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2 Process

Key messages

This pharmaceutical needs assessment (PNA) was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.ⁱ

In the process of undertaking the PNA the pan-Lancashire (Blackburn with Darwen, Blackpool and Lancashire County Council) steering group sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.

A 60-day consultation was undertaken from 11 December 2017 to 09 February 2018 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation was reported and reflected on in the final PNA report.

2.1 Summary of the process followed in developing the PNA

In 2014, Blackburn with Darwen, Blackpool and Lancashire County Council updated the 2011 PNAs, produced by the legacy primary care trusts, to publish their first PNAs in line with the 2012 regulations. An extract of these regulations can be found in **appendix 1**.

The legal regulations state that each PNA should have a maximum lifetime of three years. The full PNA process was therefore reinitiated with a view to final publication in March 2018. It includes updated information from the previous PNAs and engaged key stakeholders in identifying any new relevant issues.

Following a series of discussions, the current PNA is a pan-Lancashire PNA which covers the two unitary authorities of Blackburn with Darwen and Blackpool and the 12 lower-tier local authorities within Lancashire County Council.

The development of the PNA was overseen by a multi-agency steering group representing a range of stakeholders. The overall makeup of the steering group included, as far as possible, members of the original steering groups. A working group was formed to operationalise the production of the PNA.

The specific legislative requirements for the development of PNAs were duly considered and adhered to.

In developing the pan-Lancashire PNA information from the Lancashire Joint Strategic Needs Assessment (JSNA) and public health sources was used to explore the characteristics of the areas within pan-Lancashire and local health needs that may be addressed through pharmaceutical services. The current provision of such services is described.

The process of developing the PNA took into account the requirement to involve and consult people about changes to health services.

2.2 Stakeholders involved in the development of the PNA

A list of stakeholders with an interest in the PNA was identified and was consulted through the PNA process. It included the following

- Blackburn with Darwen, Blackpool and Lancashire County Council Health and Wellbeing Board members
- Local Pharmacy Professional Network Lancashire (LPN)
- Community Pharmacy Lancashire (CPL)
- persons on the pharmaceutical list
- Healthwatch Blackburn with Darwen, Healthwatch Blackpool and Healthwatch Lancashire
- NHS trusts and NHS foundation trusts in the area
- NHS England
- eight local clinical commissioning groups (CCGs)
- commissioners of pharmaceutical services

2.3 How stakeholders were involved

The process of developing the PNA took into account the requirement to involve and consult stakeholders about changes to health services. A pan-Lancashire steering group was convened and met on a monthly basis during the development of the PNA.

The three local authorities, CPL, NHS England and CCGs were key members of the steering group and were involved in the development of this PNA.

Questionnaires about service provision were sent out to all pharmacies across the pan-Lancashire area, via PharmOutcomes.

Views on the PNA draft findings were sought from the public across pan-Lancashire and other interested parties through a formal 60-day consultation running from **11 December to 09 February 2018**. The draft 2018 PNA was also published on Lancashire County Council's 'Have your say' website for stakeholders to review the full PNA. The PNA was advertised in a number of pharmacies across pan-Lancashire to seek the views of the public, as well as in libraries in Blackburn with Darwen and Blackpool (**appendix 8**).

All neighbouring HWBs were also informed that the PNA was out for consultation. The 11 neighbouring HWBs sharing a border with pan-Lancashire were also consulted on the draft PNA. The neighbouring HWBs are Cumbria, North Yorkshire, Bradford and Airedale, Calderdale, Rochdale, Bury, Bolton, Wigan, St. Helens, Knowsley, and Sefton.

After the consultation period was completed, feedback gathered from members of the public and stakeholders was incorporated into the final document. A consultation report is presented in **appendix 7** of this report. All comments and feedback were formulated and put into a response log which is available to review.

2.4 Localities used for considering pharmaceutical services

The PNA regulations require the PNA to define 'localities' to use during this process.

For the purpose of considering pharmaceutical coverage within the pan-Lancashire PNA, the area was the 14 localities, made up of the two unitary local authorities of Blackburn with Darwen and Blackpool and the 12 lower-tier local authorities within Lancashire County Council. These 14 localities were selected to support local decision-making that takes into account the needs for the population in these areas; also see section 3.6. Characteristics of localities are further described in **appendix 2**.

2.5 Methods for identifying providers of pharmaceutical services

The methods used for identifying providers of pharmaceutical services and creation of maps are described in **appendix 3**.

