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Pharmaceutical Needs Assessment

Reading Borough Council

2014

Public Health Services for Berkshire
Six Local Authorities working together for the health and wellbeing of residents in Berkshire

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Contents

Introduction

What is Pharmaceutical Needs Assessment (PNA)?

PNA is the statement for the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From 1 April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of Reading Borough Council and is different from the previous PNA which was West Berkshire focussed. This PNA will also give a view across Berkshire as people move between Local Authorities for work and health care.

Purpose of PNA :

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and well being and reducing inequalities
- To deliver a process of consultation with local stakeholders and the public to agree priorities
- An assessment of existing pharmaceutical services and recommendations to address any identified gaps if appropriate and taking into account future needs
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will inform interested parties of the pharmaceutical needs in Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will influence commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) in the potential role of pharmacy in service redesign.

Background: Statutory Requirements

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West & East published their first PNA in 2010.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The PNA must be published by the HWB by April 2015 and will have a maximum lifetime of three years. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU) and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England and the commissioning of services from pharmacies by the local authority and other local commissioners for example, CCGs.

The 2013 Regulations 5 list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

Definition of Pharmaceutical services

The pharmaceutical services to be included in the pharmaceutical needs assessment are defined by the reference to the regulations governing pharmaceutical services provided by community pharmacies, dispensing doctors and appliance contractors.

Pharmaceutical services are provided through the National Pharmacy Contract which has three tiers:

- Essential Services
- Advanced services – currently Medicines Use Reviews and Appliance Use Reviews
- Locally commissioned services (Enhanced Services)

Essential Services- set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted / waste drugs
- Public Health (Promotion of healthy lifestyles)
- Signposting
- Support for self care
- Clinical governance

All contractors must provide full range of essential services.

Advanced Services- set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Medicines Use Review and Prescription Intervention (MURs)
- New medicine service (funded only in 2014/15 long term decision awaited)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

Enhanced Services set out in Directions made subsequent to the NHS Pharmaceutical Services Regulations 2013 include:

- Anticoagulant monitoring service
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailments service
- Needle syringe exchange service
- On demand availability of specialist drugs service
- Out of hours service
- Patient group directions service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing services

Whilst the National Pharmacy Contract is held and managed by the NHS England, local Thames Valley Area Team and can only be used by NHS England, local commissioners such as Reading Borough Council and the 2 CCGs can commission local services using other contracts to address additional needs.

Process for developing the PNA

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies.

The scope will include recommendations for action to meet the current needs of Reading and across Berkshire highlighting any areas of current provision which could be improved and potential areas for development that could assist the HWB in its duty to improve the health of population and reduce inequalities.

A key part of the process for this PNA is to summarise the health needs of the local population using the joint strategic needs assessments of the findings of the HWB board.

The PNA has five main objectives:

1. Identifying local needs
2. Mapping current provision
3. Consultations with partners, patients and the public

4. Obtaining clinical input from Clinical Commissioning Groups (CCGs) and the Local Pharmaceutical Committee
5. Identifying services that are not currently provided or need to be improved in the local area.

The PNA summarises the national vision for community pharmacy also summarises the key priorities in the Health and Wellbeing Strategy which details the local priorities for our community.

Principles of Development

The PNA will be published on the Reading Borough Council website once agreed and is a public facing document communicating to both an NHS and a non-NHS audience.

The key stages involved in the development of this PNA were:

- Survey of public to ascertain views on services - web and paper based surveys
- Survey of community pharmacies to map current service provision
- Public Consultation on the initial findings and draft PNA
- Agreement of final PNA by the Reading Health and Wellbeing Board

The process for the development of the PNA was agreed with the HWB Board. A small task and finish group was set up to over see the development of the PNA Member included.

- Director of Public Health
- Medicines Management – CCG
- NHS England pharmaceutical commissioner
- Representative from the Local Pharmaceutical Committee
- Public Health Informatics Advisor

During the consultation the following stakeholders will be included in addition to the public consultation:

- The Local Authorities within Berkshire
- The Clinical Commissioning Groups in Berkshire
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- The persons on the pharmaceutical list (pharmacy contractors) and its dispensing doctors list
- Health watch
- NHS Foundation Trusts in Berkshire

National Pharmacy Commissioning

Commissioning Arrangements

NHS England is the only organisation that can commission NHS Pharmaceutical Services through the National Pharmacy Contract.

They are therefore responsible for managing and performance monitoring the Community Pharmacy Contractual Framework. This is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmaceutical Services are those services set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

- Essential services - set out in Part 2, Schedule 4 of the Regulations
- Advanced services - set out in the Directions
- Enhanced services - set out in the Directions

There are four ways in which pharmaceutical services are commissioned:

NHS England:

- Sets legal framework for system, including regulations for pharmacy
- Secures funding from HM Treasury
- Determines NHS reimbursement price of medicines & appliances

NHS England area team (AT):

- securing continuously improving quality from the services commissioned, including community pharmacy enhanced services

Local Authority:

- Provision of Public Health services in line with local Health and Wellbeing Strategy

CCGs:

- Locally commissioned in line with local needs and CCG strategy

This ensures that the public have access to comprehensive pharmaceutical services.

Local Professional Networks

In addition as part the National changes in the NHS in 2013 Local Professional Networks (LPNs) for pharmacy, optometry and dentistry were established within each AT. They are intended to provide clinical input into the operation of the AT and local commissioning decisions.

In general they:

- support the implementation of national strategy and policy at a local level
- work with other key stakeholders on the development and delivery of local priorities, which may go beyond the scope of primary care commissioning providing local clinical leadership

The specific functions of the Pharmacy LPN include:

- supporting LAs with the development of the Pharmaceutical Needs Assessment (PNA)
- considering new programmes of work around self-care and long term conditions management in community pharmacy to achieve Outcome 2 of the NHS Outcomes Framework
- working with CCGs and others on medicines optimisation
- 'holding the ring' on services commissioned locally by LAs and CCGs, highlighting inappropriate gaps or overlaps (*PSNC Pharmacy Commissioning 2013*).

Contribution of Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain (*General Pharmaceutical Council Annual Report 2012/13*).

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and be registered with the General Pharmaceutical Council (GPhC). Pharmacists work in a variety of settings including in a hospital or community pharmacy such as a supermarket or high street pharmacy. See NHS Choices at http://www.nhs.uk/Pages/HomePage.aspx for your local ones.

In December 2013 NHS England held a Call to Action for community pharmacy that aimed through local debate, to shape local strategies for community pharmacy and to inform NHS England's strategic framework for commissioning community pharmacy (http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf).

The aim was to uncover how best to develop high quality, efficient services in a community pharmacy setting that can improve patient outcomes delivered by pharmacists and their teams.

Pressures on primary care as a whole are increasing and the vision is for Community pharmacy to play a full role in the NHS transformational agenda by:

- providing a range of clinical and public health services that will deliver improved health and consistently high quality;
- playing a stronger role in the management of long term conditions;
- playing a significant role in a new approach to urgent and emergency care and access to general practice;
- providing services that will contribute more to out of hospital care; and
- supporting the delivery of improved efficiencies across a range of services.

The Call to Action consultation has now finished and the response is awaited from the department of Health.

National Outcomes Frameworks

Pharmacy has a key role in supporting the achievement of the NHS Outcomes Framework, which measures the success of the NHS in improving the health of the population

NHS Outcomes Framework

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

And similarly contributes to the success against the Public Health Outcomes Framework.

