

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 14 September 2022
Subject:	For approval: Final Draft Sefton Pharmaceutical Needs Assessment 2022-25		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	Yes
Exempt / Confidential Report:	N		

Summary:

To report on the process and key findings of the 2022-25 Sefton Pharmaceutical Needs Assessment and seek approval for publication before 1 October 2022.

Recommendation(s):

That the Board:

(1) Approve the Sefton Pharmaceutical Needs Assessment (PNA) 2022-25, as attached, and authorise to publish the PNA by 1 October 2022, in accordance with its duties under the Health and Social Care Act 2012 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations)

(2) Note the content of the PNA, and the summary of methodology and key findings in this report, including the feedback received during the 60-day consultation period (2.6 and Appendix 8 of the PNA)

(3) Note the role of the updated Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (DHSC, October 2021) in guiding decisions about production of subsequent PNAs and supplementary statements; and the discharge of the Board's responsibilities in relation to the PNA

Reasons for the Recommendations:

The Board is a Committee of the Council and has responsibility for producing and updating the Pharmaceutical Needs Assessment (PNA) under the Health and Social Care Act 2012, in accordance with the 2013 regulations.

Alternative Options Considered and Rejected: (including any Risk Implications)

No alternative options have been considered as the Health and Wellbeing Board are legally required to publish a Pharmaceutical Needs Assessment by 1st October 2022.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs resulting from the content of the report

(B) Capital Costs

Not applicable

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: The Health and Social Care Act 2012, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	
Equality Implications: There are no equality implications.	
Climate Emergency Implications: The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	Y
<p>The environmental impact of community pharmaceutical services is unlikely to differ very significantly from the previous assessment in 2018-21 in terms of the number of services and the way pharmaceutical health needs are met by those services. Environmental sustainability is not directly addressed in the PNA, the scope for which is prescribed in detail by DHSC. The ongoing provision of community pharmacy services continues to imply carbon emissions and vehicle emissions from manufacture, transport and supply. However, there are reasons to believe that environmental impacts are likely to decrease rather than increase in the medium to longer term because of improvements in sustainable technologies.</p> <p>The community pharmacy network is a core part of Primary Care for health needs. Cheshire and Merseyside Integrated Care System has launched a Green Plan, which includes a section on 'Medicines, Prescribing and Anaesthetic Gas'. This and other initiatives in the Green Plan will help to place community pharmacy services on a more sustainable footing.</p> <p>It should also be noted that access to pharmacies is considered in some detail in this</p>	

report, both for owners of private vehicles, and for those who choose or rely on public transport or active travel, including customers with disabilities. This information is used to inform decisions about opening and closing pharmacy premises, and indirectly supports active travel and the principle of compact, accessible communities.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

Assesses health needs that can be met by pharmaceutical services, with consideration of needs of people with protected characteristics under the Equality Act 2010, and other 'inclusion groups'. The PNA aims to achieve equity of access to pharmacy services for all population groups

Facilitate confident and resilient communities:

The PNA includes information about the full range of pharmacy services on offer in Sefton, which highlights the continuing and growing emphasis on prevention, early detection and intervention

Commission, broker and provide core services:

Provides a basis for understanding health needs and pharmaceutical service needs in Sefton for service commissioners in NHS England and NHS Improvement (to be delegated to Cheshire and Merseyside in Integrated Care Board from April 2023), and in organisations working together within Sefton Partnership

Place – leadership and influencer:

Takes a place-based approach to assessment of need and influences decisions on applications to provide services within Sefton borough

Drivers of change and reform:

PNA includes specific statements on needs in Sefton and highlights processes used to determine when a revised assessment will be prepared or supplementary statement on need issued

Facilitate sustainable economic prosperity:

Provision of information to those with responsibility for making decisions on market entry and consolidation applications for pharmacies

Greater income for social investment: Not applicable

Cleaner Greener: See 'Climate Emergency Implications'

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD 6950/22) and the Chief Legal and Democratic Officer (LD 5150/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

A draft Pharmaceutical Needs Assessment was published on Sefton Council's electronic consultation hub on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022. A report on this consultation is included in the final draft of the PNA, in accordance with DHSC guidance.

