



Lincolnshire Pharmaceutical Needs Assessment (PNA)

Consultation Report

Date of Survey: 6th October 2014 – 4th December 2014

Contents

1. Introduction	3
2. Background	
• National Context	3
• Local Context	4
• General Methodology	4
• Requirement's	5
• Publication	6
3. Consultation	7
• Representation	7
• Reporting Information	8
4. Analysis	
• Snap Survey questions	9
• Qualification	10
• Themes	10
• Top Five Themes	11
5. Comments	13
6. Appendix A	14

Introduction

The Lincolnshire Health and Wellbeing Board (HWB) has a legal requirement to produce a Pharmaceutical Needs Assessment (PNA) by 1st April 2015.

In line with the legal statutory, requirements, a PNA assessment has been concluded that:

- looks at the need for pharmaceutical services;
- describes the current services available to the county; and
- makes recommendations for the future provision of pharmaceutical services.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

The Regulations can be found at:

<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

Background

From 1 April 2013 the Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessments from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWB).

National Context

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.

In order for their inclusion to be approved, they are required to demonstrate that the services they wish to provide meet an identified need as set out in a PNA for the area. There are some exceptions to this, such as if the provider is offering distance selling (internet or mail order) services or to meet needs not foreseen in a PNA.

The first PNAs were published by NHS Primary Care Trusts (PCTs) and were required to be published by 1 February 2011.

From the 1 April 2013 the Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from PCTs to HWBs. At the same time, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

The Regulations state that HWBs are required to publish their first PNA by 1 April 2015. Subsequent to this, the HWB is required to publish a revised assessment within three years of the first assessment.

Local Context

Historically, the PCT in Lincolnshire established a PNA Core Group to manage the process of developing, consulting upon and publishing the PNA.

The PCT Board was responsible for signing off the PNA and Lincolnshire's PNA was first published in 2011.

Since the first PNA was produced the Core Group has continued to meet in order to ensure that the PNA is up to date and that any supplementary statements to the main PNA are produced and published in a timely manner.

The Core Group has previously had a critical membership of key staff to provide expert advice in relation to:

- Need (Public Health intelligence/Health informatics);
- Supply (Contract management);
- Demand (Prescribing).

Previously these roles all sat within the PCT however since the 1 April 2013 they now sit in different parts of the health care system as follows:

- Public Health Intelligence (Lincolnshire County Council Public Health);
- Health Informatics (Greater East Midlands Commissioning Support Unit);
- Contract Management (NHS England, Leicestershire and Lincolnshire Area Team);
- Prescribing (Greater East Midlands Commissioning Support Unit, Prescribing and Medicines Optimisation Service).

Successful delivery of the PNA in future is, therefore, incumbent on a number of organisations (represented on the HWB) to ensure that the legal requirements as set out in the Regulations are met.

General Methodology

The PNA Core Group continued to meet and operate in order to undertake the work necessary for the Board to publish its first PNA by 1 April 2015.

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

The PNA steering group is made up of the following people:

Position	Job title	Organisation
Chris Weston (Chair)	Consultant in Public Health	Public Health Directorate Lincolnshire County Council
Avril McDermott	Local Professional Network Chair	NHS England
Adrian Audis (Departed the steering group in December 2014)	Assistant Contract Manager	NHS England
David Stacey	Programme Manager (Strategy and Performance)	Public Health Directorate Lincolnshire County Council
Stephen Gibson	Head of Prescribing & Medicines Optimisation	Greater East Midlands Commissioning Support Unit
Mark Hall	Primary Care Support Contract Manager	NHS England (Leics & Lincs Area)
Marta Kowalczyk	Public Health Analyst	Public Health Directorate Lincolnshire County Council

Requirements

The PNA consultation was determined by the NHS Regulations 2013, which state:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- *Local Pharmaceutical Committee*
- *Local Medical Committee*
- *Any persons on the pharmaceutical lists, or on the dispensing doctors list for its area*
- *Any Local Pharmaceutical Services (LPS) chemist in its area with whom the NHS Commissioning Board (NHSCB) has made arrangements for the provision of any local pharmaceutical services*
- *Local Healthwatch organisation*
- *NHS trust or NHS foundation trust*
- *The NHSCB*
- *Neighbouring HWBs*

Note: The NHSCB has subsequently been rebranded as NHS England.

