

HARROW LOGO/BARNET LOGO as appropriate

Pharmaceutical Needs Assessment Document

Template agreed by PNA Steering
group

Introduction & Background

- ◎ Background - Why a PNA is needed

- ◎ Duty of the HWB

- ◎ Process followed in developing the PNA
 - Governance
 - Summarise the methodology

- ◎ Scope – see next slide

Introduction & Background

Overview of Approach



	Activity
Step 1 Governance & Project management	
Step 2 Gather and validate data	
Step 3 Health Needs & strategic priorities	
Step 4 Pharmacy profile	
Step 5 Synthesis & assessment	
Step 6 Formal consultation	

Step by step summary

Scope

Included in the pharmaceutical list			
<p>Pharmacy Contractors “Community Pharmacists”</p>	<p>Local Pharmaceutical Services Contractors Local contract, commissioned by NHSE, to provide LP Services . Not applicable in all areas</p>	<p>Dispensing Appliance Contractors Provide appliances but not medicines; not applicable in all areas</p>	<p>Dispensing Doctors Not applicable in all areas</p>
Pharmaceutical Services (as defined by the Regs)		Other services (commissioned or which affect the need for pharmaceutical services)	
<p>Essential Services</p>		<p>Public Health Commissioned</p> <ul style="list-style-type: none"> E.g. needle exchange, chlamydia screening, stop smoking, supervised administration, EHC etc If commissioned by NHSE on behalf of PH then these should be treated as enhanced services 	
<p>Advanced Services Subject to accreditation and optional Medicines use reviews (MURs), New Medicines Service (NMS), Appliance Use Reviews (AURs), Stoma Appliance Customisation Services (SACS)</p>		<p>CCG Commissioned</p> <ul style="list-style-type: none"> Clarify if CCG commissions any services from pharmacy Clarify if any services affect need for pharmaceutical services e.g. UCC, WICs etc. 	
<p>Enhanced services Locally commissioned from specific community pharmacies, by NHS England</p>		<p>NHS Trusts or FTs (Acute, MH, Community)</p> <ul style="list-style-type: none"> Consider if any services are commissioned Consider which services influence need for pharmaceutical services 	
		<p>Prisons If applicable, consider how pharmacy services are provided</p>	

Context for the PNA

- ◎ **Describe Barnet / Harrow**
 - Facts about the area / population
 - Provider landscape
 - Localities which will be used for the PNA & why
 - Borders with neighbouring HWBs
 - ONS Comparator Group

- ◎ **Demography**
 - Population
 - Deprivation
 - Ethnicity
 - Religion
 - Disability

- ◎ **Health Needs based on JSNA**
 - Life expectancy & inequalities
 - Lifestyle issues
 - Disease areas which have greatest impact upon morbidity & mortality

- ◎ **Health Services Strategy - relevant to pharmaceutical services**
 - NHS England
 - JHWS
 - CCG Commissioning strategy
 - Other relevant strategies e.g. town planning, crime & disorder etc

What this means for the Assessment

For each sub-heading

- Summarise the relevance for pharmaceutical services
- Statement on the implication for pharmaceutical services

E.g. Ethnicity

There is a correlation between health inequalities and the levels of diversity within the population.

BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease.

Pharmaceutical services need to reflect the specific needs of the BAME populations as well as providing a broad range of services to the entire population.

In addition, the diversity of spoken languages potentially presents challenges for the delivery of pharmaceutical services, particularly with respect to the effective communication of health promotion messages and lifestyle advice.

The Assessment

High Level Overview of Pharmaceutical Providers

⦿ **Pharmaceutical providers on list**

- Community pharmacies – *include 100 hour, internet/mail order etc.*
- LPS Pharmacies – *if any*
- Appliance Contractors – *if any*

⦿ **Benchmarking**

- Barnet / Harrow versus ONS comparators, Regional, England averages

⦿ **Distribution**

- Pharmaceutical Providers by locality & ward
- Link with deprivation
- Review opening hours
- Map of pharmaceutical providers (in relation to GP Surgeries)

Conclusions on distribution

Summarise key findings including

- *How Barnet / Harrow compares with benchmarked areas in terms of pharmacy provision*
- *Spread of pharmacies within localities*
- *Comment on impact of opening hours on distribution (e.g. extended hours, weekends) & choice*
- *Identify current gaps and potential future gaps*

