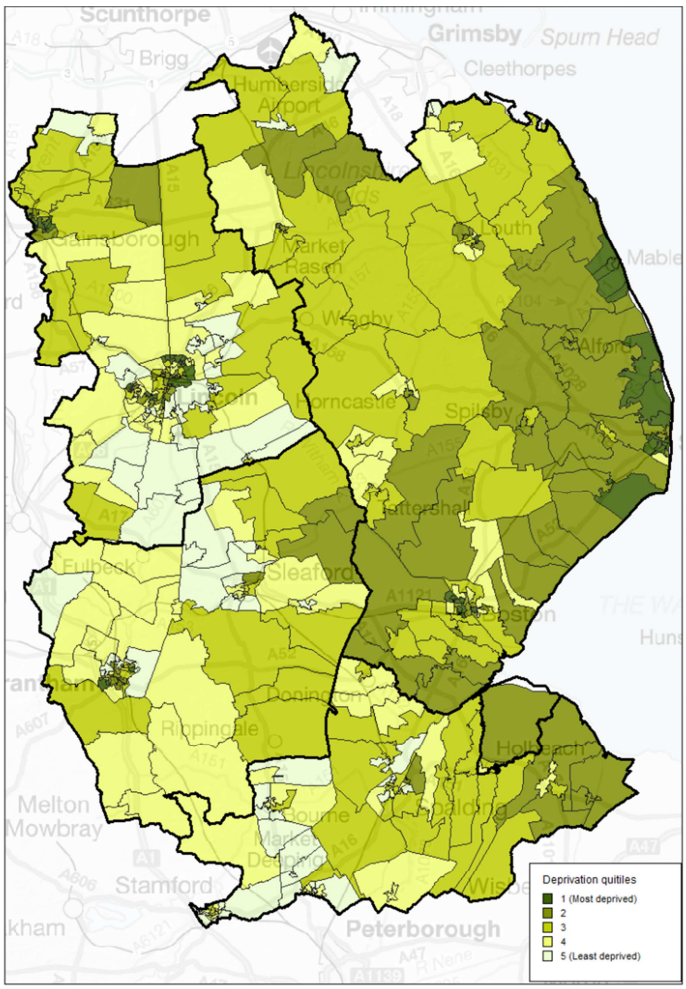
Life Expectancy at birth was 82.9 years for females and 79.1 years for males which is just at the England's average level. Healthy life expectancy (years a person would expect to live in good health based on mortality rates and self-reported good health) is 64.6 for both genders and is not significantly different to national or regional figures.

Mortality rates from leading causes like cancers cardiovascular diseases and respiratory conditions are generally lower or similar to national figures. [16]

2.3 Deprivation

Across the county, 12% of Lincolnshire residents live within areas classified as the 20% most deprived in England. However, although this 'average' deprivation is lower than nationally, there are differences across the county. In Lincoln City 28.4% of people live within this national quintile of deprivation, followed by 22.3% in East Lindsey and 19.5% in Boston Borough [4] [2]. Nationally, deprivation tends to be associated with pockets of urban areas, which in Lincolnshire can be found in the areas of Lincoln, Gainsborough and Boston for example, however with relatively poor transport and broadband infrastructure the county also suffers from wide areas of rural deprivation.

Figure 6: Deprivation - National quintile of deprivation by LSOA

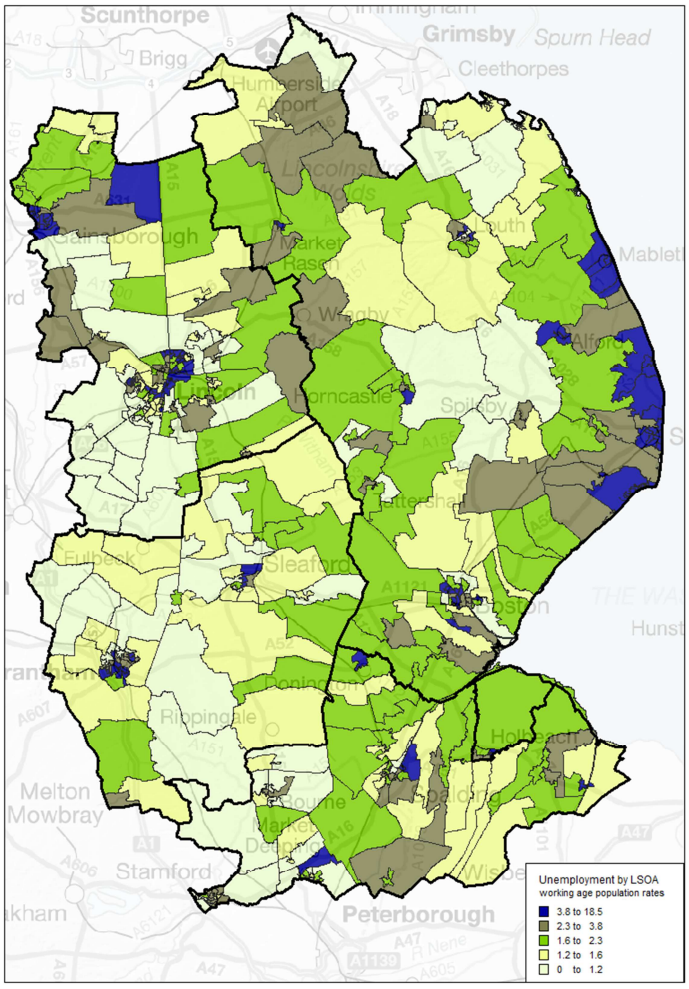


Source: Department for Communities and Local Government (DCLG)

2.4 Employment and Skills

Average unemployment is lower than nationally, however there are pockets of long term unemployment as well as seasonal employment and unemployment in the major industries of agriculture and tourism. Unemployment among the younger population (aged 24 and below) is higher than the national average [5]. The predominantly low-wage and low-skilled economy encourages the outflow of more highly educated residents and the general levels of education among adults are below the national and regional levels according to the ONS [6].

Figure 7: Unemployment - Claimant rate as a proportion of working age population, December 2013



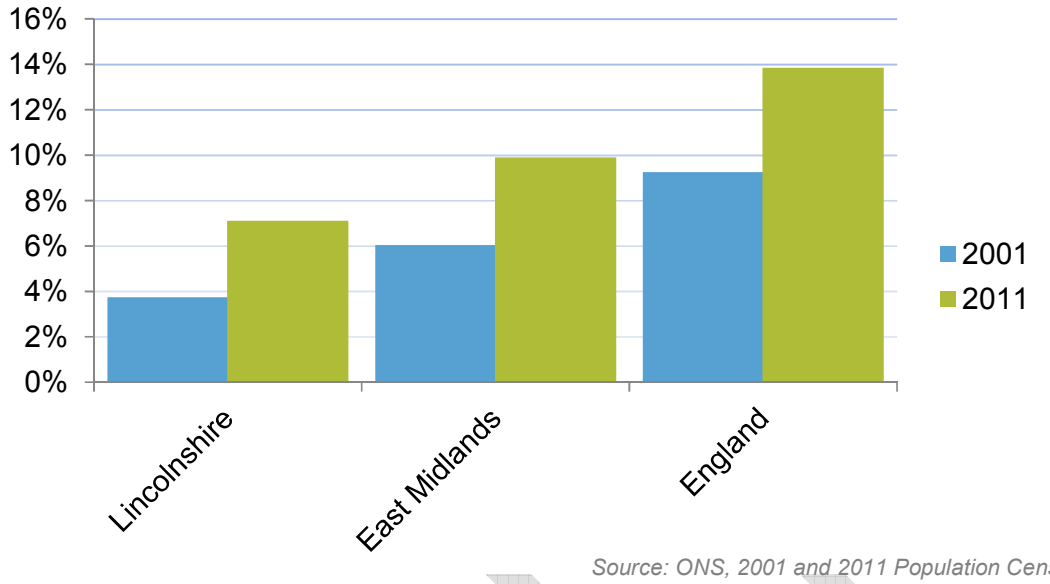
Source: Office for National Statistics (ONS)

2.5 Ethnicity and Country of Birth

At the 2011 census, the non-white population made up 2.4% of Lincolnshire residents compared to 1.4% in 2001. Despite the increase, the rate remains lower than the national non-white population of 14%.

Between 2001 and 2011 the number of Lincolnshire residents who were born outside the UK more than doubled. According to the ONS 2011 population census, the proportion of foreign-born residents in Lincolnshire stood at 7.1% (compared to 13.8% nationally). The majority of recently arrived international migrants came from Eastern and Central Europe and tended to be younger and more economically active than the UK-born residents of Lincolnshire [7].

Figure 8: Proportion of residents born outside of the UK



Source: ONS, 2001 and 2011 Population Census

3. Health Needs in Lincolnshire

3.1 General Health

Based on the 2011 census, the proportion of people who declared having bad or very bad health was slightly higher in Lincolnshire than in England (5.9% compared to 5.5%). The data from the census shows a link between poor health and an ageing population, and also suggests a link between poor health and deprivation (although IMD scores themselves do include aspects of health). East Lindsey district had the highest proportion of self-reported poor health among the Lincolnshire districts across the entire adult population. The proportion of people of all ages whose day-to-day activities are limited is also greater in Lincolnshire than in England (20.4% compared to 17.6%). [8]

3.2 Health and Lifestyle

3.2.1 Smoking

The Lincolnshire Tobacco Control Profile (2012) reports that diseases and deaths attributable to smoking are parallel with the England average and representative of the health inequalities historically and currently within the county, e.g. Lincoln having the highest disease and deaths rates attributable to smoking.[9]

The smoking prevalence during 2012 for Lincolnshire was given as 20.9% in the Public Health Outcomes Framework (indicator – 2.14). This is above the percentages for the East Midlands (19.9%), and England (19.5%). [9]

For routine and manual workers this percentage was 35.6%, which is higher than the East Midlands (29.4%), and England (29.7%). These percentages are taken from the Public Health Outcomes Framework (indicator – 2.14). [10]

Approximately 1,200 people die each year in Lincolnshire from smoking related diseases. [11] In terms of deaths attributable to smoking, with the exception of Lincoln City, there is an east/west split across Lincolnshire, with the higher rates in East Lindsey and Boston, and the lower rates in North and South Kesteven.