The regulations state that when making an assessment for the purposes of publishing a PNA, each Health and Wellbeing Board (HWB) must consult with the following stakeholders about the contents of the draft PNA for a minimum of 60 days:

- the local pharmaceutical committee,
- the local medical committee,
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board,
- dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any,
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area,
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of
- pharmaceutical services, any NHS trust or NHS foundation trust in the health and wellbeing board's area,
- NHS England and NHS Improvement, and
- any neighbouring health and wellbeing board

Responses to a community pharmacy service survey and public questionnaire conducted in 2021, and the formal 60-day consultation period have informed this PNA.

All methods for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

Implementation Date for the Decision

Immediately following the Committee meeting.

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Appendices:

The following appendix is attached to this report:

Final Draft Pharmaceutical Needs Assessment (PNA) 2022-2025 v1.0



Final Draft
Pharmaceutical Needs

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

1.1 Since 1st April 2013, responsibility for producing and updating the Pharmaceutical Needs Assessment (PNA), transferred to Health and Wellbeing Boards (HWB). The PNA is used as the framework for commissioning pharmacy services in a defined area and is a statutory document, by virtue of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which require each HWB to:

- Publish a statement of its revised assessment within three years of its previous publication.
- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent.

In May 2020 with the advent of largescale disruption to Health and Care services due to the Coronavirus pandemic, The Department of Health and Social Care (DHSC) announced that the requirement to publish a revised PNA would be suspended for a year. This deadline was subsequently revised back to October 2022.

1.2 In order to provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHS England and NHS Improvement (NHSEI) is responsible for preparing, maintaining, and publishing pharmaceutical lists in respect of each health and wellbeing board's area. Applications for inclusion in one of these lists are currently submitted to Primary Care Support England and determined by NHS England and NHS Improvement. Responsibility for pharmaceutical services in England will be delegated to Integrated Care Boards (ICB) by 2023.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. Four types of applications can be made based on the PNA, (below). Applications that do not rely on the PNA are to open a distance selling premises, and to secure improvements or better access that were not identified in the PNA ('unforeseen benefits').

- to meet a current need identified in the relevant pharmaceutical needs assessment
- to meet a future need identified in the relevant pharmaceutical needs assessment
- to secure improvements or better access identified in the relevant pharmaceutical needs assessment
- to secure future improvements or better access identified in the relevant pharmaceutical needs assessment

The Health and Social Care Act 2012 further describes the duty of commissioners, in accordance with regulations, to arrange for the adequate provision and commissioning of pharmaceutical services for their population. Besides commissioners in Cheshire and Merseyside NHSE/ICB, the PNA also informs commissioning decisions amongst partner organisations within the Sefton Partnership, including the local authority, for example some services commissioned by public health. The PNA is therefore an important tool to ensure that commissioning intentions for services that could be delivered via community pharmacies are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a distinct component.

- 1.3 This report presents an overview of how the revised 2022-25 Sefton Pharmaceutical Needs Assessment was developed on behalf of the Board, and its key findings; and seeks approval to publish by 1 October 2022. The report also describes the Board's responsibilities in relation to the PNA, with reference to the updated Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (DHSC, October 2021).

2. Sefton Pharmaceutical Needs Assessment 2022-25: Methodology

- 2.1 The responsibility to produce the PNA, on behalf of the Sefton Health and Wellbeing Board, has been discharged by a multi-professional steering group including senior representatives from the following organisations and teams and joined by Council Members for Health and Wellbeing (HWB Chair) and Adult Social Care:
- Sefton Council Public Health
 - Sefton Council Business Intelligence
 - Sefton Council Consultation and Engagement
 - NHS England and NHS Improvement North, Primary Care
 - South Sefton and Sefton and Formby Clinical Commissioning groups (CCG) Pharmacy
 - South Sefton and Sefton and Formby CCGs Medicines Management
 - Noting that CCGs ceased in July 2022 and former functions passed to Integrated Care Boards and other place-based structures in Sefton within the Cheshire and Merseyside Integrated Care System (ICS)
 - Sefton Local Pharmaceutical Committee
 - Sefton Healthwatch Representative
 - Sefton Community Pharmacy Service Representative