The Assessment

Service by Service Review – Pharmaceutical Services

- ◎ **Adopt similar approach for all pharmaceutical services i.e.**
 - Essential services
 - Advanced services - **mocked up example**
 - Enhanced services
- ◎ **Describe service(s)**
- ◎ **Benchmarking – where available**
 - Barnet / Harrow versus ONS comparators, Regional, England averages
- ◎ **Explore specifics e.g.**
 - Distribution of providers using map to illustrate (include non-pharmacy providers & out of area providers, where applicable)
 - Access during normal working hours & extended hours/weekends
 - Choice (and impact of hours on this)
 - Needs of those with protected characteristics and how these are (or aren't met)
 - Identify gaps – current & future
 - Describe future plans (if any) for the service

Conclusions

Summarise key findings including

- *Why the service is valuable and contribution to improving outcomes (PH, NHS or social care)*
 - *State if service is **necessary or relevant** and reason why*
 - *Comment on **current gaps**, when they occur [and how these could be addressed*]*
 - *Comment on potential **future gaps**, and the circumstances under which these should be addressed*
 - *Consider whether further provision of services could secure improvements or better access e.g. through enhancing choice*
- * *NB NHS England is the commissioner of Pharmaceutical services therefore need test conclusions regarding addressing gaps via formal consultation OR leave open*

Advanced Services

Medicines Use Review and Prescription Intervention Services

Overview

The Medicines Use Reviews (MURs) and Prescription Intervention service consists of structured reviews for patients taking multiple medicines.

The services are intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste.

To provide the service, the pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the MURs must be accredited to do so.

A pharmacy may:

- Only offer an MUR to a patient who has been using the pharmacy for 3 months (this is known as the '3 month rule')
- Undertake up to 400 MURs per annum. At least 50% of the MURs must be directed at the nationally defined target groups:
- People taking a high risk medicine (NSAIDs, anti-coagulants, anti-platelets, diuretics)
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines

Our assessment of MURs has taken into account the following:

- MUR provision in Harrow / Barnet compared with our ONS Peers (Graph XX)
- Service provision summarised by locality and ward (table XX)
- Access during extended hours
- The demographics and health needs of our population
- The specific needs of those with protected characteristics

Background & scope

Context

Health Needs

Assessment

Conclusions

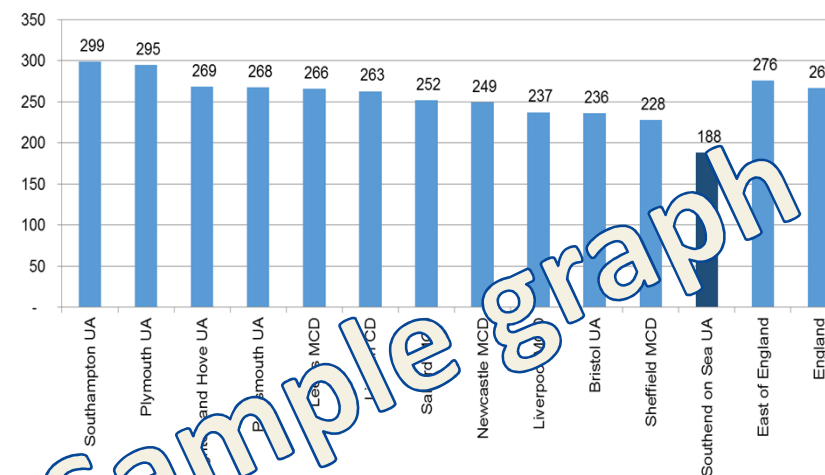
The Evidence Base

The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies:

- Benefit 1
- Benefit 2

[Link to NHS, PH \[and social care\] outcome framework\]](#)

Average MURs per pharmacy (2012/13)



Advanced Services

Medicines Use Review and Prescription Intervention Services

Meeting the Needs of those with a protected characteristic

Age	✓	Older people, on multiple medications for long term conditions are likely to require MURs
Disability	✓	MURs help to assess & provide support e.g. large print labels, Monitored Dosage systems
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	MURs help pregnant or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✗	No specific needs identified

Further Provision

We believe that all our residents should be able to access MUR services.

State how this will be addressed

The Future

Summarise future considerations here e.g.

- Ageing population
- Strategic priorities which may increase need for service
- Comment on capacity etc.