The percentage of women giving birth who were current smokers at time of delivery (of all maternities where smoking in pregnancy status is recorded) in 2011/2012 for Lincolnshire was 18.4%, which compares unfavourably with the East Midlands region (15.84%) and England average (13.31%). [11]

3.2.2 Alcohol (adults)

Alcohol treatment data is reliable, however the minimum data set is small therefore insight into population trends is limited. In 2010/11 the numbers of people entering specialist alcohol treatment services dropped by 19% (a total of 892 people were in treatment at the end of March 2011) after having increased by 71% between 2008/09 and 2009/10. [12]

Within Lincolnshire there is a clear divide between male and female alcohol attributable mortality. Across all districts, male mortality rates are higher than female mortality rates. The highest rates for males are in East Lindsey and Lincoln, which are higher than the East Midlands and England rates. For females, the highest rates are in East Lindsey and Boston. However, the highest rates for females seen in the county and lower than the East Midlands and England rates. [13]

Table 2: Alcohol specific mortality by Lincolnshire district - Male and female (2010-2012)

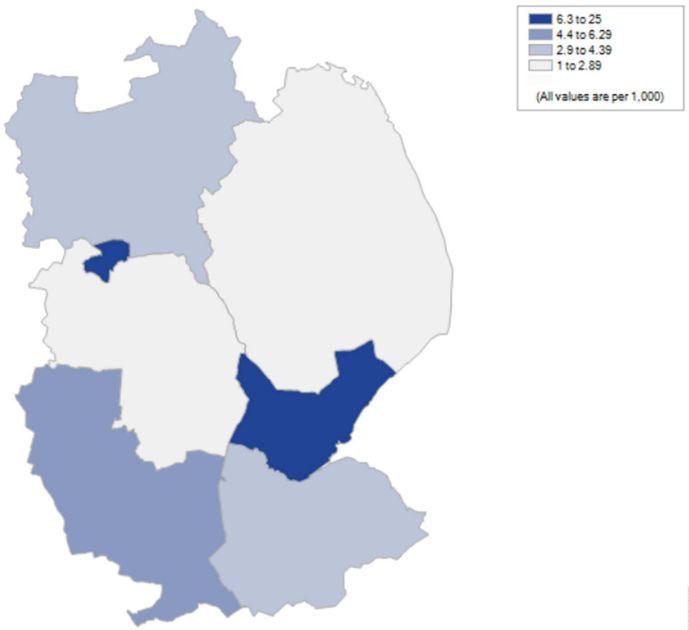
Area name	Males	*Lower 95% CI*	*Upper 95% CI*	Females	*Lower 95% CI*	*Upper 95% CI*
Boston	14.57	*7.69*	*24.86*	5.31	*1.68*	*12.16*
East Lindsey	10.62	*6.66*	*15.84*	8.66	*5.15*	*13.34*
Lincoln	22.37	*14.49*	*32.73*	4.75	*1.71*	*10.33*
North Kesteven	6.20	*2.93*	*11.38*	3.04	*0.94*	*7.05*
South Holland	6.76	*3.06*	*12.81*	*	*	*
South Kesteven	12.98	*8.42*	*18.97*	3.76	*1.60*	*7.36*
West Lindsey	9.50	*4.76*	*16.66*	6.91	*3.25*	*12.76*
East Midlands (GOR)	14.40	*13.49*	*15.36*	6.42	*5.83*	*7.06*
England	14.57	*14.29*	*14.85*	6.78	*6.59*	*6.96*

Source: LAPE: Local Authority Alcohol Indicators

3.2.3 Drug misuse

The estimated number of problem drug users (crack and/or opiates), crude rate per 1,000 (ages 15-64) in Lincolnshire has been consistently lower than the East Midlands and England between 2006-07 and 2010-11. Within this there are differences amongst the districts, as demonstrated in Figure 9, with the typically more urban areas of Lincoln and Boston having higher crude rates than the more rural districts. [14]

Figure 9: Drug misuse, estimated problem drug users (Crack and/or Opiates), crude rate per 1,000: ages 15 to 64 (Health Profiles), 2010-2011



Source: Public Health England / LRO

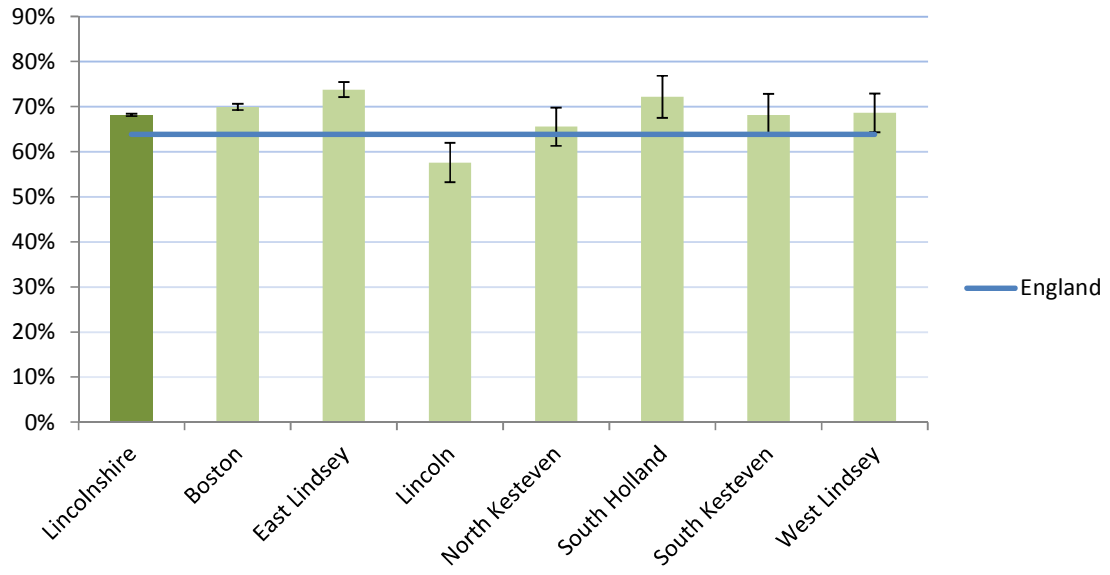
In the financial year 2012/13 2050 adults were engaged in effective drug treatment including 1774 problem drug users. [15] The estimated number of problematic drug users for 2012/13 is not yet published; however it was estimated to have been 3039 users in 2011/12. [14]

3.2.4 Excess weight - adults and children

Data on excess weight in adults is part of the Public Health Outcomes Framework (PHOF). The data are estimates based on responses to the 'Active People' survey. It is estimated that more than a half (54.7%) of Lincolnshire population are classes as excess weight this includes 36.1% of overweight and 18.6% obese in 2012.

The prevalence of obesity and excess weight are both higher in Lincolnshire than in East Midlands or England. There are differences in obesity prevalence between Lincolnshire districts but those are not statistically significant. The prevalence of excess weight (including obesity) in Lincoln is significantly lower than all other Lincolnshire districts except North Kesteven, with which there is no significant difference, as shown on the Figure 10 [16].

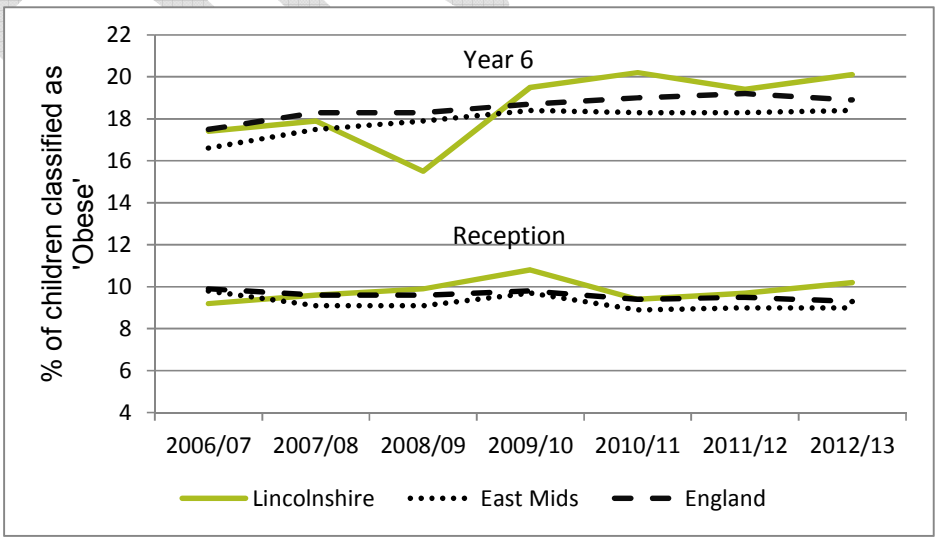
Figure 10: Estimated prevalence of excess weight (percentage either overweight or obese) in the population, 2012



Source: Public Health England (Public Health Outcomes Framework)