The Regulations also stipulate that these people and organisations must be invited to comment on a draft of the proposed PNA at least once, during the process of preparing the final assessment. The draft copy has to be issued in electronic form, but, if anyone requests a hard copy, this must be provided, free of charge, as soon as possible, and, at the latest, within 14 days.

As well as the information requirements it is also the responsibility of the HWB to produce, publish and maintain maps which detail premises at which pharmaceutical services are provided in their area.

Publication

As mentioned the Regulations state that HWBs

- Are required to publish their first PNA by 1 April 2015.

- And publish a revised assessment within three years of the first assessment.

If the HWB identifies a significant change to the availability of pharmaceutical services since the publication of its PNA, then it will be required to publish a revised assessment as soon as is reasonably practical.

However, if the HWB is satisfied that making a revised assessment would be a disproportionate response to those changes then it can, instead, issue a Supplementary Statement to its PNA detailing the changes which have occurred and specifying their decision that this change did not warrant a full revision of the PNA.

Supplementary statements are a statement of fact which cover information about availability of services (not needs). Once issued a Supplementary Statement becomes a part of the PNA.

Consultation

The consultation took place for a period of 60 days, from 6 October 2014 to 4 December 2014. .

A formal letter from Cllr Sue Woolley (Chair of the Health and Wellbeing Board) was emailed to all relevant parties, as listed in the regulations. The letter directed the reader to the Health and Wellbeing Board (HWB) webpage, where they could access the draft PNA, and invited responses to a web-based on line "SNAP" survey.

We extended this invitation to additional people, who were deemed appropriate for consultation, because they:

- have contact with/ know their communities;
- have experience of pharmaceutical services, and may have ideas about how to improve services for residents; or
- have a job for which the PNA is relevant.

It was hoped that the invitation would elicit a good response to the draft PNA, but, as further encouragement, a few days after the email was sent, a hard copy letter was posted to more than 250 persons, as a reminder to complete the survey. This was felt to be an important back-up to the emailed correspondence, as it is known that some people prefer to receive written letters, rather than digital communications.

Similarly, to ensure that the draft PNA was accessible to all, it was also published on the HWB webpage in an Easy Read format. This format is written in plain English, and is designed to be jargon-free and easy to understand. It is not intended to be solely for the benefit of people with disabilities.

Representation

Due to the legal framework of this survey, personal information (such as gender or age) was not captured from individual respondents.

It was recognised that responses would be submitted from a wide range of professionals, on behalf of various organisations, including the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC). However, comments were also welcomed from any individuals who thought they could make a valuable contribution to the consultation.

Whilst the views and comments of Lincolnshire residents are outside the scope of the PNA, this is not to discount their potential value. The HWB feels very strongly that the ethos of the PNA ought to encompass resident's views and the decision taken below, to invite Healthwatch on to the PNA Steering Group, will ensure that in future this is achieved.

During July 2014, Healthwatch published a questionnaire that targeted people using pharmacy services. The final PNA recommends that Healthwatch are invited on to the PNA steering group to build on the findings, and subsequent recommendations, resulting from their Pharmacy Questionnaire.

Reporting Information

Consultation responses:

Type of response	Number of responses
Electronic	13
Hard Copy	5
Other	1

Organisation:

	Organisation Name
1	Lincolnshire Community Health Services NHS Trust
2	NHS England
3	North Lincolnshire Health and Wellbeing Board
4	Healthwatch Lincolnshire
5	The Co-operative Pharmacy
6	Boots UK Ltd
7	Lincolnshire Local Medical Committee

8	Westlee Ltd T/a Medicines Plus Pharmacy
9	Brant Road Surgery
10	Local Medical Committee
11	Lincolnshire Local Pharmaceutical Committee
12	Named individual response
13	Health Scrutiny Committee for Lincolnshire
14	East Lindsey District Council
15	South Lincolnshire CCG
16	The New Springwells Practice
17	Billingham Medical Practice

Analysis of Themes

The analysis is in two parts. The first is from responses to the SNAP survey, and the second is from the formal written responses. The former were mostly responses from individuals, whilst most of the latter were submitted on behalf of an organisation.