2.6 Assessment of need for pharmaceutical services

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors.ⁱ

- The size and demography of the population across pan-Lancashire.
- Whether there is adequate access to pharmaceutical services across pan-Lancashire.
- Different needs of different localities across pan-Lancashire.
- Pharmaceutical services provided in the area of neighbouring HWBs that affect the need for pharmaceutical services in the pan-Lancashire area.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services across pan-Lancashire.
- Whether further provision of pharmaceutical services across pan-Lancashire would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area that could influence an analysis to identify gaps in the provision of pharmaceutical services.

2.7 Local impact of the new national pharmacy contract (2016)

The following is an extract from the Pharmacy Communications Briefing Pack (December 2016).

Chief pharmaceutical officer Dr Keith Ridge commissioned the independent Community Pharmacy Clinical Services Review so the NHS can be sure pharmacy is aligned with the *Five Year Forward View* priorities and to enable community pharmacy to understand how it needs to evolve.

- The *Five Year Forward View*, published in October 2014, set the priorities and direction for the NHS. It outlined how the NHS as a whole needs to work differently to provide high quality care for patients while managing increasing demand within overall resources.
- Community pharmacy has an important role to play in this plan and the intention is that community pharmacists and community pharmacy technicians make an increased clinical contribution to NHS care in future.
- Community pharmacists are highly trained clinical professionals and we need to use their knowledge more to provide advice to patients and doctors to relieve the pressures on general practice urgent care and accident and emergency departments.
- This means the NHS needs to encourage community pharmacy professionals to make the most of their valuable clinical skills and to integrate more effectively with the wider health system.
- NHS England's plans for pharmacy include
 - pharmacists and pharmacy technicians increasingly working in a wider range of settings to streamline care for patients supported by better technology
 - an increased focus on pharmacists and pharmacy technicians improving the quality of care for patients and preventing disease progression as part of long-term condition care pathways
 - making greater use of pharmacists' clinical skills to improve access to healthcare in community pharmacy, GP surgeries, care homes, urgent care centres
 - working more closely with the professions and key partners to enable pharmacists to become more integrated into the NHS system
- NHS England's purpose is to help enable the pharmacy professions to provide safe, effective, high quality patient care through NHS pharmacy services and to make sure NHS England takes appropriate steps to live within the NHS's means.
- In fact, the number of pharmacies in England has grown by 15 per cent since 2007 and NHS England is confident the NHS has enough community pharmacy provision to provide a high quality service for patients. NHS England is now working to support NHS community pharmacy colleagues as these changes are implemented.
- Over the next few years, with the support of the £42 million Pharmacy Integration Fund, pharmacy will need to need to adapt and alter its model for the provision of pharmaceutical services in future.
- NHS England's aim is, with the support of improved technology, new models of care and investment in education and training, to free up community pharmacists and their teams to
 - spend more time delivering clinical services and health improvement for their patients
 - work in a wider range of NHS settings, as part of integrated local primary care or urgent care teams
 - get the best value from pharmacists' clinical expertise for the benefit of patients
- NHS England will ensure that new clinical pharmacist roles in GP practices work closely with existing community and hospital pharmacists to provide an integrated pharmacy service that enables community pharmacists to take a greater clinical role within the local NHS.
- The recommendations of the independent Community Pharmacy Clinical Services Review will shape how the £42 million Pharmacy Integration Fund is utilised.

From a local NHS England (Lancashire and South Cumbria) perspective:

When the reforms were introduced it was feared that they would have an impact on the financial viability of pharmacies. The pharmacy reforms implemented a change in the structure of fees for community pharmacy under the Drug Tariff, which potentially indicated a reduction in income. However with the introduction of the Pharmacy Access Scheme, the Quality Payment Scheme and the Pharmacy Integration Fund it would appear that community pharmacies have managed to adapt and maintain their income to ensure that services have not been negatively affected by the reforms. NHS England has seen a small reduction in the numbers of pharmacies across its area. Additionally, there have been some changes to opening hours but these have had very little impact on services provided. It is expected that the reforms will have a positive effect on pharmacy services with pharmacy input becoming more evident across a range of health services.

2.8 Future PNAs and supplementary statements

The HWBs have a responsibility to keep the PNA up-to-date through publishing supplementary statements when appropriate as guided by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

After the PNA is published, the HWBs will publish a statement of any changes in the provision of pharmaceutical services in its localities by way of a supplementary statement, where appropriate. On behalf of the HWBs the directors of public health will take the lead responsibility for PNAs and producing any supplementary statements. The PNA will be updated every three years. This will require the pan-Lancashire HWBs to work together to monitor changes in pharmaceutical needs and to publish any amendments to the PNA when necessary.

References

ⁱThe National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/ukxi/2013/349/made>