The National Child Measurement Programme (NCMP) provides an excellent insight into the height and weight of children in Reception and Year 6, and has been running since the academic year 2006/07. Data gathered by the program shows that Lincolnshire's obesity prevalence amongst children is higher than the England and East Midlands prevalence – for both year 6 and reception children. The trend across all 7 years of NCMP data is that obesity rates are increasing; only marginally in the case of reception children but more rapidly amongst children in year 6. [17]

Figure 11: Prevalence of childhood obesity - Trend over time



Source: National Child Measurement Programme

At district level, the prevalence of obesity in North Kesteven was significantly lower than in East Lindsey, South Holland and West Lindsey amongst reception children,

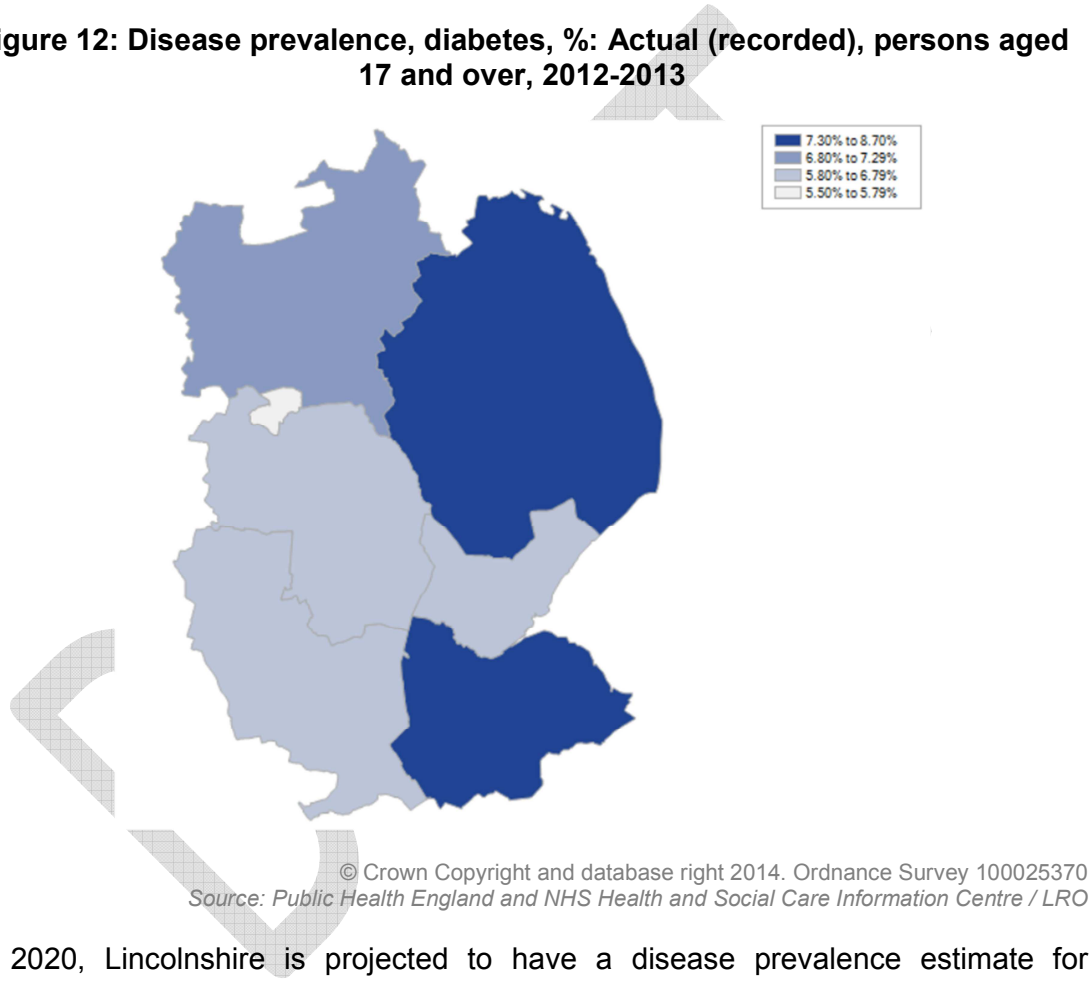
and significantly lower than Boston, East Lindsey and South Holland amongst Year 6 children.

3.3 Long Term Conditions

3.3.1 Diabetes

Between 2009/10 and 2012/2013 the prevalence rate of diabetes in Lincolnshire (aged 17 and over) has increased from 6.1% to 6.96%, which is higher than the England percentages of 5.4% and 6.0% respectively. Within Lincolnshire there are variations between the districts, as demonstrated in Figure 12. [18]

Figure 12: Disease prevalence, diabetes, %: Actual (recorded), persons aged 17 and over, 2012-2013



Source: Public Health England and NHS Health and Social Care Information Centre / LRO

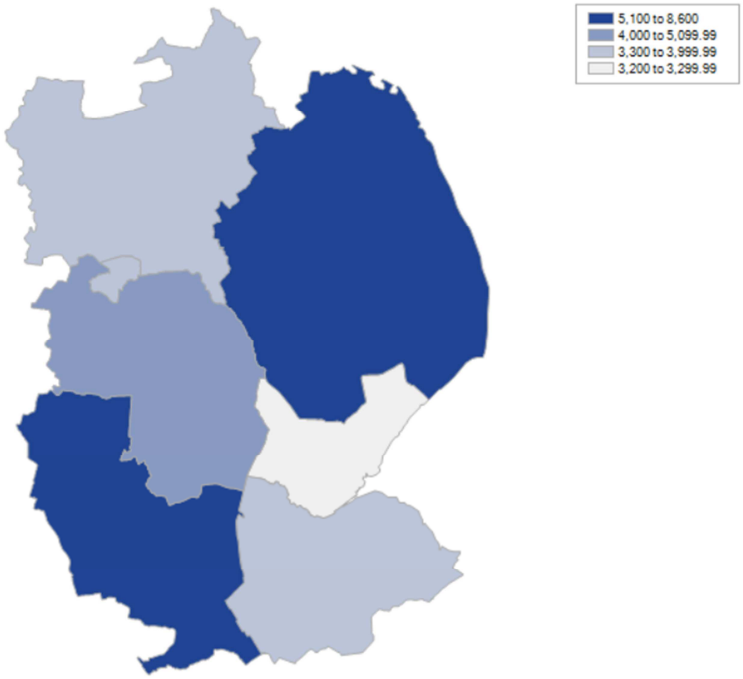
By 2020, Lincolnshire is projected to have a disease prevalence estimate for diabetes of 8.7% (England – 8.2%), and by 2030, the figure is expected to be 9.6% (England - 8.8%). [18] Estimated and projected rates include all people aged 16 and over living with diabetes (diagnosed and undiagnosed). The projected increase is due to changing age and ethnic structure of the population as well as projected increase in the obesity rates. [19]

3.3.2 Coronary heart disease (CHD)

Each GP practice has a CHD register and the actual prevalence in Lincolnshire is lower than the modelled prevalence. This could indicate that there are a number of patients still missed off the disease register and not being treated appropriately. [20]

The disease prevalence for CHD across Lincolnshire is 4.49%, against the figure for England, which is 3.3%. The district with the highest percentage is East Lindsey (5.88%), with the lowest being the City of Lincoln (3.36%) – see Figure 13.

Figure 13: Disease prevalence, coronary heart disease (CHD), %: Actual (recorded), all ages, 2012-2013



Source: Public Health England and NHS Health and Social Care Information Centre / LRO

The number of deaths from CHD in people aged under 75 has dropped dramatically in Lincolnshire, more than a 40% reduction in the past 12 years. [20]

Within Lincolnshire, there are variations between the districts, with higher rates seen in Boston and South Holland, with the lowest rates to be found in North and South Kesteven.

CHD continues to be a key cause of premature death across the county, and there is significant evidence of how this could be addressed. We need to continue to invest in evidence based lifestyle services such as smoking and weight management. [20]

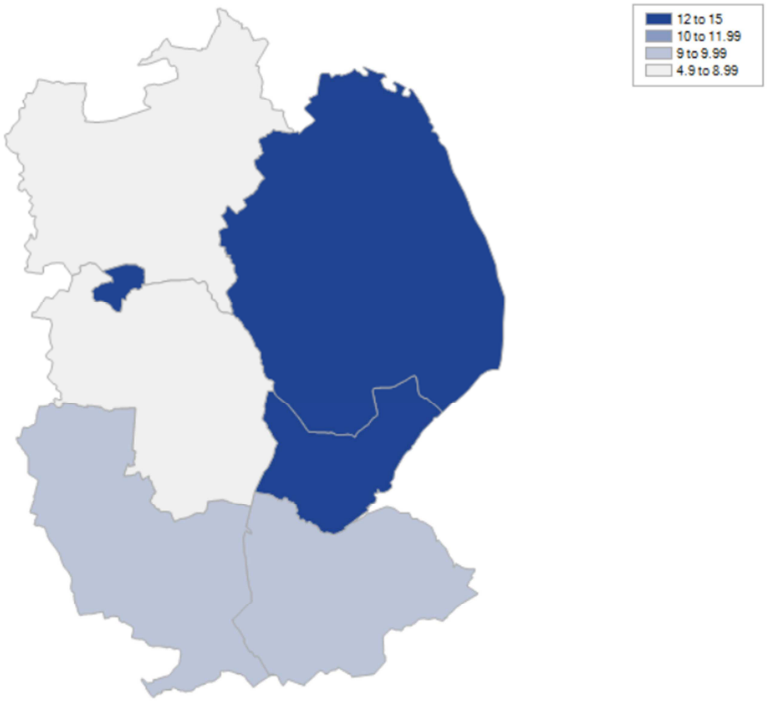
Lincoln has the highest number of premature deaths from CHD at 52.01 per 100,000 people, but the lowest actual prevalence of CHD at 3.63% which could indicate that we are missing people off the CHD Quality Outcomes Framework (QoF) register. [20]

3.3.3 Chronic obstructive pulmonary disease (COPD)

The actual recorded prevalence of COPD according to the 2012/13 Quality and outcomes Framework data was 2.05% which was above the national rate of 1.7%.