All responses were taken into account in the analysis, and neither type of submission was regarded more favourably than the other by the steering group.

Consultation Questions SNAP Survey

There were 13 responses to the SNAP survey, of which 9 were individual responses.

The tables below show the response percentages for individual questions.

Any comments obtained from the SNAP survey were themed, together with the formal written responses, and brought to the attention of the PNA steering group.

Q6 *Are there any other needs which may impact on pharmaceutical services that have not been considered?*

Yes	No	Total
7	6	13
54%	46%	100 %

Q8 *In reviewing the maps of pharmaceutical provision in Lincolnshire, do you agree with the conclusion that there is adequate provision?*

Yes	No	Total
9	4	13
69%	31%	100 %

Q10 In reviewing the maps of the provision of the New Medicines Service (NMS) and Medicine Use Reviews (MURs) in Lincolnshire, do you agree with the conclusion that there are gaps in provision?

Yes	No	Total
8	5	13
62%	38%	100 %

Q12 Do you agree with the recommendations made in the PNA?

Yes	No	Total
8	4	12
67%	33%	100 %

Qualification

Due to a technical error during the creation of the SNAP survey, Questions 8, 10 and 12 were incorrectly routed, so that ticking the "no" box removed the option to explain why you disagreed with the question.

Professional advice was sought, and after careful consideration of how the effects of the error impacted on the overall responses to the questionnaire, it was decided that a new survey should not be conducted, due to the time constraints imposed by the NHS Regulations.

However, all the survey responses were examined thoroughly, and it transpired that only a few respondents (two) had ticked the "no" box. These respondents were contacted by email with an apology, and given the opportunity to complete a revised questionnaire, which would allow their comments to be included.

Themes

Each written comment in response to the survey and the formal written responses were read and considered by the PNA steering group. Any common themes were noted, and the responses were sorted into groups accordingly.

The themes were then discussed at length by the PNA steering group.

Some of the most frequently mentioned themes have been set out in the table below, together with details of any consequent actions. The table does not include every response submitted, but it does not mean any response was given greater consideration over another by the steering group.

Note: A sample list of responses can be found in Appendix A, however if you wish to see a copy of all the anonymised responses they will be available on the HWB webpage.