As for previous PNAs, the development process was also shaped by a multi-professional Cheshire and Merseyside PNA development group co-ordinated by the NHSE/I North Primary Care Manager. The group jointly reviewed timelines, survey development, and issues arising around data collection. Working collectively and on similar timelines is intended to promote a consistent approach.

- 2.2 Under usual circumstances, a revised PNA must be published every three years or earlier if 'significant' change warrants it. The suggested timeline is 55 weeks. Preparation of this latest assessment was additionally challenging due to Covid-related demands on all key partners, including business intelligence functions and community pharmacy services.

The first update to original guidance from 2012 was published by DHSC in late 2021 when work was already underway. The Information Pack is comprehensive and aims to provide 'hints and tips to assist health and wellbeing boards in drafting their pharmaceutical needs assessment'. Efforts have been made to follow these wherever possible. As a result, the revised PNA is more streamlined in some areas, e.g., less content about the evidence-base underpinning pharmacy interventions, and more detailed in others, e.g. more information about health needs of different population groups.

- 2.3 The content of the document is closely linked to the Sefton Joint Strategic Needs Assessment (JSNA). Information that goes towards the final assessment of needs broadly comprises,
- Demographic and health data, describing the population profile, and relevant health status and inequalities of the population, including groups with protected characteristics or additional barriers to access, and differences in specified localities
 - Information about the location, accessibility, opening hours and range of services provided by community pharmacies in Sefton
 - Information about services that influence demand for pharmaceutical services, including provision of pharmacy services in neighbouring local authority areas
 - Information about people's experiences of using pharmacies in Sefton

- 2.4 Three consultation and engagement activities were completed as part of the PNA development: a pharmacy provider survey, a public and patient questionnaire, which ran during for four weeks each during in autumn 2021, and a formal 60-day consultation on the draft PNA, which closed on 11 September 2022. Plans relating to these activities were presented to Sefton Consultation and Engagement Panel. The Final Draft PNA document includes summary information about the findings from both surveys and a section outlining feedback received and amendments made following the statutory consultation.

- 2.5 The contractor survey took place over 4 weeks in September 2021 and 88% of relevant services sent in response, which was slightly lower compared to other Cheshire and Merseyside HWB areas. The patient and public pharmacy survey in Sefton started in October 2021 and ended in December 2021. A total of 70 people responded to the survey, which was lower than in previous years, and may reflect ongoing disruption and capacity issues associated with Coronavirus. Findings were positive, e.g., 80% of respondents reported being satisfied with the range of

services that Sefton pharmacies provide, and 99% stated that it was 'easy' getting to their usual pharmacy.

2.6 In accordance with the regulations a draft PNA was published on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022. The 2013 regulations require a report of the consultation to be included in the final version of the pharmaceutical needs assessment, which should include the responses to the consultation, any response to them by the HWB and a list of any amendments or changes subsequently made to the pharmaceutical needs assessment.

7 responses were received during the consultation period and are summarised below and with the required level of detail in Appendix 8 of the PNA document.

- 7 respondents submitted comments to the online consultation, including one who submitted more detailed comments via email. 2 respondents identified themselves as responding on behalf of pharmacy-related organisation, and the remainder as individual members of the public. It should be noted that 2 responses were submitted at the consultation step of the previous PNA 2018-21.
- All respondents felt that the purpose, context and implications of the PNA had been sufficiently well explained, and 6 out of 7 agreed that the PNA accurately reflected the needs of the population, 1 out of 7 online survey respondents said they disagreed with the conclusions of the PNA, and 2 out of 7 disagreed with the assessment of future needs in the draft PNA. Disagreement with these assessments was in relation to the latest number of 100-hour pharmacies and out of hours provision, and issues with services descriptions (below)
- One respondent who completed the survey on behalf of a relevant organisation emailed 17 suggested minor additions or changes to improve accuracy, completeness and currency of service provision as described in the draft document. Of these, all but three were altered in the document fully or in part.
- One comment not previously mentioned was made in the closing 'Other Comments' section of the survey and said, 'People should have an efficient, stress-free service'.