East Lindsey had the highest prevalence rates out of all Lincolnshire authorities which could be expected considering that the prevalence rates are not adjusted for age and East Lindsey has an older population than the Lincolnshire average. In 2010-12 over 300 people died prematurely from the disease; directly standardised mortality rates for under 75s are lower in Lincolnshire than in England and Wales (10.2 per 100,000 in compared to 11.7). [21]

Figure 14: Disease prevalence, chronic obstructive pulmonary disease (COPD), %: Actual (recorded), all ages, 2012-2013

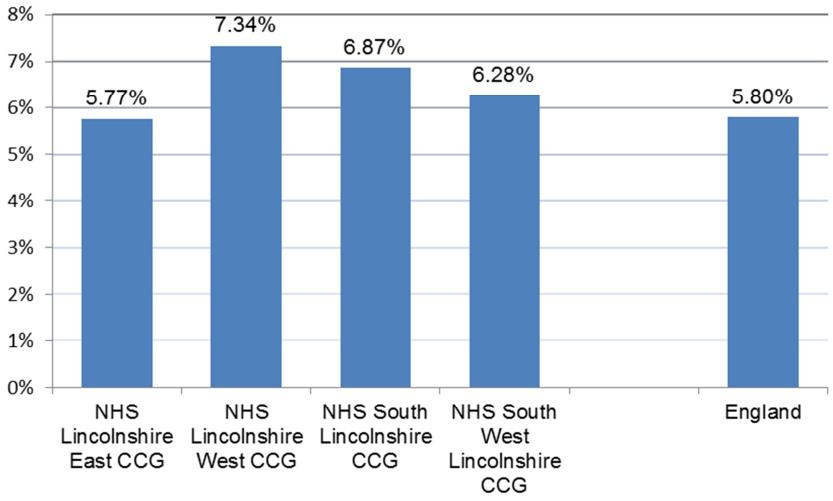


Source: Public Health England and NHS Health and Social Care Information Centre / LRO

3.3.4 Depression

General Practices in the UK keep a record of all patients diagnosed with depression. Figure 15 shows the proportion of patients aged 18 and over on the depression register. From the chart, Lincolnshire West CCG appears to have the highest rate of patients with depression on the register, this figure is also higher than the England average although it is difficult to know whether this is influenced by diagnostic or recording behaviour within the CCG. [21]

Figure 15: Percentage of patients aged 18 and over with depression, as recorded on GP practice depression registers (all patients diagnosed since April 2006)

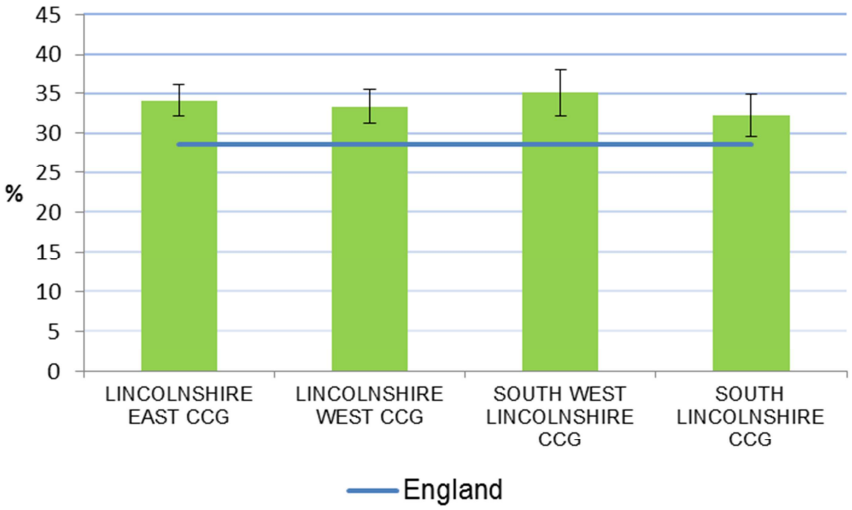


Source: Quality and Outcomes Framework 2012/13

3.4 End of Life Care

Between 2010 and 2012 7,300 patients in Lincolnshire died on average each year. 23% of them died at their own homes. In the same time 2,150 people died from cancer. The percentage of people who died at home is much higher among cancer patients then for other cases of deaths. More than a third (33.7%) of Lincolnshire cancer patients died at home which is significantly higher than the national average (28.7%).

Figure 16: Home deaths as a percentage of all cancer deaths in Lincolnshire, 2010-2012, all ages



Source: Public Health England, End of Life Care CCG Profiles

High proportions of home deaths may suggest increased demand on palliative care medicines however the differences in the proportion of home deaths between Lincolnshire CCGs are not significant. [22]

3.5 Vulnerable Groups and Enclosed Communities

3.5.1 Adults with dementia

According to the quality and outcome framework data (QOF) there were 5,190 people with dementia on GP registers in 2012/13. The prevalence of dementia is highest in the area served by Lincolnshire East CCG, associated with the older population profile of this CCG [21]. The estimated number of people with dementia in Lincolnshire based on national estimates from the Alzheimer society [23] is more than twice as high as the reported number, which could suggest that dementia is being underdiagnosed. Approximately 12.5% of dementia patients are estimated to suffer from the severe form of the disease. Assuming that the prevalence rates will remain stable, the number of people suffering from dementia in Lincolnshire is projected to increase by a third by 2021, due to increase in the population and change in population age structure (aging).[24]

3.5.2 Adults in residential homes

There has been a steady increase in the number of people aged 65 and over in residential or nursing care in Lincolnshire. [25]

Table 3: Number of people (aged 65 and over) in residential and nursing care within Lincolnshire

Year	Residential and Nursing Care Home Residents, Persons: Aged 65 and Over, Residential Care	Residential and Nursing Care Home Residents, Persons: Aged 65 and Over, Nursing Care	Total
2010-11	1,966	670	2,636
2011-12	1,995	705	2,700
2012-13	2,458	911	3,369

Source: Lincolnshire County Council Adult Social Care

There are a wide range of care options explored with individuals who require long term care. People being able to maintain their independence in their own home is a primary option (services such as reablement, intermediate care, extra care housing and telecare), which may explain why admissions are falling. [26]

3.6 Sexual Health and Sexually Transmitted Diseases

3.6.1 Chlamydia

Chlamydia is the most common sexually transmitted infection in the UK, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and infertility), screening remains an essential element of good quality sexual health services for young adults.

It is unclear what the exact prevalence of the infection is in the UK or Lincolnshire. The main focus of the National Chlamydia Screening Program is to increase diagnostic rates with a view to identify and treat as many infected individuals as possible. [27]

Table 4: Activity of national chlamydia screening programme in Lincolnshire by financial year

	2008/09	2009/10	2010/11	2011/12	2012/13
Total number of screens	8,175	20,899	25,209	25,489	24,067
Total number of positives	621	1672	*	1,743	1,770
Positivity rate	7.60%	8%	*	6.80%	7.40%
Diagnostic rate (per 100,000) population aged 15-24	744	1,896	*	2,029	2,040

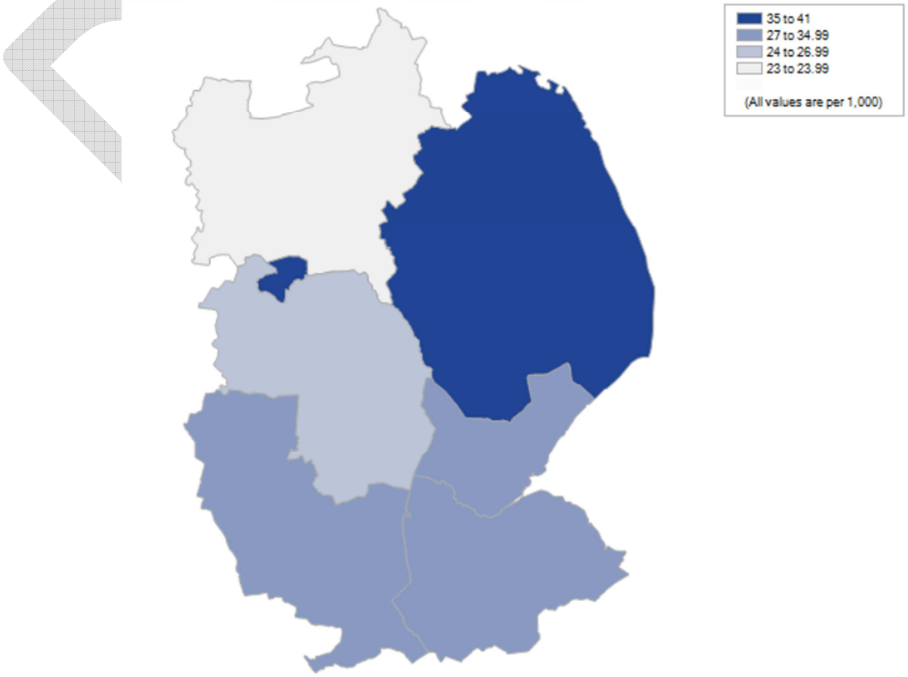
*Data not available

Source: NHS Lincolnshire chlamydia screening monitoring report

3.6.2 Teenage pregnancy

Teenage pregnancy rates in Lincolnshire have continued to drop in line with national and regional rates. However between 2011 and 2012 the decline was slower than observed nationally and regionally and the under 18 conception rate was 30.5 per 1,000 females aged 15-17 compared to 27.7 in England. Lincoln district had the highest teenage conception rate amongst the local authorities in Lincolnshire: 40 per 1,000 which is comparable with the national rate of 2008. Conception rates in East Lindsey and Boston also remained above the national and Lincolnshire average in 2012 as shown on the Figure 17. [28]

Figure 17: Under 18 conceptions, rate per 1,000 females aged 15-17, 2012



Source: Office for National Statistics / LRO

3.6.3 HIV / AIDS

According to Public Health England there were 250 people in Lincolnshire accessing HIV related care in 2012. The diagnosed prevalence of HIV in Lincolnshire was 0.6 per 1,000 population aged 15-59, lower than both the East Midlands and National prevalence (1.2 and 2.1 per 1,000 accordingly). [29]

Table 5: Diagnosed prevalence of HIV in Lincolnshire by District

Local Authority	Residents accessing HIV related care (aged 15-59)	Diagnosed HIV prevalence per 1,000 (aged 15-59)
Boston	28	0.77
East Lindsey	35	0.51
Lincoln	40	0.65
North Kesteven	41	0.68
South Holland	32	0.67
South Kesteven	36	0.47
West Lindsey	38	0.77
Lincolnshire	**250**	**0.6**

Source: Survey of Prevalent HIV Infections Diagnosed (SOPHID), Public Health England, 2012.