Public Health Outcomes Framework

Domain 1	Life expectancy and healthy life expectancy
Domain 2	Tackling the wider determinants of Health
Domain 3	Health Improvement
Domain 4	Health Protection
Domain 5	Healthcare and preventing premature mortality

Control of Market Entry

The regulations that govern the provision of pharmacy places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

It is not possible for a community pharmacy to be set up without agreement from NHS England. From 1 April 2013, pharmaceutical lists are maintained by NHS England and so applications for new, additional or relocated premises must be made to the local NHS England Area Team.

NHS England must ensure that they have arrangements in place for:

- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by doctors;
- the provision of proper and sufficient drugs, medicines which are ordered on NHS prescriptions by dentists;
- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by other specified descriptions of healthcare professionals; and
- such other services that may be prescribed.

In April 2013 there was a change in how pharmacy applications are controlled. Applications for inclusion in pharmaceutical lists are now considered by NHS England (through their Area Teams) and the 'market entry test' is now an assessment against the pharmaceutical needs assessment. The exemptions introduced in 2005 have been removed (other than the exception for distance selling pharmacies) (*Regulations under the Health and Social Care Act 2012: Market entry by means of Pharmaceutical Needs Assessments - Medicines, Pharmacy and Industry – Pharmacy Team).*

The market entry test now assesses whether an application offers to:

- meet an identified current or future need or needs;
- meet identified current or future improvements or better access to pharmaceutical services; or
- provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the relevant HWB area (*Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*).

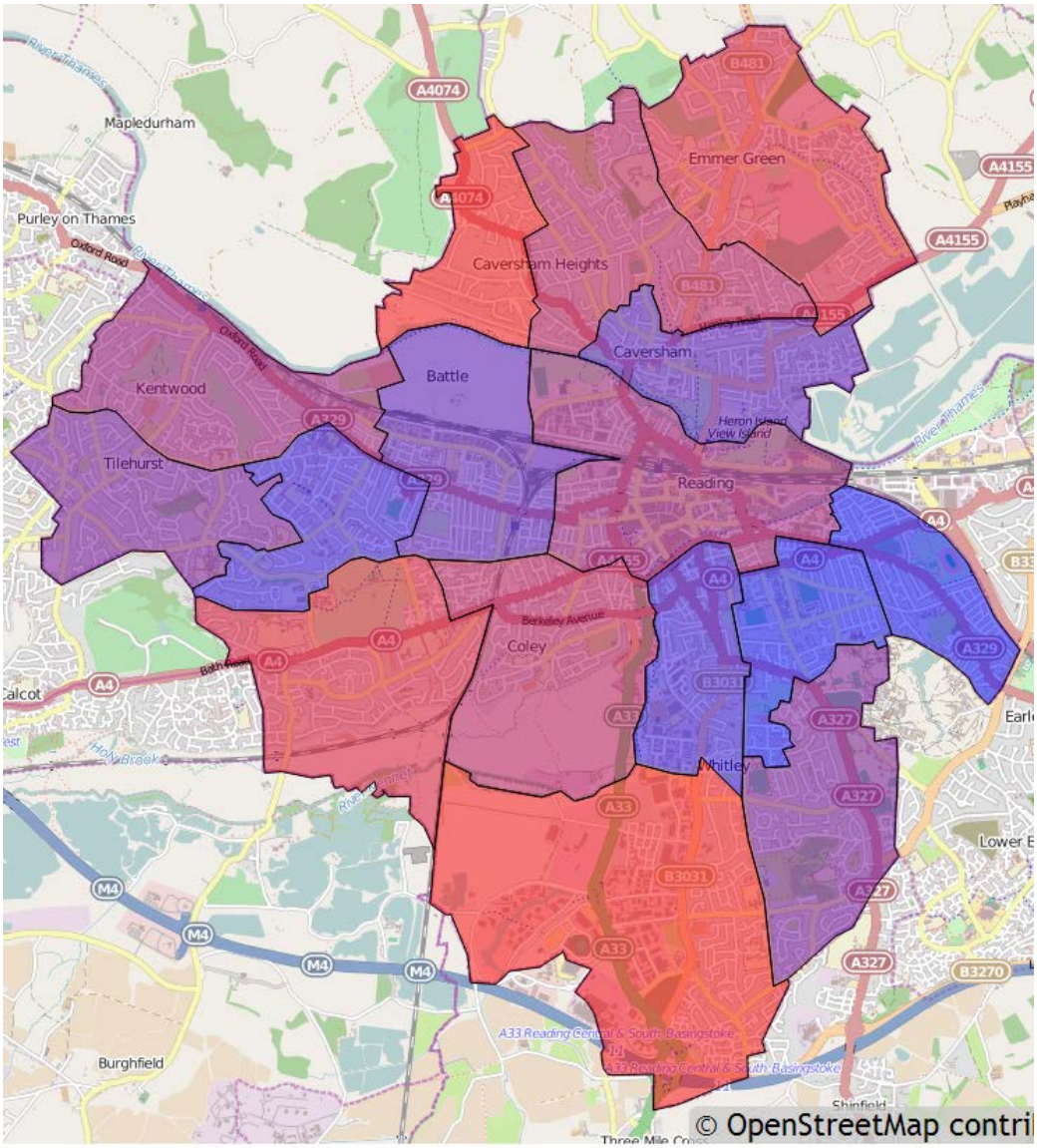
The change in the market entry test means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions therefore cannot be used by an applicant (although existing pharmacies and those granted under the exemption continue). The regulations make it clear that 100 hour pharmacies granted under old exemptions cannot apply to reduce their hours.

The only exemption that now exists is for distance selling pharmacies as it is argued they provide a national service and so their contribution cannot be measured adequately by a local pharmacy needs assessment.

Geography Covered by Reading PNA

Each PNA has to define its geographic scope. This year the Reading PNA is following the boundaries of the Local Authority, as is each PNA for the Berkshire Local Authorities. The services are mapped for each Local Authority and a composite picture is given for Berkshire. Results are also compared for Local Authorities against the whole of Berkshire. Appendix 1 shows a map of the pharmacies in Reading PNA.

Figure 1: Map of Reading showing ward boundaries



The wards in Reading include:

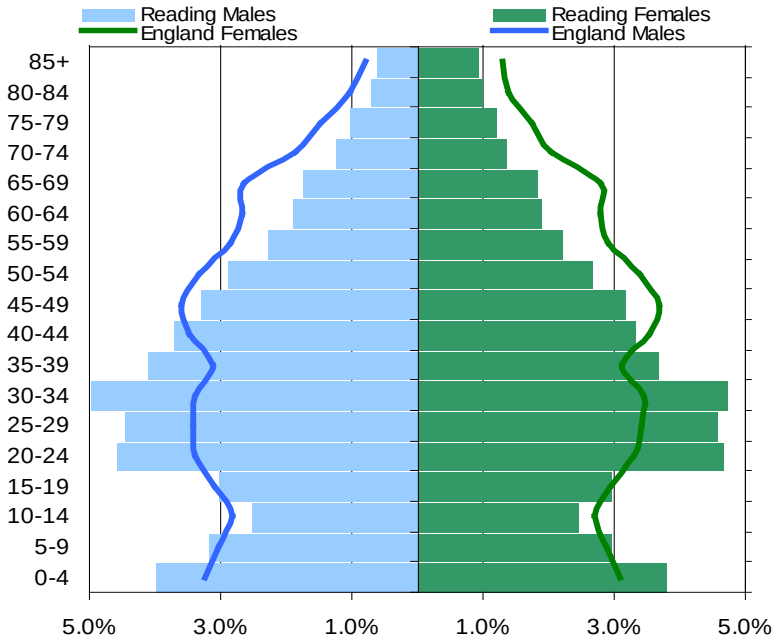
Abbey	Minster	Tilehurst
Battle	Norcot	Whitley
Caversham	Park	
Church	Peppard	
Katesgrove	Redlands	
Kentwood	Southcote	

Reading Borough Demographics

The population of Reading is now 159,247.