The results of the consultation are not considered to have identified new needs for, or improvements or better access to, pharmaceutical services that would necessitate a further period of consultation.

3. Sefton Pharmaceutical Needs Assessment 2022-25: Key Findings

3.1 The PNA is a comprehensive assessment of relevant needs in relation to pharmacy provision in Sefton. As such the full report, which is included in the annex to this report, is substantial. Key findings of the revised final draft assessment are:

3.1.1 Sefton has 71 pharmacies which serve a population of 275,899. There is currently one pharmacy for every 3,900 residents which compares

favourably to the national average of one pharmacy for every 5,000 population. The number of pharmacies ranges from one to six per ward and reflects patterns of population densities and urbanicity.

- 3.1.2 Community pharmacy services are complemented by acute hospital pharmacies that serve Sefton's residents and the network is also enhanced by the availability of pharmacy services in neighboring authorities (Liverpool, Knowsley and West Lancashire) – at least 26 within one mile of Sefton's borders.
- 3.1.3 There are few areas in Sefton that cannot access a pharmacy within a 15-minute drive. If walking is considered, travel times are longer for some communities, most notably in the less urban areas. 95% of pharmacies reported that customers can park within 50m of the pharmacy; 72% said there was a bus stop or train station within 100m; with the remainder sited between 100-500m from one. 86% of pharmacies have an entrance which can be used unaided by wheelchair users and providers reported a wide range of adaptations available.
- 3.1.4 Very few community pharmacies open before 9am across Sefton during the working week, but the majority, 95% are open after 5pm. There is generally good provision of pharmacy services across Sefton on a Saturday. There are 4 wards that are without weekend provision, however they can access pharmacies in neighbouring wards. 50% of contractor survey respondents reported they were not willing or able to provide out of hours services.
- 3.1.5 Pharmacy opening hours across Sefton are considered satisfactory with wide access available throughout the week and sufficient coverage over evenings and weekends, supported by the availability of out of hours services and three '100 hour' pharmacies located in the north and south of the borough. In the survey of pharmacies, 27% said they could offer support for patients whose first language is not English, either through a member of or an interpreter/language line.
- 3.1.6 A wide range of essential, advanced, enhanced and Other NHS commissioned (includes Sefton Council Public Health and services commissioned previously by Clinical Commissioning Groups, now within Sefton Integrated Care System) is available in Sefton. Uptake of advanced and enhanced service options may increase further from the figures in this report.

Together pharmacy services span prevention and health promotion, advice-giving and signposting; medicines sales, dispensing and advice; detection of health issues that can benefit from lifestyle or pharmaceutical intervention, e.g., hypertension case-finding; seasonal Influenza and Covid-19 vaccinations, and specialized appliance services e.g. the stoma customisation service. 79% of patient and public survey respondents were satisfied with the range of services on offer and the variety of feedback about what service users most value reflects the broad scope of services on offer.

Community pharmacies played a central role in Sefton's Coronavirus pandemic response, e.g. through the local enhanced service: COVID-19 Vaccination Programme and the advanced service: COVID-19 Lateral Flow Device Distribution Service. 91% of respondents to the patient and public survey were satisfied with the service they received from community pharmacies during the pandemic.

3.1.7 Sefton Council's Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. The annual PNA review provides an opportunity to ensure that pharmaceutical provision responds to the needs of the population with reference to major infrastructure development.