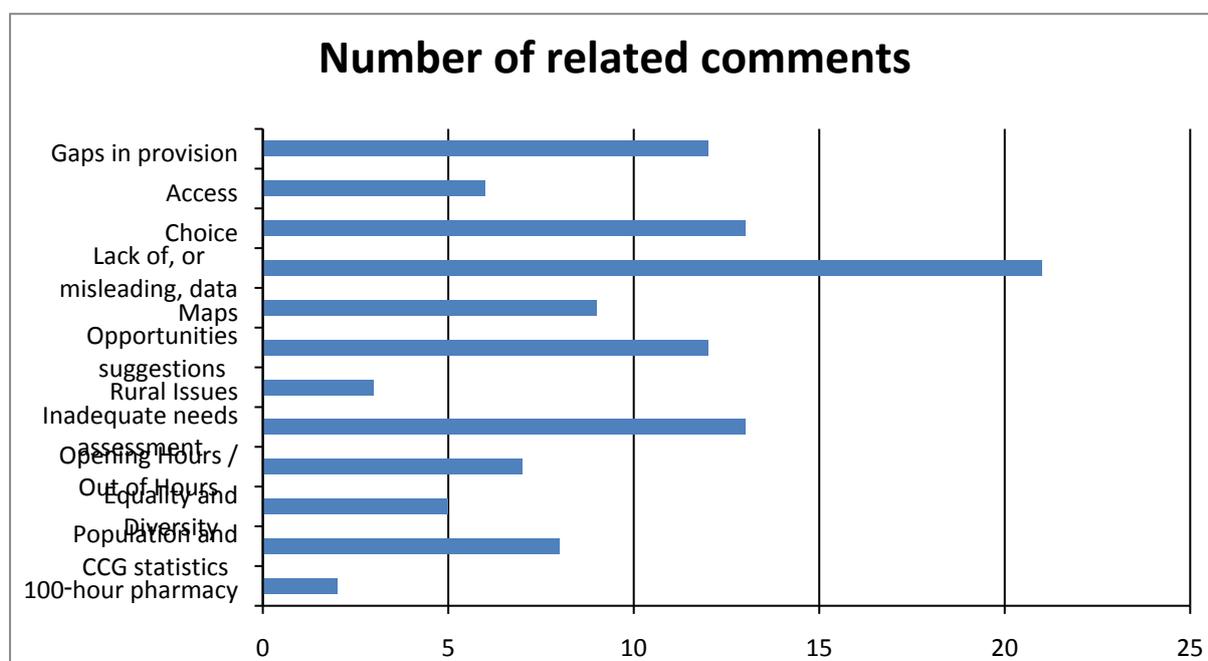


Figure 1: Table to illustrate popularity of themes

Top 5 themes in terms of popularity (numbers of comments associated with the theme):

1. Misleading information data = 22 comments

The steering group accepted and welcomed the volume of comments under this theme, with a view that all comments would allow the steering group to clarify and

cross-check the information within the draft document. Not all comments were directly related to incorrect data, some comments referred to unclear statements within the PNA and changes in regulations which had occurred post first the PNA draft publication.

Examples of feedback:

- Accuracy of data (Volume of Prescriptions);
- Lack of referencing;
- “Extended hours” lack of explanation.

Action taken: Every comment has been reviewed by the steering group. Data has since been clarified, unclear chapters have been re-worded and explanations have been added, where needed.

2. Opportunities = 12 comments

This consultation opened the debate for future ways of working with examples such as:

- Better use of community pharmacy to free up the pressure on A&E;
- Developing innovative solutions to enable better access to essential services;
- Aligning pharmacy provision to the LHAC neighbourhood teams.

The steering group noted all of these opportunities.

3. Gaps = 12 comments

The main bulk of the comments in this theme relate to the conclusion and recommendations. The steering group welcomed the comments and after debate have reworded the content.

The steering group have made a commitment to continuously review the PNA. It will ensure that it is up to date and that any supplementary statements are produced and published, whilst ensuring that the legal requirements for the PNAs are met.

4. Choice = 12 comments

In general most of the comments under this theme were positive, for example:

- Respondents welcome and applaud the stance to support patient choice
- Support the principle of patient choice including extending it further to electronic prescribing

However it needs to be noted that some concerns were raised within the responses for example:

- Some *"GP practices often rely heavily on the income generated from the pharmacy service"*
- Actively encouraging patients to move away from dispensing practices will destabilise these practices, particularly in rural areas.

The PNA Steering Group is supportive of patients exercising their right to choose where they access their pharmaceutical services. As stated above, the PNA steering group will continue to meet and proactively assess these comments for future reference.

5. Inadequate Needs Assessment = 12 comments

Within a number of comments it was apparent that there were concerns regarding the standard of the PNA, these concerns related to:

- Detail
- Lack of depth

However, in response to this, the PNA was created to the scope of the National Regulations which do not require PNA's to cover the entirety of pharmaceutical services provided by dispensing practices or community pharmacies.

Comments

The PNA consultation had effective reach and it is noted with regret that responses were low to this important assessment. However, this does not negate the importance of the very careful and considered responses received from partners. The PNA Steering Group has considered all these responses and made changes to the document appropriately.