Reading has population structure that is very different to the national average. It has a much larger population of young adults and very young children. The older population is also much smaller than the national average.

Figure 2: Reading Borough Council's Population pyramid, compared to the national profile



Source: Annual Mid-Year Population Estimates for the UK, Office for National Statistics 2014

The registered population differs to resident as this is the number of people registered with GP practices based in Reading.

Figure 3: Resident and registered population of Reading Borough Council and other Berkshire Local Authorities

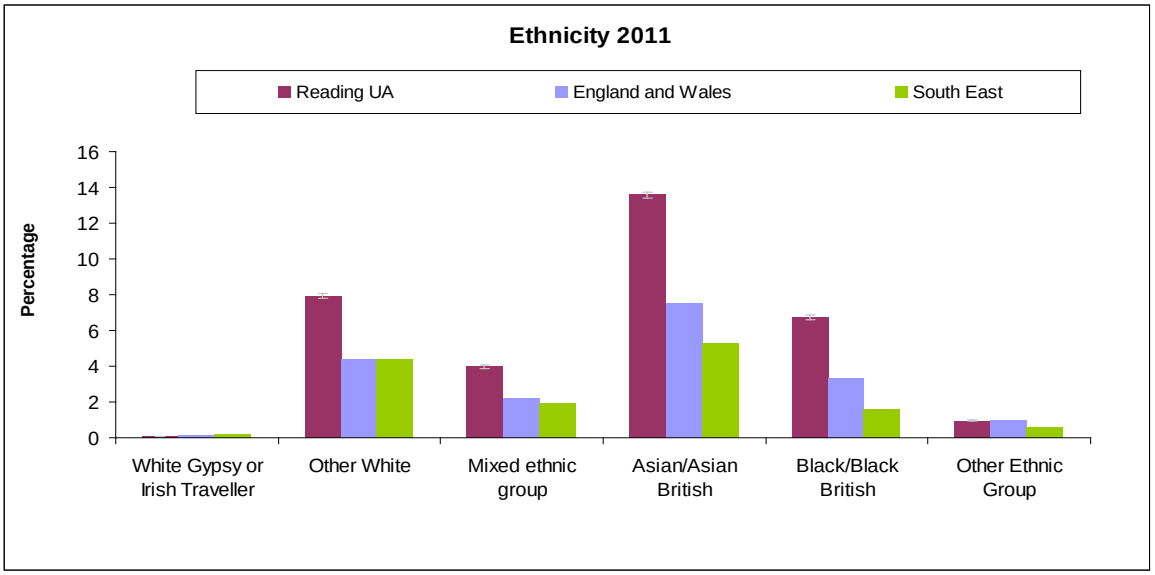
Local Authority	Resident population	Registered population
Reading	**159,247**	**205,209**
Bracknell Forest	116,567	110,216
Slough	143,024	145,848
West Berkshire	155,392	148,126
Windsor & Maidenhead	146,335	165,936
Wokingham	157,866	156,123

Source: Office for National Statistics (2014)

Ethnicity

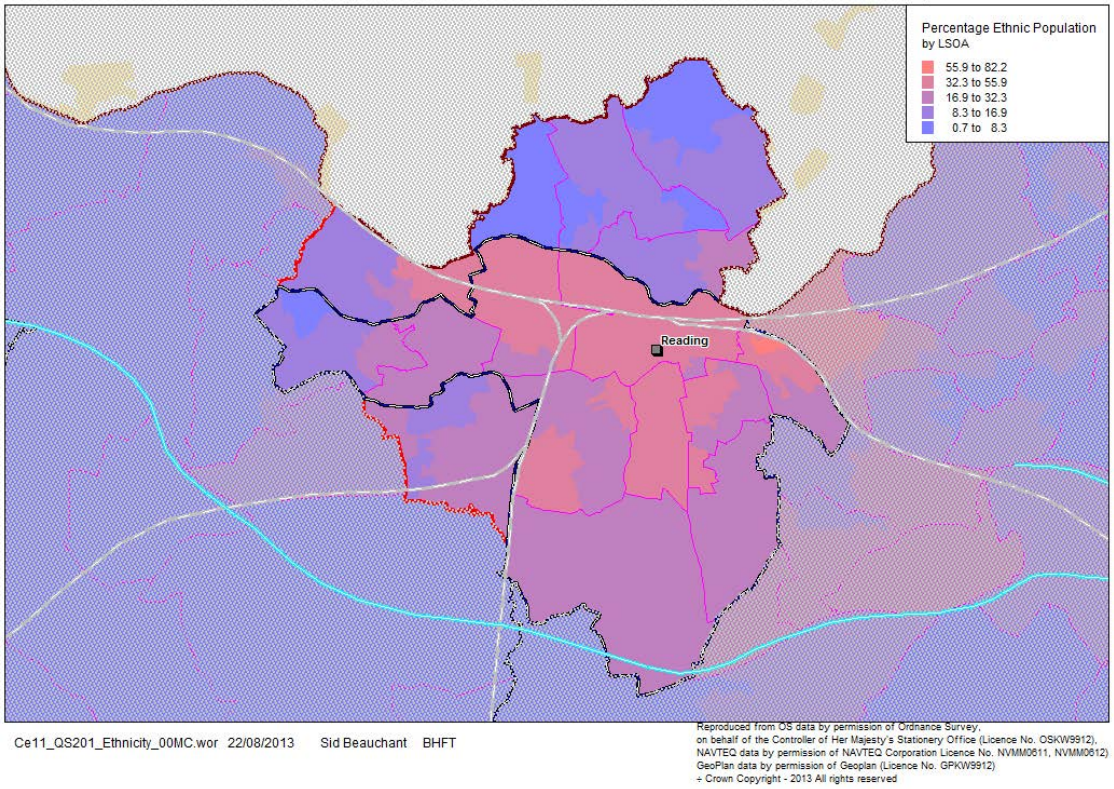
The 2011 Census indicates that the largest ethnic category in Reading is White British (66.79%). The next largest is Asian or Asian British representing nearly 14% of the population. 14.8% (9,256) of households contain multiple ethnic groups compared to 8.9% nationally. With the exception of people who classify themselves as 'Other White', there is a higher proportion of people from all ethnic minority groups living in Reading, than there are nationally and in the South East Region.

Figure 4: Ethnic Origin of non-White British resident population in Reading



Source: Office for National Statistics (2011)

Figure 5: Ethnic minority population in Reading shown at a Lower Super Output Area



Source: Office for National Statistics (2011)

Life Expectancy

Life expectancy for men and women in Reading is lower than the national average.