3.7 Future Needs

Overall the population of Lincolnshire is showing a slow increasing trend over the last few years and it is projected to continue to grow around 0.7% annually over the next three years.

The population of people aged 65 and older is projected to increase much faster, around 2.5% annually while the number of working age people is unlikely to change much.

Some negative lifestyle choices, for example smoking, are showing a declining trend which is likely to continue. However, changes in the population structure (aging) and the projected increase in obesity rates are likely to have a negative effect on the general health and disease prevalence in the county.

Future pharmaceutical provision will need to be kept under review taking into account dynamics of the population in Lincolnshire.

4. Pharmaceutical Provision

4.1 Background

The Regulations specify that the pharmaceutical services to which the PNA must relate are all provided under commissioning arrangements made by NHS England. These are defined as:

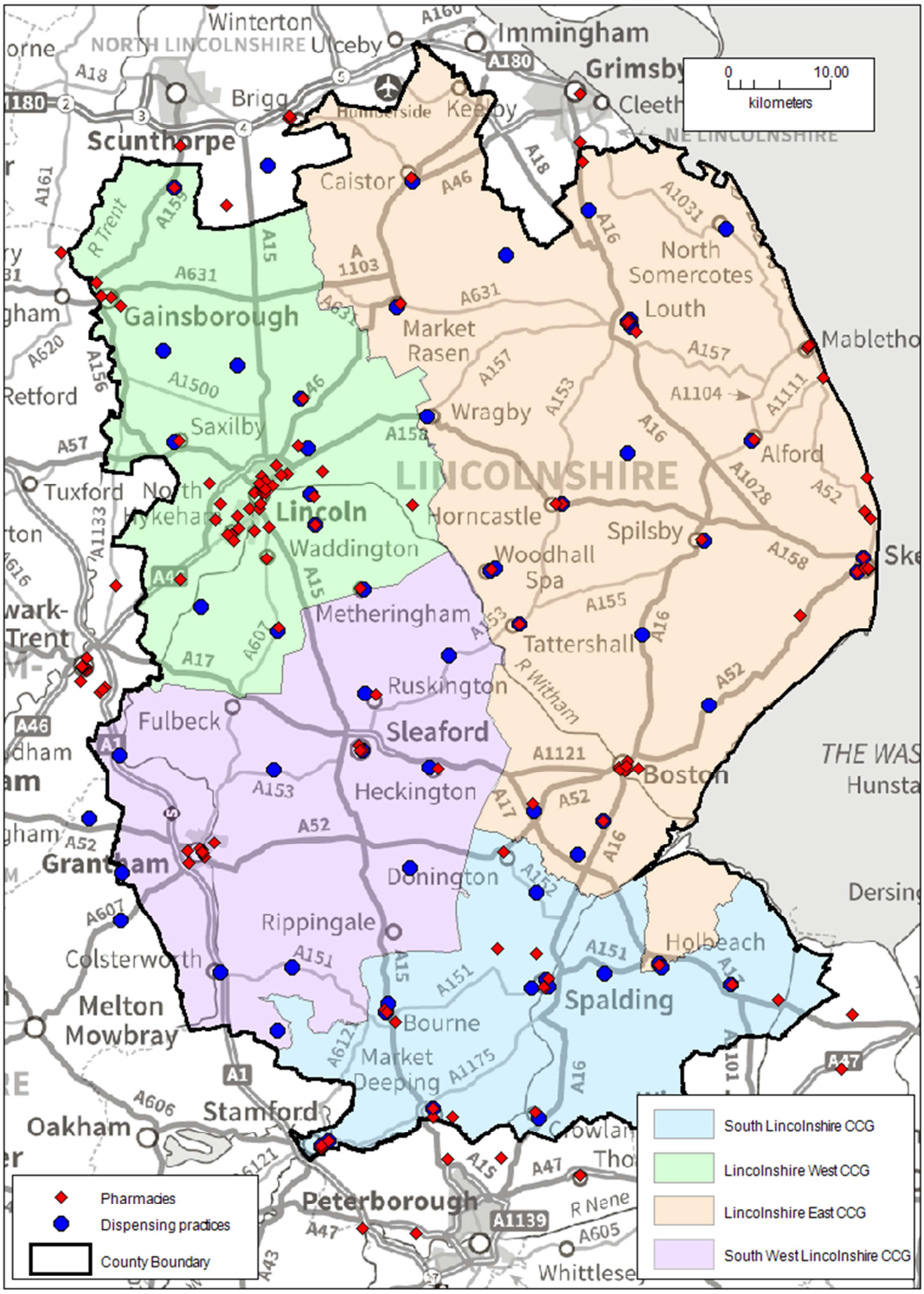
- Essential services - these must be provided by every community pharmacy providing NHS pharmaceutical services and are defined within terms of service. These include:
    - dispensing of medicines;
    - promotion of healthy lifestyles;
    - participation in Public Health campaigns; and
    - support for self-care.
- Advanced services – these are services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation. These include:
    - Medicines Use Reviews (MURs); and
    - New Medicines Service (NMS) from community pharmacies; and
    - Appliance Use Reviews; and
    - Stoma Customisation Service provided by dispensing appliance contractors.
- Enhanced services – commissioned by NHS England.
- Dispensing services provided by GPs – In terms of other providers of pharmaceutical services, dispensing practices have been considered as part of the PNA, but solely as providers of dispensing services. In accordance with Regulations, other services, such as provision of the Dispensing Review of Use of Medicines (DRUM) service through the Dispensing Quality Scheme have not been included.

4.2 Access to Pharmaceutical Services

For patients in Lincolnshire there is a split across the county with community pharmacies and GP practices both providing services to patients. Approximately 74% of patients registered with Lincolnshire practices are registered as non-dispensing and are able to use community pharmacies for their pharmaceutical services. The remaining 26% are dispensing patients and generally only use their dispensing GP practice to receive services.

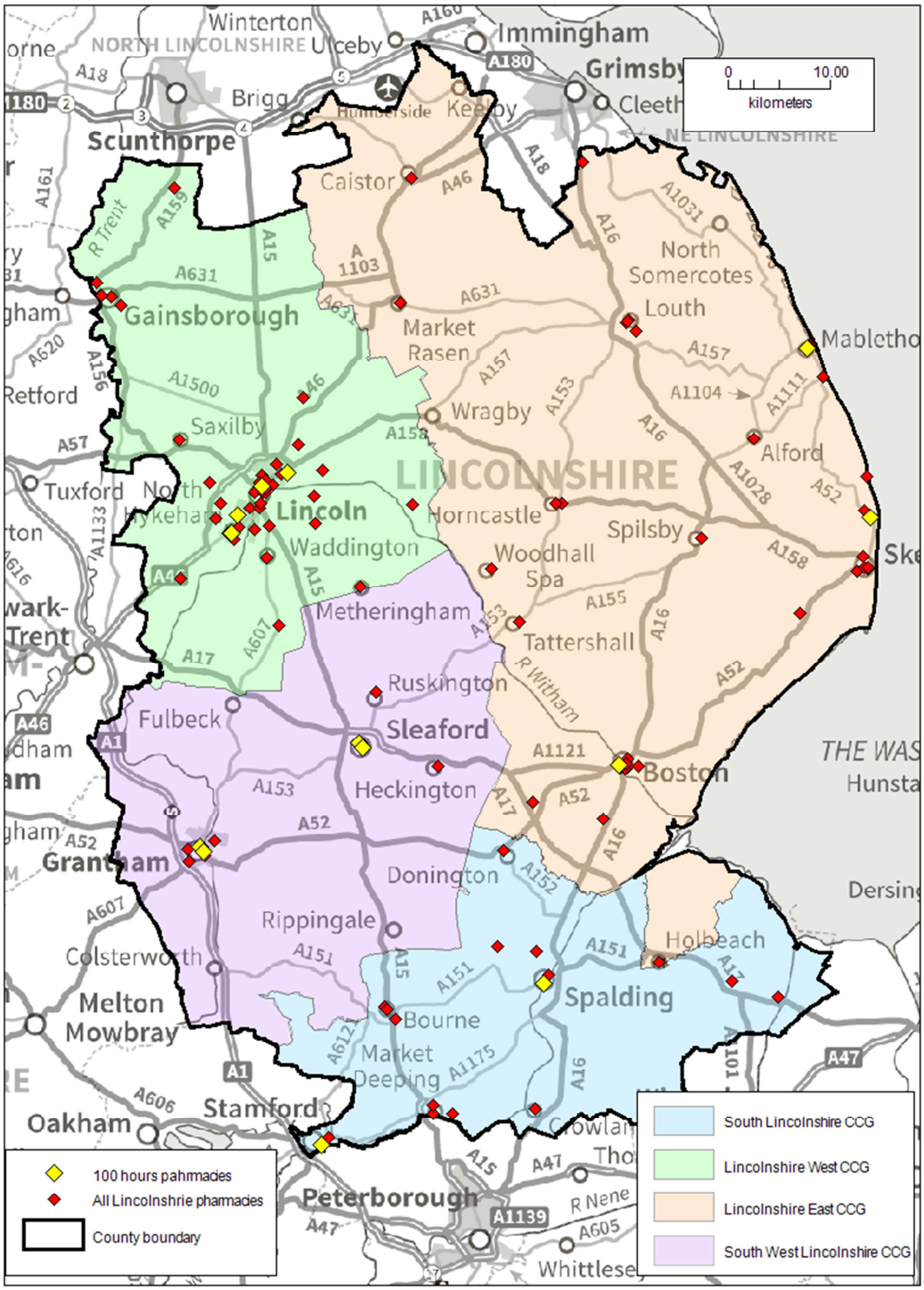
Dispensing patients are limited in their access to the full range of Pharmaceutical Services provided by community pharmacies. The terms of service of dispensing GP's only requires them to dispense medication and appliances. Dispensing patients are able to choose whether they have their medication dispensed by their GP or a community pharmacy, although this is not something which is not often known by patients. **The PNA Steering Group felt that it was important for patients to be aware that they have this choice.**