3.1.8 Assessments provided in the PNA against the required regulatory statements find:

- the provision of community pharmacies is sufficient and enhanced by the availability of pharmacy services in neighbouring authorities
- no specific and significant gaps in local provision of necessary or other NHS services currently or in relation to future needs
- no specific and significant gaps in local provision that would improve services or result in better access to services currently or in relation to future needs
- housing developments of up to 200 houses in the next five years are planned in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. Sefton's population is expected to change with significant increases in the number of older people. The PNA will need to be kept under at least annual review to identify new gaps in necessary service provision or improvement and access needs

3.1.9 Since no needs for, or improvements or better access to, pharmaceutical services are identified in the draft PNA 2022-25 the only types of application for new premises that can currently be submitted are those which offer benefits unforeseen in the PNA or for distance selling premises. NHSE/ICB are directed to refuse a consolidation application if it satisfied that to grant it would create a gap in pharmaceutical services provision, and the HWB must make representations on this question.

4. Maintaining the Sefton Pharmaceutical Needs Assessment

4.1 The next pharmaceutical needs assessment is legally required to be published within three years of 1 October 2022. Changes of a 'significant extent' to the population, its demography or health needs should trigger a complete revision of the PNA, unless Sefton HWB concludes that this would be disproportionate. The updated Pharmaceutical Needs Assessment Information Pack for Local Authority

Health and Wellbeing Boards (DHSC, October 2021) provides a decision tree in appendix two (p71) [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](#)

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services (from opening, closure, consolidation) where:

(a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and

(b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes, or it is already producing its next pharmaceutical needs assessment but recognises a need to immediately modify the existing document to prevent significant detriment to the provision of pharmaceutical services

Example decisions and supplementary statement templates are provided in the DHSC 2021 information pack. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 include requirements to publish revised assessments and supplementary statements between publication dates of PNAs. The PNA will be reconsidered annually in line with the integrated commissioning cycle, as well as when any changes to the pharmacy contractor list occurs, to ensure that the document reflects need and the commissioning landscape. This action will continue to be overseen by Sefton Health and Wellbeing Board with input from NHS England, led by the Sefton PNA Steering Group.

- 4.2 In order to maintain the PNA and inform decisions about revision and publication of supplementary statements, information about changes to pharmacy availability and location, opening hours and service provision should be collated as required and annually. Current information about locality population and demographic changes; changes in health needs; and influences of health and care service changes on pharmaceutical needs will also need to be appraised.

The outcomes of this process could include accuracy updates to the existing PNA, identification of a gap or gaps in provision due to reductions in pharmacy services or local availability (signalled in a supplementary statement), or a decision to begin a complete revision of the PNA.

5. Conclusion

- 5.1 It is the statutory responsibility of Health and Wellbeing Boards to produce a revised PNA 2022-25 by 1 October 2022. Input into the revised final draft assessment has been provided by members of a multi-professional steering group. The latest PNA Information Pack for Health and Wellbeing Boards (DHSC, 2021) has been used to guide the process and content of the new assessment as far as possible within resource constraints. The new PNA provides a fully updated assessment of current and future pharmaceutical service needs and has an essential role in informing the provision of community pharmacy services.

The Sefton PNA 2022-25 PNA finds that provision of community pharmacies is sufficient, reflecting population density distribution and local health needs, and enhanced by the availability of pharmacy services in neighbouring authorities; that there are no specific and significant gaps in local provision of necessary or other NHS services currently or in relation to future needs, or in local provision that would improve services or result in better access to services currently or in relation to future needs. Maintenance of the PNA, including annual review should closely appraise the extent and timing of changes in need from housing developments expected within the lifetime of this PNA.

- 5.2 The Board is asked to approve the Sefton Pharmaceutical Needs Assessment (PNA) 2022-25 and authorise its publication by 1 October 2022 in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 5.3 The Board is also asked to note the methodology used to develop the PNA; the processes, decisions and actions required to maintain the currency of the PNA; and the value of new resources produced by DHSC, 2021 designed to help HWBs undertake their duties and responsibilities in relation to their PNA.