Figure 6: Life Expectancy for men and women in Reading Borough Council and other Berkshire Local Authorities (2010-12)

Local Authority	Males	Females
Reading	78.4	82.7
Bracknell Forest	80.8	84.0
Slough	78.5	82.7
West Berkshire	80.8	84.6
Windsor and Maidenhead	81.1	84.6
Wokingham	81.6	84.5

Source: Office for National Statistics (2014)

Children

Children in poverty

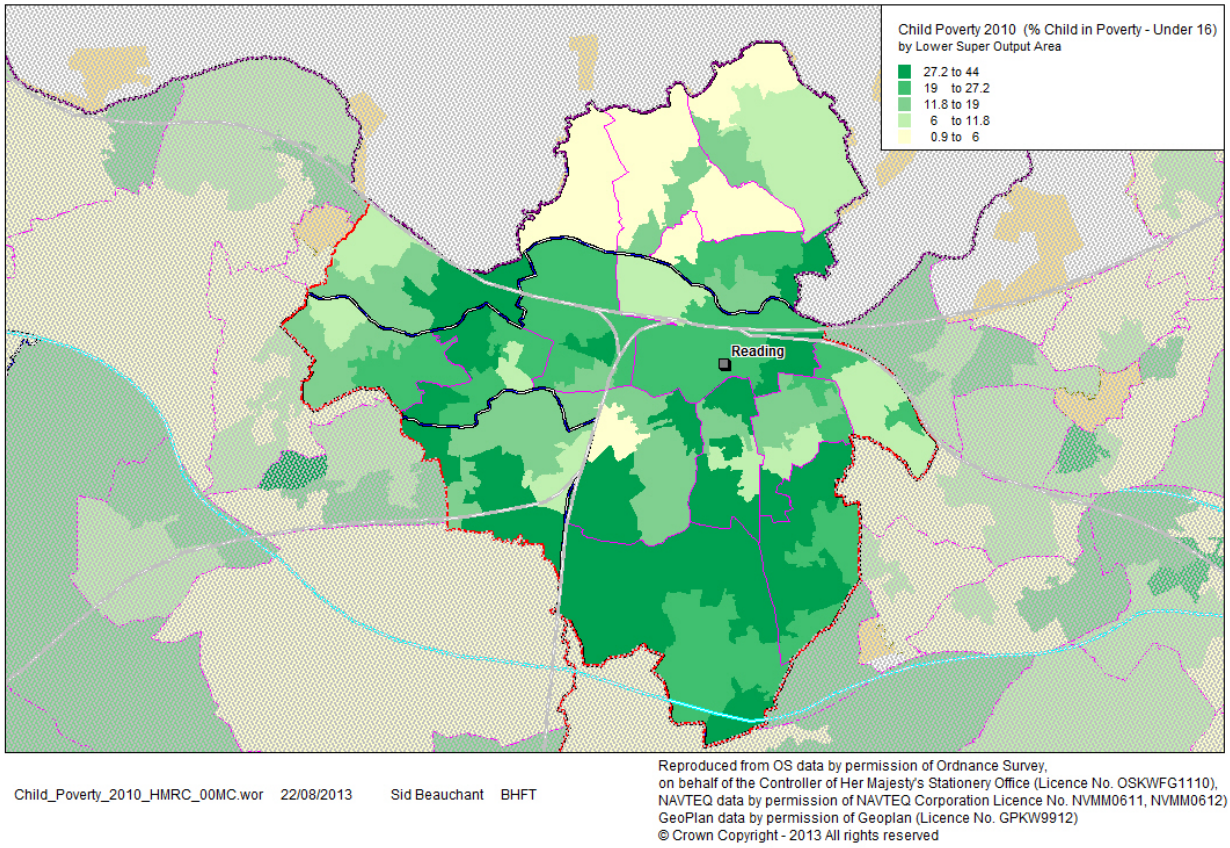
Child poverty and deprivation can be measured in a number of different ways. Figure 7 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 7 also shows the Income of Deprivation Affecting Children Index score (IDACI score), which measures the proportion of under 16s living in low income households. A higher score indicates higher levels of child deprivation in an area.

Figure 7: Level of Child Poverty in the Reading and other Berkshire Local Authorities (2010-12)

Local Authority	% of Children in "Poverty"	IDACI score
Reading	20.7%	0.21
Bracknell Forest	11.7%	0.11
Slough	22.2%	0.26
West Berkshire	10.8%	0.10
Windsor & Maidenhead	9.4%	0.09
Wokingham	6.9%	0.06

Source: HM Revenue and Customs (2011) and Department for Communities and Local Government (2010)

Figure 8: Map to show level of Child Poverty in Reading at a Lower Super Output Area (2010)



Source: Department for Communities and Local Government (2010)

Teenage pregnancies

Figure 9: Under 18 conceptions and conception rates in Reading and other Berkshire Local Authorities (3 year aggregates: 2010-2012)

Area of usual residence	Number of Conceptions	Conception rate per 1,000 women in age group	Percentage of conceptions leading to abortion
Reading	260	36.9	47.3
Bracknell Forest	127	18.4	57.5
Slough	196	25.3	64.8
West Berkshire	217	23.0	48.8
Windsor and Maidenhead	117	14.5	70.9
Wokingham	122	13.8	46.7

Source: Office for National Statistics (2014)

Educational Attainment

Figure 10: Percentage achieving 5+ A*-C GCSE grades, including English and mathematics

Area	%
Reading	**63.6**
Bracknell Forest	63.4
Slough	71.4
West Berkshire	61.3
Windsor and Maidenhead	68.3
Wokingham	70.6

Source: Department for Education (2012/13)

Figure 11: Key Stage 2 results – Percentage achieving level 4 or above by Local Authority

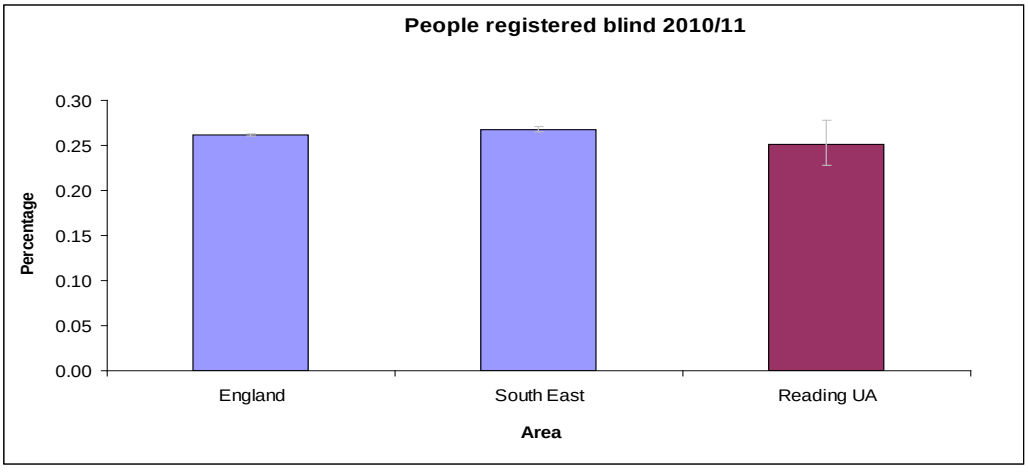
Area	%
Reading	**69**
Bracknell Forest	78
Slough	74
West Berkshire	77
Windsor and Maidenhead	79
Wokingham	81

Source: Department for Education (2013)