Map 1: Pharmacies and Dispensing Practices, including Out of County Pharmacies



Source: NHS England

Map 2: 100 Hour Pharmacies in Lincolnshire



Source: NHS England

4.3 CCG Level Provision

4.3.1 Lincolnshire East CCG

Table 6: Locations with a dispensing practice but no community pharmacy, Lincolnshire East CCG

Location	Dispensing GP practices*	All GP practices
Binbrook	1	1
North Somercotes	1	1
North Thoresby	1	1
Old Leake	1	1
Stickney	1	1
Tetford	1	1
Wragby	1	1
Lincolnshire East	**7**	**7**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 7: Essential pharmaceutical services, Lincolnshire East CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GPs practices*
Alford	1	1	0	0	1	1
Bardney	1	0	0	0	0	0
Boston	7	6	2	1	5	0
Caistor	1	1	0	0	1	1
Chapel St Leonards	1	0	0	0	0	0
Coningsby	1	1	0	0	1	1
Donington	1	1	0	0	0	0
Holton-le-Clay	1	1	0	0	0	0
Horncastle	2	2	0	0	1	1
Ingoldmells	2	1	1	1	0	0
Kirton	1	1	0	0	1	1
Louth	4	4	3	0	3	3
Mablethorpe	3	2	1	1	1	0
Market Rasen	1	1	0	0	1	1
Skegness	5	3	2	0	2	2
Spilsby	1	1	0	0	1	1
Sutton on Sea	2	2	0	0	0	0
Swineshead	1	0	0	0	1	1
Wainfleet	1	1	0	0	1	0
Woodhall Spa	1	1	0	0	2	2
Lincolnshire East	**38**	**30**	**9**	**3**	**22**	**15**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 8: Advanced pharmaceutical services, Lincolnshire East CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Alford	1	1
Bardney	1	1
Boston	6	7
Caistor	1	1
Chapel St Leonards	1	1
Coningsby	1	1
Donington	1	1
Holton-le-Clay	1	1
Horncastle	2	2
Ingoldmells	1	2
Kirton	1	1
Louth	4	4
Mablethorpe	3	3
Market Rasen	1	1
Skegness	5	5
Spilsby	1	1
Sutton on Sea	2	2
Swineshead	1	1
Wainfleet	1	1
Woodhall Spa	1	1
Lincolnshire East	**36**	**38**

Source: NHS England

Extended Hour Pharmacies in Louth

NHS England commission extended opening hours for pharmacies in Louth as an Enhanced Service.

There are currently 4 pharmacies in Louth that are commissioned as part of this service.

Table 9: Extended hour pharmacies in Louth

Pharmacy Name	Pharmacy Address	Town	Post Code
Your Local Boots Pharmacy	96-98 Eastgate	Louth	LN11 9AA
Louth Pharmacy	23 Kenwick Road	Louth	LN11 8EH
Boots the Chemists Ltd	26 Mercer Row	Louth	LN11 9JQ
Lincoln Co-op Chemists Ltd	52 Eastgate	Louth	LN11 9PG

Source: NHS England

4.3.2 Lincolnshire West CCG

Table 10: Locations with a dispensing practice but no community pharmacy, Lincolnshire West CCG

Location	Dispensing GP practices*	All GP practices
Bassingham	1	1
Hibaldstow[+]	1	1
Ingham	1	1
Willingham By Stow	1	1
Lincolnshire West	**4**	**4**

*Most dispensing at GP practices is only available within the core opening hours of the practice
[+]This GP practice is located outside the Lincolnshire Health and Wellbeing Board Area

Source: NHS England

Table 11: Essential pharmaceutical services, Lincolnshire West CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GP practices*
Bracebridge Heath	1	1	0	0	0	0
Branston	1	1	0	0	1	1
Cherry Willingham	1	1	0	0	0	0
Gainsborough	5	4	1	0	3	0
Lincoln	22	18	7	3	18	0
Metheringham	1	1	0	0	2	1
Navenby	1	0	0	0	1	1
Nettleham	1	1	0	0	1	1
North Hykeham	4	3	1	1	2	0
Saxilby	1	1	0	0	2	2
Scotter	1	0	0	0	1	1
Skellingthorpe	1	1	0	0	0	0
Waddington	1	1	0	0	0	0
Washingborough	1	1	0	0	1	1
Welton	1	1	0	0	1	1
Witham St Hughes	1	1	0	0	0	0
Lincolnshire West	**44**	**36**	**9**	**4**	**33**	**9**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 12: Advanced pharmaceutical services, Lincolnshire West CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Bracebridge Heath	1	1
Branston	1	1
Cherry Willingham	1	1
Gainsborough	6	6

Lincoln	20	21
Metheringham	1	1
Navenby	1	1
Nettleham	1	1
North Hykeham	3	4
Saxilby	1	1
Scotter	1	1
Skellingthorpe	1	1
Waddington	1	1
Washingborough	1	1
Welton	1	1
Witham St Hughes	1	1
Lincolnshire West	**42**	**44**

Source: NHS England

There is one dispensing appliance contractor in Lincoln. Dispensing appliance contractors provide prescription appliances to patients.

4.3.3 South Lincolnshire CCG

Table 13: Locations with a dispensing practice but no community pharmacy, South Lincolnshire CCG

Location	Dispensing GP practices*	All GP practices
Gosberton	1	1
Moulton	1	1
Sutterton	1	1
South Lincolnshire	**3**	**3**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 14: Essential pharmaceutical services, South Lincolnshire CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GP practices*
Bourne	3	3	1	0	2	2
Crowland	1	1	0	0	1	1
Deeping St James	1	1	0	0	0	0
Holbeach	2	2	0	0	1	1
Long Sutton	1	1	0	0	1	1
Market Deeping	2	1	0	0	1	1
Pinchbeck	1	1	0	0	0	0
Spalding	5	5	2	1	3	3
Stamford	4	4	1	1	3	3
Sutton Bridge	1	1	0	0	0	0
West Pinchbeck	1	0	0	0	0	0

South Lincolnshire	**22**	**20**	**4**	**2**	**12**	**12**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 15: Advanced pharmaceutical services, South Lincolnshire CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Bourne	3	3
Crowland	1	1
Deeping St James	1	1
Holbeach	2	2
Long Sutton	1	1
Market Deeping	2	2
Pinchbeck	1	1
Spalding	6	6
Stamford	3	3
Sutton Bridge	0	1
West Pinchbeck	1	1
South Lincolnshire	**21**	**22**

Source: NHS England

There is one distance selling pharmacy in South Lincolnshire area based in West Pinchbeck. Distance selling pharmacies must provide essential services to patients without patients entering the premises of the pharmacy. They are able to provide advanced services to patients on site.

