

**Buckinghamshire  
Pharmaceutical Needs  
Assessment  
March 2015**

**Executive Summary**

## Executive Summary

### Background

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). HWBs are required to produce the first assessment by 1 April 2015.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision, NHS England is required to refer to the local PNA.

The 2008 White Paper – Pharmacy in England: Building on strengths – delivering the future – states that it is a strength of the current system that community pharmacies are easily accessible and that 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.

This PNA describes the needs for the population of Buckinghamshire and considers current provision of pharmaceutical services to identify whether they meet the identified needs of the population. The PNA considers whether there are any gaps in service delivery.

PNAs are used by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets. The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and Buckinghamshire County Council of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA includes information on:

- pharmacies in Buckinghamshire and the services they currently provide, including dispensing medications, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users
- other local pharmaceutical services
- relevant maps relating to Buckinghamshire and providers of pharmaceutical services in the area
- services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Buckinghamshire.
- potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

## **Overview of pharmaceutical services in Buckinghamshire**

Buckinghamshire is well provided for with respect to dispensing pharmaceutical services. There are 90 community pharmacies in the health and wellbeing board area, one appliance contractor, four distance selling/internet pharmacies and 14 dispensing doctor practices across 19 locations.

The county has less than the national average of pharmacies per 100,000 head of population. However, it has a high proportion of dispensing doctor practices due to the rural nature of the county. Buckinghamshire has the national average for GPs per 100,000 head of population.

Pharmacies are well used by the public – on average, around 14 times a year per person (11 times for health reasons). They also have a key role in contributing to the health and wellbeing of the local population in a number of ways, including providing information and brief advice, plus signposting to other services.

### **The contractual framework for pharmaceutical services**

In 2005, the national framework for community pharmaceutical services identified three levels of pharmaceutical service: essential, advanced and enhanced. The purpose of this pharmaceutical needs assessment (PNA), as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework, these needs can be addressed.

Buckinghamshire Health and Wellbeing Board (HWB) wishes to ensure that all the opportunities within the currently funded essential and advanced service elements of the community pharmacy contractual framework (CPFC) are fully utilised to ensure maximum health gain for our population.

Where there is evidence that additional pharmaceutical services may be needed, the evidence base for this is presented so that commissioners can make informed decisions for investment.

### **Essential pharmaceutical services**

Community pharmacies in Buckinghamshire receive approximately £9.9 million of national funding to provide pharmaceutical services, both essential and advanced within the national framework. This is based on Buckinghamshire receiving 0.4% of national monies, the total national funding for 2012/13 being £2,486 million (Pharmaceutical Services Negotiating Committee, or PSNC).

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of “essential services” comprising:

- dispensing
- repeat dispensing
- disposal of unwanted medicines
- promotion of healthy lifestyles e.g. public health campaigns
- signposting patients to other healthcare providers
- support for self-care

- clinical governance (including clinical effectiveness programmes).

## **Advanced services**

In addition to the essential services, the community pharmacy contractual framework allows for advanced services which currently include:

- Medicines Use Review (MUR) and prescription intervention services
- New Medicines Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Appliance Use Review Services (AUR).

Advanced services have nationally agreed specifications and payments. They are funded by the NHS and incur no charges by patients.

## **Enhanced and Locally Commissioned Services**

Service specifications for enhanced services are developed by NHS England and then commissioned to meet specific health needs. Services commissioned by CCGs or the local authority, such as public health services, are known as locally commissioned services (LCS).

At the time of writing this PNA, NHS England has recently commissioned one enhanced service from pharmacies in 2014/15 – provision of flu vaccinations for at-risk groups aged under 65.

There are currently five locally commissioned services commissioned from community pharmacies by Buckinghamshire County Council (BCC). These services include:

- a) Stop Smoking Support
- b) Supervised Consumption (e.g. methadone)
- c) Needle Exchange Service
- d) Emergency Hormonal Contraception (EHC) and
- e) Chlamydia Screening.