Physical disability and sensory impairment

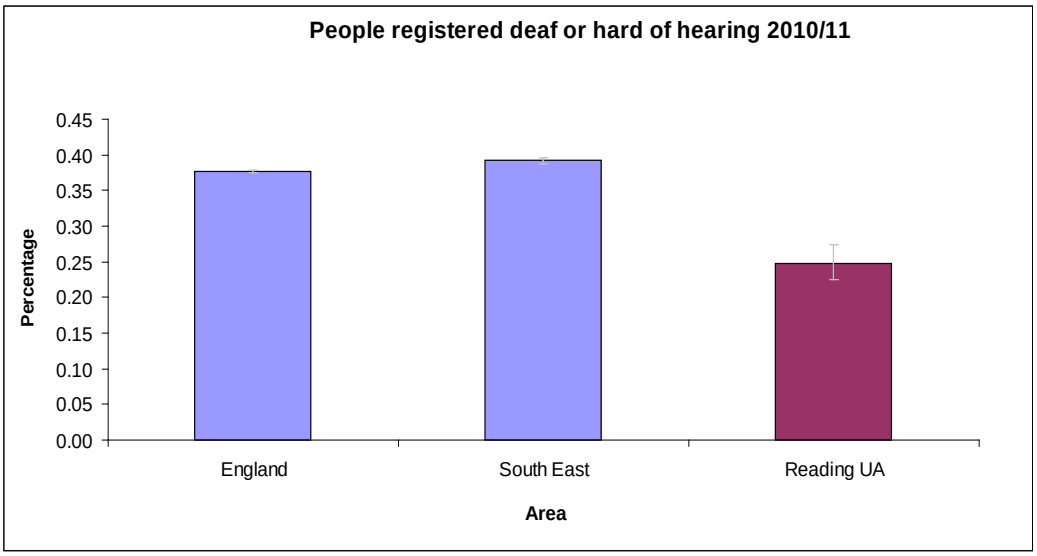
Figures 12 and 13 show the number of people registered as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population. Similar levels of people in Reading are registered as blind, compared with the national average. Fewer people are registered as being hard of hearing or deaf compared to the national average. It is worth noting that registration is voluntary, so there may be people who are blind or partially sighted that have chosen not to be on the register or who are unaware of it.

Figure 12: Percentage of people registered as blind in Reading (2010/11)



Source: Health and Social Care Information Centre (2011)

Figure 13: Percentage of people registered as deaf or hard of hearing in Reading



Source: Health and Social Care Information Centre (2011)

The Projecting Adult Needs and Services Information website uses population projections to estimate how many people aged 18 to 64 will have a visual or hearing impairment from 2012 to 2020. Around 3,050 adults in the Reading Borough are estimated to have moderate or severe hearing impairment in 2012 with 24 estimated to have a profound hearing impairment. These figures are expected to rise to around 3,250 and 27 by 2020. 67 adults are estimated to have a serious visual impairment. The same system also projects how many people aged 18 to 64 will have a physical disability from 2012 to 2020. Around 7,100 people in Reading are estimated to have a moderate physical disability in 2012 with 1,920 estimated to have a serious physical disability. These figures are expected to rise to around 7,250 and 2,000 by 2020.

Provision of unpaid care

7.9% of Reading's population stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 14 provides a breakdown to show the levels of unpaid care provided.

Figure 14: Percentage of people providing unpaid care in Reading and other Berkshire Local Authorities (Census 2011)

Local Authority	All categories: Provision of unpaid care	Provides no unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Reading	**155,698**	**143,383**	**8,074**	**1,642**	**2,599**
Bracknell Forest	113,205	103,531	6,719	1,098	1,857
Slough	140,205	128,579	7,058	1,977	2,591
West Berkshire	153,822	139,534	10,313	1,466	2,509
Windsor and Maidenhead	144,560	131,325	9,604	1,432	2,199
Wokingham	154,380	140,478	10,190	1,397	2,315

Source: Office for National Statistics (2012)

Reading Needs Assessment

Reading at a glance

The health of people in Reading is varied compared with the England average. Deprivation is lower than average, however about 6,400 children live in poverty.

Life expectancy for both men and women is similar to the England average. Life expectancy is 8.5 years lower for men and 7.0 years lower for women in the most deprived areas of Reading than in the least deprived areas.

Over the last 10 years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen but is worse than the England average.

In Year 6, 19.6% of children are classified as obese. The level of teenage pregnancy is worse than the England average. Levels of alcohol-specific hospital stays among those under 18, breastfeeding and smoking in pregnancy are better than the England average.

The estimated level of adult obesity is better than the England average. The rate of sexually transmitted infections is worse than the England average. Rates of road injuries and deaths and hospital stays for alcohol related harm are better than the England average.

Life Expectancy

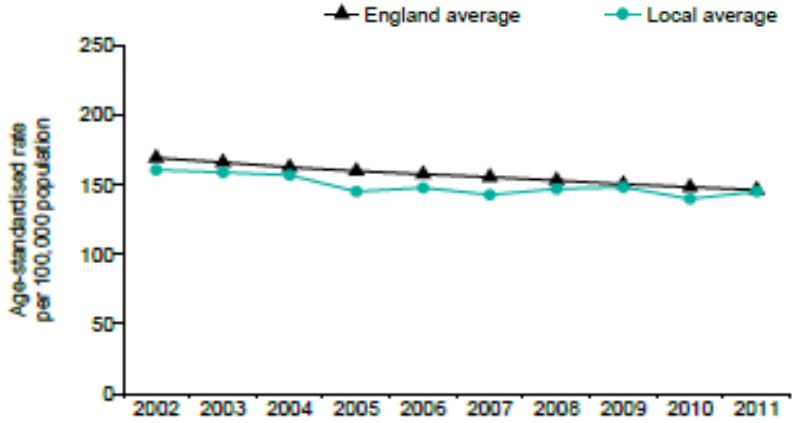
Life expectancy at birth is lower for both males and females at birth than the national average. This is significantly lower for males in Reading.

In line with its neighbours the three common causes of early death (deaths before aged 75 years) are cancer, heart disease and stroke, and lung disease.

Cancer

Cancer is the single largest cause of early preventable deaths (145 per 100,000 population) 815 deaths in Reading between 2008 and 2010 were cancer related (*APHO Local health profile, 2013*).

Figure 15: Rate of deaths from cancer for people aged under 75 in Reading (2002-2011)



Source: Association of Public Health Observatories, 2014 Local Health Profile

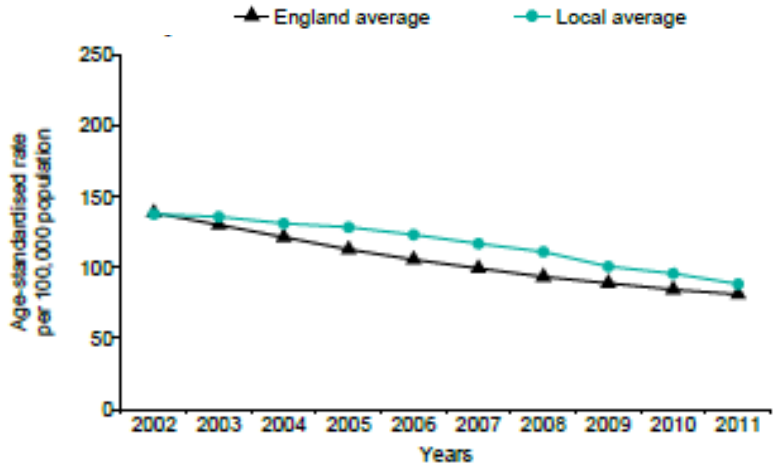
There is a significant focus on the prevention and early diagnosis of cancer as well as more rapid treatment in line with national standards. Screening has reduced deaths for some cancers. Cancer is more survivable if people are aware of symptoms and present to health services at an earlier stage of the disease.