4.3.4 South West Lincolnshire

Table 16: Locations with a dispensing practice but no community pharmacy, South West Lincolnshire CCG

Location	Dispensing GP practices*	All GP practices
Ancaster	1	1
Billingborough	1	1
Billinghay	1	1
Bottesford[+]	2	2
Castle Bytham	1	1
Colsterworth	1	1
Corby Glen	1	1
Croxton Kerrial[+]	1	1
Long Bennington	1	1
Woolsthorpe By Belvoir	1	1
South West Lincolnshire	**11**	**11**

*Most dispensing at GP practices is only available within the core opening hours of the practice

[+]This GP practice is located outside the Lincolnshire Health and Wellbeing Board Area

Source: NHS England

Table 17: Essential pharmaceutical services, South West Lincolnshire CCG

Location	Pharmacies	Saturday opening	Sunday opening	100 h	GP practices	Dispensing GP practices*
Grantham	10	10	2	2	5	0
Heckington	1	1	0	0	1	1
Ruskington	1	1	0	0	1	1
Sleaford	4	4	3	2	1	1
South West Lincolnshire	**16**	**16**	**5**	**4**	**8**	**3**

*Most dispensing at GP practices is only available within the core opening hours of the practice

Source: NHS England

Table 18: Advanced pharmaceutical services, South West Lincolnshire CCG

Location	New Medicine Service (NMS)	Medicine Use Review (MUR)
Grantham	10	11
Heckington	0	0
Ruskington	2	2
Sleaford	4	4
South West Lincolnshire	**16**	**17**

Source: NHS England

5. Gaps in Pharmaceutical Provision

5.1 Provision of Dispensing Services

Map 1 shows all community pharmacies, dispensing practices and out of county pharmacies across Lincolnshire and beyond the borders. **After review of this map and supporting information, the PNA Steering Group concluded that the residents of Lincolnshire are adequately served by providers of dispensing services both in urban and rural areas. In terms of the provision of dispensing services, no case of pharmaceutical need was identified.**

However, community pharmacies provide a wider range of essential services and two major Advanced Services that are not provided by dispensing practices. **Specifically, the PNA Steering Group recognised that patient access to self-care through the provision of healthcare advice and supply of over-the-counter medicines is only available from community pharmacies. Access to community pharmacy provided advanced services, specifically the New Medicines Service (NMS) and the Medicines Use Review (MUR) service, were also identified as key issues as set out below.**

5.2 The New Medicine Service (NMS)

The NMS is designed to provide early support to patients newly prescribed medicines from a defined range of conditions and therapy areas. These areas are:

- Asthma and Chronic Obstructive Pulmonary Disease (COPD)
- Type 2 diabetes
- Antiplatelet/ Anticoagulant therapy
- Hypertension

Following the new prescribing of one of these pre-defined medicines, the patient may be recruited to the NMS either by prescriber referral or opportunistically by the community pharmacy. The patient will be asked to consent to information arising from the NMS being shared with their GP as necessary. The pharmacy will dispense the prescription and provide initial advice as normal, but will agree with the patient a time and method through which further interventions can be arranged. The first intervention will be an interview conducted by the pharmacist either face-to-face or by telephone 7 to 14 days after initial patient engagement. The interview will follow a pre-defined schedule and is designed to:

- assess adherence to therapy.
- identify any early problems (i.e. poor tolerability, patient concerns etc.).
- address any need for further information and support.

A further follow-up contact with the patient will take place either face-to-face or by phone 14 to 21 days after the initial intervention to discuss how the patient is getting on with their medicine now it has become a more established part of their therapy.

At both the intervention and follow-up stages, the pharmacist may identify a problem that needs to be referred back the prescriber for review. Specifically, the pharmacist may feedback on:

- Potential drug interactions
- Potential or actual adverse drug reactions that are preventing the patient from adhering to therapy.
- Concerns that the patient has reported stopping the medicine or never having started it.
- Difficulties experienced by the patient in using the medicine (i.e. due to the delivery device, formulation etc.).
- Concerns that the patient is reporting lack of efficacy, problems with the dosage regime or unresolved concerns about the medicine itself.

A recent NHSE commissioned external evaluation of the NMS service by the University of Nottingham found conclusively that the NMS service is of value in establishing patient adherence to new medication regimens. As an outcome of this evaluation the NMS service has continued to be incorporated within the Community Pharmacy Contractual framework.

5.3 Medicines Use Reviews (MURs)

MURs have been available as part of the Community Pharmacy Contractual Framework for a number of years. They are designed to improve the patient's knowledge, understanding and use of their medicines and can help to identify and rectify adherence problems. Improved patient understanding should reduce medicines wastage. Unlike the NMS, which focuses on new medicines, MURS are likely to be focused on patients already established on therapy. Regulations for MURs require a pharmacy to have a minimum 3 months of Patient Medication Records for a patient in order to undertake the review. Patients not accessing a regular pharmacy for dispensing services will not be eligible for a routine annual MUR.

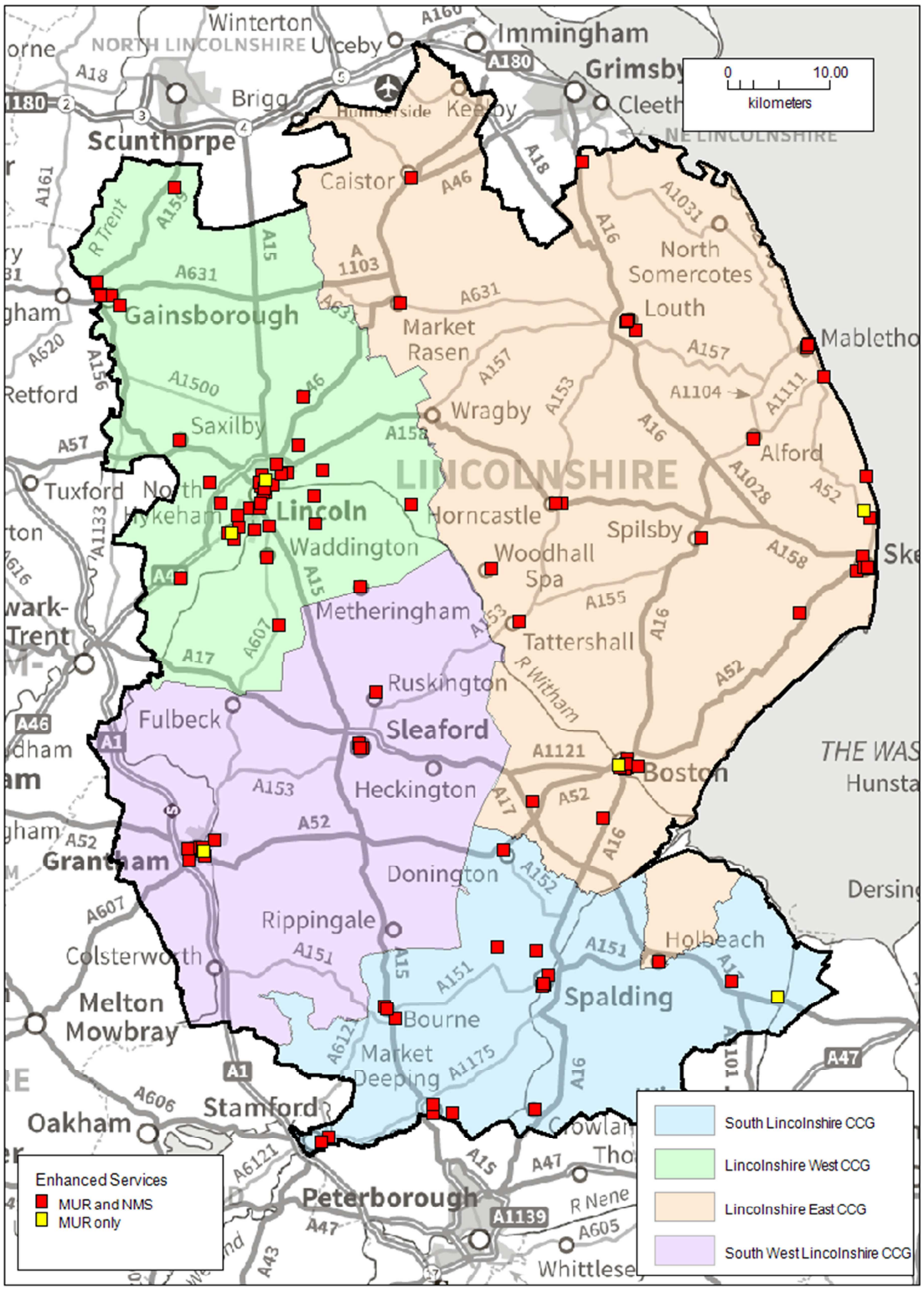
From October 1st 2011, pharmacies have had to ensure that 50% of their MURs are targeted at patients who:

- are taking 'high risk medicines' (defined as Non-Steroidal Anti-Inflammatory Drugs, anticoagulants, antiplatelet agents, diuretics)
- have been recently discharged from hospital with an amended medicines regimen. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge, although in certain circumstances with eight weeks is acceptable.
- have respiratory disease (i.e. asthma or COPD)

These MURs will focus on all of the medicines currently taken by the patient, not just those defined in the target groups. The remaining 50% of the MURs provided by the pharmacy can focus on patients who fall outside of the target groups.

High risk medicines have been defined as those associated with preventable harm (e.g. avoidable hospital admissions) or high risk of harm resulting from omission, overuse or incorrect use.

Map 3: Pharmacies that provide Medicines Use Reviews (MURs) and the New Medicines Service (NMS)



Source: NHS England

The PNA Steering Group reviewed Map 3: Pharmacies that provide Medicines Use Reviews (MUR) and New Medicines Service (NMS) and found that there were gaps across the county where Lincolnshire patients are likely to experience difficulty accessing these and other community pharmacy provided services such as self-care and over-the-counter medicines. These gaps are as follows:

Lincolnshire West CCG – Caenby Corner area bordered by Gainsborough, Hibaldstow, Kirton Lindsey, Caistor, Market Rasen, Welton and Saxilby.

South West Lincolnshire CCG – Fulbeck area bordered by Newark, Navenby, Sleaford and Grantham.

South West Lincolnshire CCG – Rippingale area bordered by Grantham, Sleaford, Donington and Bourne.

South Lincolnshire CCG – no gaps identified.

Lincolnshire East CCG – Sibsey area bordered by Coningsby, Spilsby, Wainfleet and Boston.

Lincolnshire East CCG – Binbrook area bordered by Market Rasen, Louth, Spilsby, Horncastle and Bardney.

Lincolnshire East CCG – North Somercotes area bordered by Holton-le-Clay, the North Sea, Mablethorpe and Louth.

In terms of provision of some essential services (i.e. support with self-care) and some advanced services (i.e. NMS and MURs), significant gaps were identified in many rural areas of Lincolnshire.