Context

Health Needs

Assessment

Conclusions

Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:

- People with long term conditions with multiple medicines benefit from regular reviews (ref...)
- It is estimated that up to 20% of all hospital admissions are medicines related and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose) of using a prescribed medicine

MURs support the delivery of the strategic aims set out in **section XX** particularly with respect to **[pick all which apply]**:

- Reducing avoidable admissions for older people
- The focus on prevention, early diagnosis and treatment of long term conditions
- Helping to prevent medication related falls

Given the benefits MURs and the alignment with local strategic priorities we have concluded that this service is necessary to meet the pharmaceutical needs of our population.

With respect to service provision we have identified the following **[potential]** gaps: **[pick all which apply]**

- The average number of MURs per pharmacy is below the maximum number which may be undertaken in any given year
- **X** pharmacies do not offer MUR services. Of these **Y** do not have a consultation area and do not meet the criteria for providing MURs
- Access is limited at certain times of day: **[summarise below; example text only]**
 - Locality A no pharmacies are open on Sunday to provide MURs
 - Locality B no pharmacies offer MURs on Saturday afternoons and only one opens on Sunday

These gaps are significant because patients cannot choose to access MURs from another pharmacy because of the 3 month rule.

The Assessment

Services which Affect the Need for Pharmaceutical Services

A. Services commissioned from pharmacy – adopt a similar approach for all services

⦿ Describe service

- State who commissions the service (PH, CCG, Other e.g. FT etc.)
- No. of pharmacy providers
- Non pharmacy providers service providers e.g. other contractor professions; other NHS services; 3rd sector

⦿ Explore specifics e.g.

- Distribution of providers (include non-pharmacy providers & out of area providers, where applicable) using map to illustrate
- Access during normal working hours & extended hours/weekends
- Choice (and impact of hours on this)
- Needs of those with protected characteristics and how these are (or aren't met)
- Identify gaps – current & future
- Describe future plans (if any) for the service

Conclusions

Summarise key findings including

- *Why the service is valuable and contribution to improving outcomes (PH, NHS or social care)*
- *State if service is **necessary or relevant** and reason why**
- *Comment on **current gaps**, when they occur and how these could be addressed*
- *Comment on potential **future gaps**, and the circumstances under which these should be addressed*
- *Consider whether further provision of services could secure improvements or better access e.g. through enhancing choice*
- * *NB Not a requirement to assess locally commissioned services. However, given that these services affect the need for pharmaceutical services it makes sense to do so*

The Assessment

Services which Affect the Need for Pharmaceutical Services

B. Other Services which are reliant upon pharmaceutical services

⊙ Describe services and why they are reliant upon pharmaceutical services e.g. (*illustrative only*)

- Urgent care centre, open extended hours & issues FP10 prescriptions for non-stock medicines
- Integrated care service for older people requires medicines use reviews and new medicines service
- New community ophthalmology service issues FP10s

⊙ Explore extent to which pharmaceutical services meet needs e.g.

- Opening hours of pharmacies in relation to UCC (including out of area providers)
- Pharmacies which don't provide MURs & NMS
- Document gaps

Conclusions

For each 'other service described' Summarise key findings including

- *Why the service is reliant upon pharmaceutical services*
- *Does this represent a need for pharmaceutical services or do pharmaceutical services provide a mechanism to improve access (i.e. are there other potential providers?)*
- *Comment on current gaps, when they occur and how these could be addressed*
- *Consider whether further provision of services could secure improvements or better access e.g. through enhancing choice*

The Assessment

The Future

- ◎ **Describe factors affecting future need services** *[i.e. those not considered in preceding sections & may include]:*
 - Changes in NHS Policy e.g. 7 day service for GPs
 - Planned service redesign
 - Population changes due to residential or business changes
 - Consistency and equity of service provision with neighbouring HWB areas
 - Strategic decision to commission more services from pharmacy
 - *Align with health needs, existing JHWS, CCG and other strategic priorities*
 - *Assess evidence for pharmacy delivered service*
 - *Relate to NHS, PH and Social care outcomes framework*

Conclusions

Summarise key findings including

- *Summarise impact of factors*
- *Summarise circumstances which will influence commissioning of pharmaceutical services and other services*
- *Describe other specific requirements for pharmacy services in the future e.g.*
 - *Pharmacy opening hours should align with GP and other services in the area (and ideally these will be core hours for the pharmacy)*
 - *Pharmacy must be prepared to provide the full range of advanced and enhanced services etc*
 - *Pharmacy must be prepared to provide other locally commissioned services (need to consider how this can be 'mandated')*

The Assessment Conclusions

Current Need	Future Need
Improvements or Better Access	Future improvements or Better Access