In Reading screening uptake is lower than the national average in both breast and cervical screening, however uptake of the bowel cancer screening, a newer programme, has not delivered against the national target of 60% uptake (uptake in North West Reading CCG is 56% since the start of programme and 44% in South Reading CCG area).

Heart disease and stroke

Heart disease mortality is reducing, but it still is the second leading cause of early death causing 88 deaths per 100,000 in Reading.

Figure 16: Rate of deaths from heart disease and stroke for people aged under 75 in Reading (2002-2011)



Source: Association of Public Health Observatories, 2014 Local Health Profile

The development of cardiovascular disease (CVD) is linked to lifestyle factors such as risky behaviours such as excessive smoking, drinking, poor diet and physical inactivity (*Department of Health, 2013*).

In Reading at least 50 in every 100,000 deaths from CVD for people aged less than 75 years are preventable. This is higher than the national average and similar Local Authorities. An increase in local awareness and uptake of NHS Health Checks programme for eligible population of 40 – 74 year olds would at least in part address this issue.

Long term Conditions

A significant proportion of the population in the Reading Borough will be living with a long term condition. The table below shows the estimated prevalence of the Reading population with the following long term conditions: Coronary Heart Disease (CHD), Coronary Obstructive Pulmonary Disease (COPD), Cardiovascular Disease (CVD), Hypertension and Stroke in comparison with National average.

Figure 17: Prevalence of long term conditions for people aged 16 and over in Reading (2011)

	CHD	COPD	CVD	Hypertension	Stroke
Reading	3.85%	3.42%	9.01%	24.69%	1.74%
England	5.80%	3.64%	11.76%	30.54%	2.55%

Source: Public Health England (2012)

Lifestyle

Smoking

Smoking has long been known to be a major risk factor in many diseases including cardiovascular disease, respiratory diseases and many cancers.

Tobacco use is the single most preventable cause of death in the England – killing over 80,000 people per year. This is greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections (*Action on Smoking and Health, 2013*).

Smoking prevalence in Reading is higher than the national average - 20% of the population smoke and approximately 280 per 100,000 people aged over 35 years will die due to smoking related illnesses. In addition 1,100 people will be admitted to hospital with smoking related illnesses *(Local Tobacco Control Profile 2013*).

Alcohol

Alcohol consumption above these recommended levels is associated with numerous health and social problems. This includes several types of cancer, gastrointestinal and cardiovascular conditions as well as psychiatric and neurological conditions. The social effects of alcohol have been associated with road accidents, domestic violence, antisocial behaviour, crime, poor productivity and child neglect.

Modelled figures show Reading to have higher levels of increasing risk higher risk and binge drinking. Whilst Reading has significantly higher number of violent crimes than the national average, violent crime estimated to be due to alcohol has seen a fall in Reading and this reduction was at its most dramatic between 2011 and 2012 when it fell to under 8 crimes per every 1,000 people.

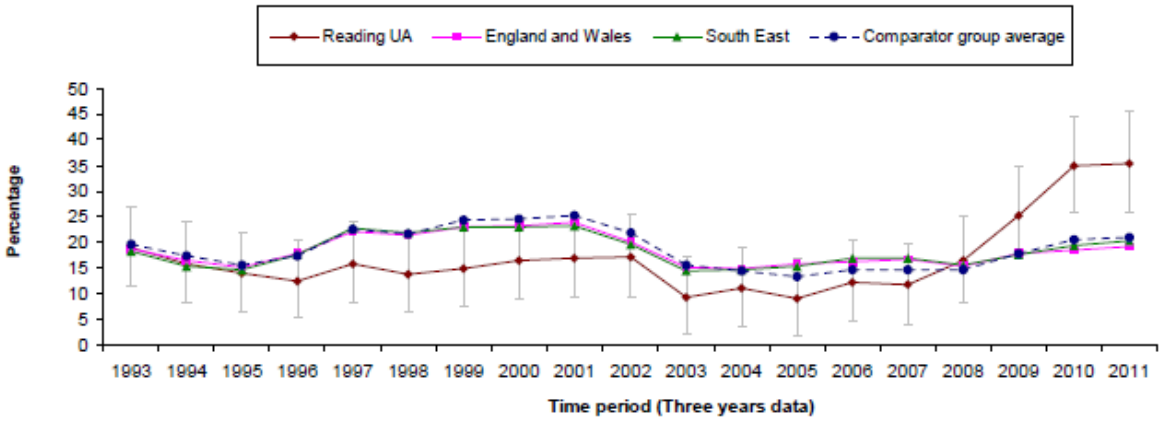
Communicable disease

- **Sexually transmitted disease** - Reading has significantly higher notifications of sexually transmitted diseases than the England average.
- **HIV** - In 2012, there were 324 residents accessing HIV related care in Reading and less than 10 people were newly diagnosed with HIV. Significant numbers of people among them were diagnosed late.
- **Blood-borne Viruses (BBVs)** - In 2012, there were 38 hepatitis B virus cases (acute and chronic) and significantly lower than in the previous years (44 in 2010). Hepatitis C is a major Public Health problem with estimates of large numbers of undiagnosed infections, the majority of which are in current or former injecting drug users. Reading has significantly higher numbers of drug misusers.
- **Tuberculosis** - There were 42 cases of Tuberculosis (TB) among Reading residents in 2012 with an incidence rate of 27 per 100,000 population. Three quarters of TB cases were born outside of the UK. The quality of TB services is high.

Older population

'Excess Winter Death' data show the number of deaths in winter (December to March) compared with non-winter months. Reading has in the past three years seen increasing number of excess winter deaths, and the recent figures show that the numbers are significantly above the national average.

Figure 18: Excess Winter Deaths in Reading (1993 to 2010)



Source: Public Health England (2012)

Flu Vaccination

Public Health England's report *Excess Winter Mortality 2012-13* concluded that excess deaths were found predominantly in the elderly and in deaths coded as resulting from respiratory causes. Their analysis showed influenza to be a major explanatory factor.

Flu immunisation is a Public Health programme that aims to reduce the mortality and morbidity form the influenza virus each year. Whilst targets are almost achieved in the older age groups, there are gaps in the programme aimed at children and those with long term conditions and at higher risk.

Figure 19: Seasonal flu immunisation uptake in Reading (2012/13)

Area	Aged 65 years and over	Aged 6 months to 64 years in clinical risk groups	Pregnant women
Target uptake	75%	70%	70%
Reading *North & West Reading CCG* *South Reading CCG*	75.4% *77%* *73%*	56.2%	42.7%
Berkshire West	75.9%	56.4%	48.3%

Source: IMMFORM, Jan 2013. All figures are derived from data as extracted from records on GP systems or as submitted by GP practices or former Primary Care Trusts.

Monitoring against the Public Health Outcomes Framework (PHOF)

The Public Health Outcomes Framework includes over 60 indicators, which measure key aspects of public health within a Local Authority area. In August 2014, Reading Borough was seen to be "significantly worse" than the England figures on the following measures:

0.1ii	Life Expectancy at birth (Male)
0.1ii	Life Expectancy at 65 (Male)
0.2iv	Gap in life expectancy at birth between each LA and England (Male)
1.01i	Children in poverty (under 20)
1.01ii	Children in poverty (under 16s)
1.02ii	School readiness - % of Year 1 pupils achieving the expected level in the phonics screening check
1.02ii	School readiness - % of Year 1 pupils with FSM status achieving the expected level in the phonics screening check
1.05	16-8 year olds not in education, employment or training (NEET)
1.17	Fuel poverty
2.04	Under 18 conceptions
2.04	Under 16 conceptions
2.20i	Breast cancer screening coverage
2.20ii	Cervical cancer screening coverage
2.21vii	Access to Diabetic Eye Screening
3.05ii	Incidence of TB
4.02	Tooth decay in children aged 5
4.03	Mortality rate from causes considered preventable (Male)
4.08	Mortality from communicable disease (All people, Male, Female)
4.15iii	Excess Winter Deaths (3 years, all ages)

The PHOF uses Berkshire West figures for all of the immunisation indicators, so these cannot be directly attributed to Reading. Most of Berkshire West's childhood immunisation figures are significantly better than the England average and meet the national target.