The group is mindful of its continuing duties to the residents of Lincolnshire to monitor and review change in the pharmacy sector locally and will update the document accordingly going forwards. As an aid to this process, Healthwatch will be asked to formally join the PNA Steering Group, so any further work can continue to be firmly grounded in local residents' views.

Appendix A – Detailed Sample of Responses

Theme	Number of related comments	Sample Comments	Action
100-hour pharmacy	2	"Explanation of the term '100-hour pharmacy' to accompany the map showing the location of these pharmacies."	This has been included on the updated version of the PNA.
Population and CCG statistics	8	"A lot of the data is presented at CCG or local authority level, and there will be differences within these areas, such as in disease prevalence."	Please refer to the determinations of localities (1.2.1) in the PNA, for the rationale.
Equality and Diversity	5	"We do not see any reference in the background information to young carers and carers, and wonder if it would be helpful to consider any specific needs faced by these groups in accessing pharmaceutical services."	Young carers and carers are not defined in the Equalities Duty Act 2010, and therefore fall out of the scope of this PNA. This does not mean they are not important.
Opening Hours / Out of Hours	7	"Concerned about the existing lack of service provision in the coastal towns, particularly on Sundays. The lack of Sunday opening in the coastal resorts during the summer season seems to be poor, given the seven-day economy, combined with the higher level of need from the expanded population".	There is no evidence to suggest there is under-provision. The steering group have noted that there is no Sunday opening.

Theme	Number of related comments	Sample Comments	Action
Inadequate needs assessment	13	"Pharmaceutical services are not merely opening hours and a selection of advanced services. They encompass a broad range of services to meet the health needs of an accurately described community, from emergency contraception to smoking cessation and drug misuse. The omission of these aspects of provision calls into question the validity of this document as a PNA."	The steering group have made a commitment to continuously review the PNA in order to ensure that is up to date and that any supplementary statements are produced and published, whilst ensuring that the legal requirements for the PNAs are met.
Rural Issues	3	"Whilst we have stated, 'yes', as there does appear to be a reasonable provision across the county, there are some areas of the county (e.g. East) where coverage is not as robust. This is an area of the county that, due to its rural nature and older population, would benefit from additional provision, should opportunity allow."	The PNA steering group will continue to meet on a regular basis, (bi-monthly) and will review opportunities presented to them that improve the provision for the rural residents of Lincolnshire.
Opportunities suggestions	12	"By reviewing what actually takes place within General Practice and what is intended within the LHAC Neighbourhood Teams which will impact on Pharmacy provision."	The steering group noted all of these opportunities.

Theme	Number of related comments	Sample Comments	Action
Maps	9	"The Committee requests that the document presents the information on population densities."	This was actioned and completed.
Lack of, or misleading, data	21	"Osteoporosis: the statement of this service is unsubstantiated. Treatment and diagnosis of this condition requires medical intervention and diagnostic testing, and is part of the 'core' PMS/GMS services."	This statement was removed.
Choice	13	"Electronic Prescribing: The PNA should support patient choice by emphasising that this will extend the choice of patients to arrange for medications to be collected from a pharmacy away from home (perhaps near a place of work) even if this lies outside the county."	The PNA steering group is supportive of patients exercising their right to choose, but also understands this may affect service stability. Any changes will be monitored and measured by the steering group on a continuous basis.
Access	6	"Little attempt appears to have been made to assess access to pharmaceutical provision. The map on p29 shows the location of pharmacies and dispensing GPs but there are no assessments of distance or time needed to access pharmaceutical services".	The PNA steering group accept that there is no assessment of distance or time; this was not a requirement within the scope of the PNA. There is no national definition for 'travel' time.

Theme	Number of related comments	Sample Comments	Action
Gaps in provision	12	"There appears to be gaps, but many of these geographical areas will be served by dispensing practices rather than community pharmacy."	The steering group have made a commitment to continuously review the PNA. It will ensure that it is up to date and that any supplementary statements are produced and published, whilst ensuring that the legal requirements for the PNAs are met.

Overall, 12 themes were identified from the responses to the survey. In addition, 35 other points were raised, which the PNA steering group is addressing.

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