## **Buckinghamshire's approach to developing the PNA**

In order to inform the draft PNA, the Health and Wellbeing Board (HWB) established a joint steering group with Oxfordshire HWB and an expert contractor was jointly commissioned.

Buckinghamshire County Council and the Clinical Commissioning Groups (CCGs) conducted significant needs and health assessment work, including the Joint Strategic Needs Assessment (JSNA)<sup>1</sup> and Joint Health and Wellbeing Strategy. The PNA draws on these and other complementary data sources.

A public survey has been undertaken by more than 300 residents and information sought from pharmacies via a questionnaire.

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<sup>1</sup> <http://www.buckscc.gov.uk/community/knowning-bucks/joint-strategic-needs-assessment>

In addition, information was gathered from NHS England, local CCGs and Buckinghamshire County Council including:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical service.

### **Summary of main issues:**

The joint steering group considered access (distance, travelling times and opening hours) as the most important factor in determining the extent to which the current provision of pharmaceutical services meets the needs of the population.

The steering group considers access to a pharmacy of primary importance during normal working hours and at times when GP surgeries are open. Where there is no pharmacy but there are GP dispensing premises, the steering group consider the latter to mitigate against any potential gap in need for pharmaceutical services, although noting that dispensing practices can only provide limited essential pharmaceutical services and only to identified patients of the practice. Hence, there is a wider range of pharmaceutical services available from a community pharmacy, provided to a broader client base. The steering group also recognises that there are some GP practices that are open at different times to nearby pharmacies.

Generally, community pharmacies in Buckinghamshire are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays and at the weekend (often until late at night) without the need for an appointment.

Reviewing pharmacy hours during evenings and weekends, particularly in regard to extended GP opening hours, the group considered that there is some 100-hour provision and a number of pharmacies providing supplementary hours into evenings and weekends. The steering group also recognised that there are some GP opening hours not directly matched by pharmacy opening hours. While the steering group would wish pharmacies to mirror these opening hours they consider that people could reasonably wait until pharmacies open in the morning or that they could reasonably travel during evenings and weekends to where pharmaceutical services are provided at those times.

When reviewing locality settlements with no pharmaceutical services provision by those on the pharmaceutical list (i.e. pharmacies) – in particular where there is a GP surgery – the steering group had regard to national analysis of travel times and compared local analysis of travel times in Buckinghamshire. The group considered that a reasonable standard for considering a gap in pharmaceutical services provision was where the GP surgery was both more than five miles and greater than a 20-minute drive from a pharmacy. Where that standard is not met, the steering group identified that an improvement or better access could and should be achieved by a pharmacy at those locations. No areas were identified as for improvement or better access.

Findings from the patient survey indicate that there are pharmaceutical services that the public do not know are currently available. There is a need to communicate to the public the range of services provided.

## **Key Messages**

Buckinghamshire is a relatively affluent county with pockets of deprivation in urban areas. It is well provided with pharmaceutical services.

Across Buckinghamshire the number of pharmacies per 100,000 population is less than the national average. However, the number of dispensing practices is greater than the national average.

All pharmacies should make full use of NHS Choices and other internet-based information sources to promote their services, to improve communications so patients and carers are aware of the range and availability of all services.

Buckinghamshire is in no need of further pharmaceutical services.

When local housing developments are considered over the next three years it is concluded that, in relation to the current provision of pharmacies, a gap in pharmaceutical services is unlikely to exist during the lifetime of this PNA.

## **The wider role of community pharmacy: beyond the PNA**

In order to make our Health and Wellbeing strategy a reality, everyone needs to take greater responsibility for their own health and wellbeing and that of others. The Health and Wellbeing Board recognise that community pharmacies are a valuable and trusted public health resource that has the potential for a wider role in improving health and wellbeing and reducing health inequalities. The potential for this wider role will be developed through our Clinical Commissioning Groups and the wider stakeholder work on our Primary Care Strategy over the next five years.