Local Commissioning Strategies

Reading Health and Wellbeing Strategy

Working in partnership the Reading Health and Wellbeing Board published its first Health and Wellbeing Strategy. The vision of the Board is for:

A healthier Reading with communities and agencies working together to make the most efficient use of available resources, to improve life expectancy, reduce health inequalities and improve health and wellbeing across the life course.

The Strategy recognises that health is impacted by many aspects of normal daily living for example, where you live, your links with your community and your experience of loneliness. Working with and through communities underpins the approaches in the Health and Wellbeing Strategy.

The key health needs identified in the Strategy are:

Children:

- low child immunisation numbers in Reading
- under 18 conceptions are significantly more than the England average
- There are significantly more children living in poverty that the England average
- There are 4 times the number of children on child protection plans that the South East average

Adults

- Tuberculosis rates have remained stable at high levels in Reading - over double the national average
- Acute sexually transmitted illnesses are 50% above the England average
- Drug misuse is 50% higher than England average
- Rates of violent crime are higher than the England average
- Increasing rates of diabetes and other long term conditions

Older adults

- Reading has higher than expected numbers of winter deaths (more people are dying in winter than in the warmer months), which may be related to the relatively high number of older homes,
- Lower than targeted numbers of older people having a seasonal flu vaccine

Figure 20: Goals of the Health and Wellbeing Strategy in Reading

CCG Strategy

The Operational Plans for North & West Reading CCG and South Reading CCG are attached at Appendix 2 and Appendix 3 respectively.

Current Pharmacy Provision

Core Pharmaceutical services are provided through the National Pharmacy Contract which has three tiers:

- Essential Services
- Advanced services
- Enhanced Services

This contract is managed by NHS England (Thames Valley Area Team locally)

However in addition community pharmacy can be commissioned by

- CCGs - local commissioned services to support local needs and service transformation
- Local authorities - locally commissioned services to support local needs

There are currently 33 community pharmacies in Reading and 162 across Berkshire. These provide the essential services and a range of advanced and enhanced services. The types of business vary from multiple store organisations to independent contractors. There are three 100 hour pharmacies in Reading.

Pharmacy of course is also available at our Hospital sites across Berkshire: There are pharmacies at Wexham Park Hospital, Royal Berkshire Hospital and Frimley Park Hospital. These are open to 6pm on weekdays and limited hours at weekends. However, they only dispense hospital prescriptions and will not do Standard Operating Procedure FP10 Prescriptions. They do not sell any products and do not offer any additional services to the public.

<u>Essential Services</u>

The following services form the core service provision required of all 33 Reading pharmacies as specified by the NHS Community Pharmacy Contract 2005.

- **Dispensing** - Supply of medicines and devices ordered through NHS prescriptions together with information and advice to enable safe and effective use by patients. This also includes the use of electronic RX (electronic prescriptions). Community pharmacies support people with disabilities who may be unable to cope with the day-to-day activity of taking their prescribed medicines.
- **Repeat dispensing** – Management of repeat medication in partnership with the patient and prescriber.
- **Disposal of unwanted medicines** – acceptance, by community pharmacies, of unwanted medicines which require safe disposal from households and individuals.

- **Signposting** - The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
- **Public Health promotion** – Opportunistic one to one advice given on healthy lifestyle topics such as smoking cessation.
- **Support for self care** - Opportunistic advice and support to enable people to care for themselves or other family members.
- **Clinical governance** – Requirements include use of standard operating procedures, ensuring compliance with the Disability Discrimination Act and following quality frameworks to ensure safe delivery of services

Advanced Services

Currently the only Advanced Services which are commissioned nationally are Medicine Use Review (MUR), Appliance Use Review (AUR) and Prescription Intervention Service. The MUR and AUR services provided by pharmacists are to help patients in the use of their medication and appliances. A MUR includes what each medicine is used for, side effects and if the patient has any problem taking them. The Prescription Intervention Service is in essence the same as the MUR service, but conducted on an ad hoc basis, when a significant problem with a patient's medication is highlighted during the dispensing process.

Enhanced Services

The following enhanced services that are currently commissioned, as at August 2014 by:

Public Health within the council:

- **Supervised consumption** - This service requires the pharmacist to supervise the consumption of opiate substitute prescribed medicines at the point of dispensing in the pharmacy so ensuring that the dose has been administered to the patient.
- **Needle exchange** - The pharmacy provides access to sterile needles and syringes, and sharps containers for return of used equipment. The aim of the service is to reduce the risk of blood borne infections that are prevalent in people who inject drugs.
- **Chlamydia Screening** – Pharmacists supply Chlamydia Screening Postal Kits to any person aged between 15 and 24 upon request and will opportunistically offer Chlamydia Screening Postal Kits to young people attending the pharmacy who may be sexually active. This service aims to improve access to Chlamydia screening and so reduce the prevalence of Chlamydia.
- **Emergency Hormonal Contraception** - Pharmacists supply Emergency Hormonal Contraception (EHC) also known as the 'morning after pill', when appropriate to patients in line with the requirements of a locally agreed Patient Group Direction (PGD).

- **Smoking Cessation Services** – Working with the main provider of Smoking cessation services pharmacies provide a range of support including medication to people who want to give up smoking.
- **NHS Health Checks** - Pharmacies are commissioned to deliver NHS health checks to anyone aged 40 – 74, who does not have an existing cardiovascular condition. This provides the individual with an assessment of their risk on developing heart disease and allows signposting to GP follow up or health promotion services e.g. weight reduction / smoking cessation

The CCGs within Berkshire:

- **Palliative Care Urgent Drugs Scheme** - making available locally a list of medication that may be required urgently for palliative care patients. A number of pharmacies ensure they keep the items in stock and can be accessed out of hours if required.

Advice to care homes is not available through community pharmacy but is provided by the medicines management teams in each CCG. This service provides support to staff within care homes, over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost effective use, their safe storage, supply and administration and proper record keeping. This service is to improve patient safety within the care home and to ensure the safe storage, supply and administration of medicines.

NHS England:

- **Flu Immunisation** - A pilot scheme was developed to increase flu vaccination availability in high risk groups through community pharmacy. In 2014 this scheme is being extended across Berkshire.

Private Services**:**

Some pharmacies offer private services, which are not commissioned, but are available to customers for additional payment e.g. diabetes screening.