5.4 Opportunities

5.4.1 Locally commissioned services

As far back as the publication of the *Pharmacy in England* White Paper in 2008 community pharmacies were envisaged as key contributors to the healthy living and better care agenda with more recent documents clearly recognising and outlining the contribution that pharmacy-based services can make to improving patient care. (30, 31)

Based in the heart of the community, in rural as well as deprived inner city areas, where people live, work and shop, community pharmacy teams gain a particular understanding of the needs of members of their communities through daily interactions with patients and customers. Because of their convenient access to the public without the need for an appointment, visitors to pharmacies come from all sectors of the population.

Pharmacies are ideally placed to access 'hard to reach' groups and thus reduce health inequalities. Often the only healthcare professional situated in areas of deprivation, opportunities identified for community pharmacy in the new Public

Health service include NHS Health Checks, tackling drug and alcohol misuse, promoting healthy lifestyles and prevention of long term illness and increasing the uptake of seasonal flu vaccination (Department of Health, 2010).

Essential Public Health Services provided by all Community Pharmacies within the contractual framework include:

- acting as centres promoting and supporting healthy living.
- offering patients and the public healthy lifestyle advice and support on self-care.
- Providing up to 6 Public Health campaigns per year as agreed by the Local Authority

In addition to these essential services there are a number of local services already being commissioned from pharmacies in Lincolnshire. These services are primarily commissioned by Public Health within Lincolnshire County Council and not NHS England. They therefore fall outside of the definition of locally commissioned services as set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 but are never-the-less recognised as services which benefit patients in Lincolnshire. Such services include:

- Support with smoking cessation
- Support for sexual health (e.g. *Chlamydia* screening and treatment, pregnancy testing, provision of condoms and emergency hormonal contraception)
- Provision of pharmacy based needle exchange and supervised administration of methadone.
- Pilot for Pharmacy-Based Screening, Advise and Brief Intervention for Alcohol Use
- Emergency Supply Services and Minor Ailments Scheme commissioned by CCGs which serve to help to reduce patient access to GP practices, A&E and Walk-in-centres by accessing pharmacy first

<u>Smoking Cessation</u>

- Community Pharmacies across Lincolnshire have for many years consistently performed well within the Phoenix Smoking Cessation service with the pharmacy based clinics routinely achieving quit rates at the higher levels, many achieving in excess of 50% success rates.
- This performance level has been reflected nationally, five review papers (Dent, 2007, Sinclair, 2008, Anderson, 2009, Agomo, 2012, Brown, 2012) on community pharmacy contribution to smoking cessation, indicated that community pharmacy based stop smoking services run by trained pharmacy staff were effective and cost-effective in helping smokers quit.

Pharmacist Support for Long Term conditions

- Further evidence was identified for the effectiveness of pharmacy services in reducing lipid levels; the effect was sustained one year after the intervention ended.

- Evidence from a single randomised controlled trial showed the effectiveness of a pharmacy service in significantly increasing prescribing of antiplatelet medicines, lipid lowering treatment and smoking cessation treatments.

- A workplace based CVD risk reduction programme provided by community pharmacists significantly reduced blood pressure and improved lipid profiles, but had no effect on weight. A community pharmacy based service where peer educators measured blood pressure and completed CVD risk profiles for people with hypertension was well received by patients and GPs

- Medicines management in patients with heart failure recently discharged from hospital led to reduction in hospitalisation but not mortality (Brown, 2012).

- Evidence that community pharmacists can make an important contribution to the management of diabetes in terms of screening, improved concordance with medication and reduced blood glucose or HbA1c was strong. Community pharmacists were also effective in achieving weight reduction in diabetic patients (Brown, 2012).

- It is clear from the evidence that interventions by pharmacists could promote cardiovascular health in terms of cholesterol reduction and high blood pressure.

- Brown et al found good evidence that community pharmacy interventions can improve respiratory function and use of medicines in patients with asthma.

Flu Vaccination

- Many Lincolnshire pharmacies have already developed the competency and expertise to provide vaccination services, and are providing a high number of private flu vaccinations. These fall outside the data collection for the NHS annual campaigns.

- A recent peer reviewed research paper concluded that involvement of community pharmacies in the seasonal influenza vaccination programme can help increase vaccination rates and is associated with high levels of patient acceptability (30).

  Novartis Vaccines have presented evidence to the Parliamentary Health Committee that of those people responding to a survey of the 500,000 vaccinated through their scheme in community pharmacies, 37% would not have had the vaccination if it had not been offered by the pharmacy. (HC 1048-III Health Committee)

Sexual Health Services

- Services that reduce the risks of unwanted pregnancy such as provision of EHC and supply of condoms improve accessibility and receive considerable public interest. Evidence indicates pharmacies provide "timely access" and were highly rated by women who use them,

- An "on-demand" NHS supply of Emergency Hormonal Contraception to 13 to 19 year olds, without an appointment has been operating in Lincolnshire pharmacies for a number of years.

- Lincolnshire pharmacies also currently provide pregnancy testing services, registration and distribution of condoms to young people via the C-card scheme. Chlamydia screening and more recently treatment for those found to be positive for Chlamydia have been available from pharmacies

- Innovative schemes are being piloted elsewhere to enable pharmacies to supply women over 16 years with regular oral contraception without prescription.

Substance Use

- The majority of community pharmacies in Lincolnshire work in conjunction with the substance misuse providers to provide supervised administration services where the patient attends the pharmacy on a daily basis to access the medicines prescribed to treat addiction. This ensures medication is consumed appropriately in a safe environment and protects both the client and the public

- Moderate quality evidence on community pharmacy-based supervised methadone administrative services shows that high attendance is achieved and it is acceptable to users (Anderson, 2009, Agomo, 2012, Brown, 2012). There is evidence from one paper (Strang, 2010) that the introduction of supervised methadone dosing has resulted in substantial declines in death from overdoses of methadone in Scotland and England. However, the data used was not community pharmacy specific.

- Pharmacy-based needle exchange schemes have been found to achieve high rates of returned injecting equipment and are cost effective. Evidence is based on descriptive studies (Brown, 2012, Watson, 2012).

- Conversations with clients on a daily basis helps to safeguard service users, and could be better utilised to provide healthy living message to clients.

Osteoporosis prevention

- Community pharmacy based services for osteoporosis risk assessment were well received and identified women at different levels of risk.

Having reviewed the evidence for the provision of a wide range of locally commissioned services through community pharmacy, the PNA Steering Group concluded that further expansion and wider availability of the range of services currently provided through community pharmacies would benefit the Lincolnshire population subject to local need, patient demand, clear evidence

of benefit and value for money and improved health outcomes. This should be done with existing community pharmacies as establishing new pharmacies could lead to an over provision of Essential Services and may destabilise current provision.

5.4.2 Development of electronic prescribing

Electronic prescribing is progressively being rolled out across Lincolnshire and has huge implications for patient choice. As part of patient registration for electronic prescribing, the patient is required to nominate their preferred pharmacy or, if appropriate, they may select their dispensing practice. Historically, dispensing patients in rural areas of the county were expected to collect their dispensed prescription from the dispensing practice providing their medical services. Electronic prescribing will enable the patient to decide where they wish to collect their dispensed medicines from. This will potentially enable the patient to choose a more convenient supplier closer to their workplace or providing a more desirable added value service such as collection and delivery. **The PNA Steering Group is supportive of patients exercising their right to choose.**

6. Conclusions and Recommendations

- Residents of Lincolnshire are adequately served by providers of dispensing services both in urban and rural areas. However, ongoing change in many localities linked to population growth will necessitate frequent review of this position.

- Patient access to self-care through the provision of healthcare advice and supply of over-the-counter medicines is only available from community pharmacies. There are many rural areas of the county where dispensing services are available, but patients have no access to self-care, over-the-counter medicines or community pharmacy advanced services such as Medicines Use Reviews and the New Medicines Service. Gaps in current provision are identified as follows:

    - Lincolnshire West CCG – Caenby Corner area bordered by Gainsborough, Hibaldstow, Kirton Lindsey, Caistor, Market Rasen, Welton and Saxilby.

    - South West Lincolnshire CCG – Fulbeck area bordered by Newark, Navenby, Sleaford and Grantham.

    - South West Lincolnshire CCG – Rippingale area bordered by Grantham, Sleaford, Donington and Bourne.

    - Lincolnshire East CCG – Sibsey area bordered by Coningsby, Spilsby, Wainfleet and Boston.

    - Lincolnshire East CCG – Binbrook area bordered by Market Rasen, Louth, Spilsby, Horncastle and Bardney.

    - Lincolnshire East CCG – North Somercotes area bordered by Holton-le-Clay, the North Sea, Mablethorpe and Louth.

- Having reviewed the evidence for the provision of a wide range of locally commissioned services through community pharmacy, the PNA Steering Group concluded that further expansion and wider availability of the range of services currently provided through community pharmacies would benefit the Lincolnshire population subject to local need, patient demand, clear evidence of benefit and value for money and improved health outcomes. This should be done with existing community pharmacies as establishing new pharmacies could lead to an over provision of Essential Services and may destabilise current provision.

- The PNA Steering Group is supportive of patients exercising their right to choose where they access their pharmaceutical services. Patient choice is likely to be further enabled by the wider implementation of electronic prescribing across the county.

- As required by regulations the PNA Steering Group intend to continue to review pharmaceutical need and local service provision and to publish regular updates and supplementary statements where circumstances change.

6.1 Ownership and Review

The PNA for Lincolnshire will continue to be managed on behalf of the HWB by the PNA Steering Group. This will include the ongoing legal requirements for the HWB to review the PNA and issue supplementary statement as and when required.

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Appendices

Appendix A – LincoInshire PNA Consultation Report 2014

To be inserted following consultation