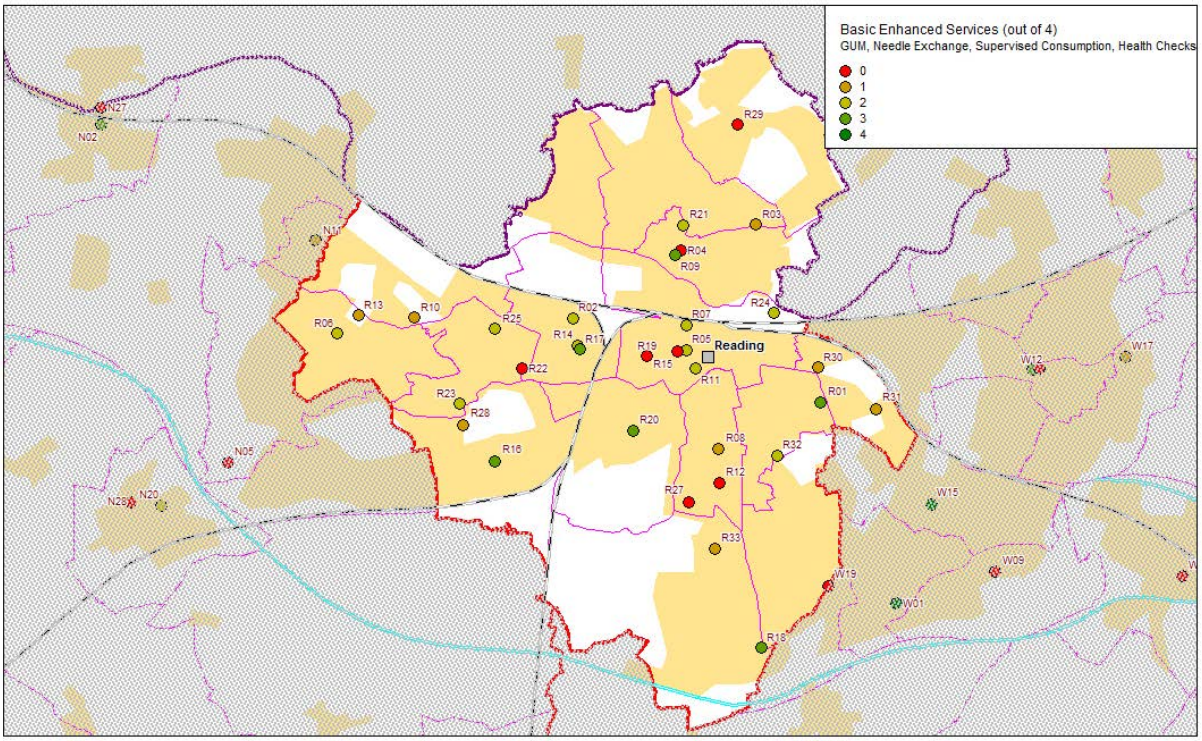
Pharmacy provision - current

Identified Health Needs	Current service provision Community pharmacy
Adults Self care	Signposting is part of core contract
	Medicine utilisation reviews
	Health Promotion campaign part of core contract
Smoking	Solutions for Health sub contract
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units
Cancer	Health promotion campaigns - Bowel Screening as part of core contract.
Cardiovascular disease	NHS Health Checks
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews
Older people Winter excess death Winter warmth Flu Immunisations Falls	 Pilot of Flu immunisation to at risk groups
Dementia	Friends trained
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Signposting to Chlamydia screening
Substance misuse	Needle exchange Supervised consumption

Current Pattern of Enhanced services

For more details see Appendix 4.

Figure 21: Map of Pharmacies in Reading to show how many of the Basic Enhanced Services are provided



Other Service Providers

Dispensing Contractors

In addition to community pharmacies, to ensure access in defined rural areas (controlled localities) - GPs may provide dispensing services to patient who live more than 1.6km from a pharmacy. Reading however does not have any rural areas that meet the required definition and so Reading does not have any dispensing doctors

Out of area service providers

Residents can of course access pharmacies in other areas and Reading borders with the following Local Authorities:

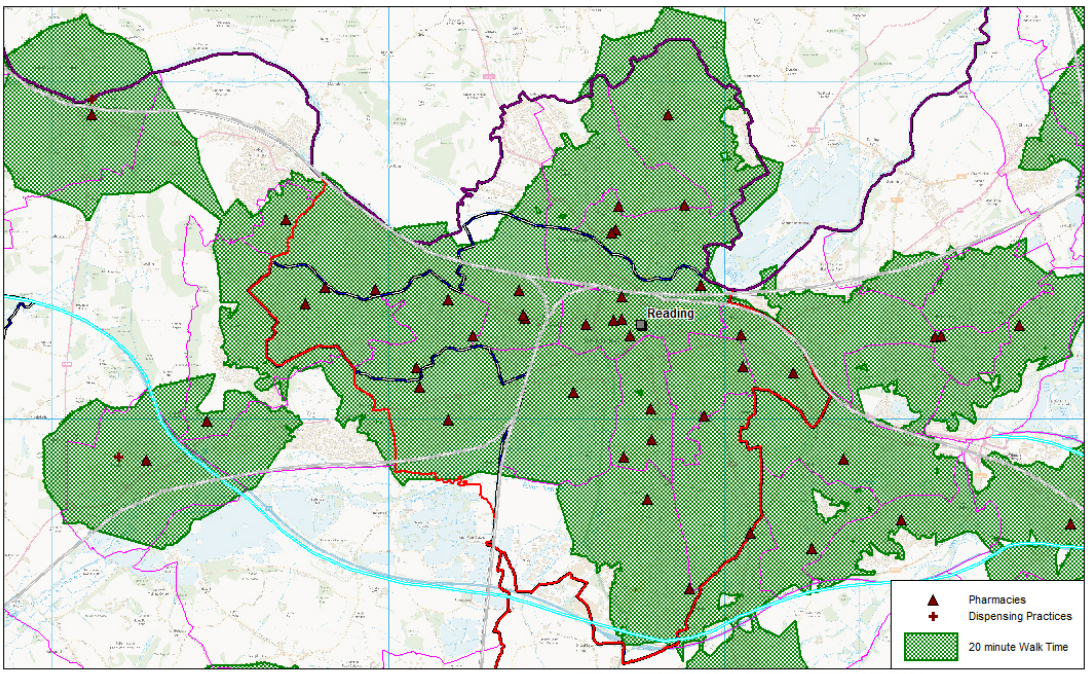
- Oxfordshire
- Wokingham
- West Berkshire

Pharmacy Access and Services

One measure of accessibility is the number of patients that can get to a pharmacy within 20 minutes driving time (see Appendix 5). For Reading it can be seen that all of the population can access a pharmacist within this time.

Within Reading we have also mapped the access within 20 minutes walking time.

Figure 22: Population of Reading that can get to a pharmacy within a 20-minute walk time



Berks_PNA_Jul14_v1.wor 14/07/2014 Sid Beauchant BHFT

In this analysis it can be seen that the there are two areas with limited accessibility: North West (part of Caversham Heights) and South West - however at this time the Southern area has limited housing. It is estimated that only 5,000 people cannot access a pharmacy under this much more stringent measure.

<u>Opening Hours</u>
A survey was undertaken of all pharmacists in Reading. 28 providers out of 33 providers took part on this survey. The following information is taken from the survey.

All respondents are open Monday to Friday between 6am and 11pm depending on the day of the week. 86% of providers are open on Saturdays, with 43% open on a Sunday. In addition Reading has three '100 hour per week' pharmacists.

Consultation Facilities

To deliver the advanced services e.g. medicines utilisation reviews and to potentially support patients with more knowledge on their illnesses and increase patient confidence in self care, pharmacist will need an area to provide this level of support in a confidential setting.

In Reading 79% of providers have wheelchair accessible consultation facilities, an additional 7% have a consultation space however it is not wheelchair accessible. Only 7% do not have consultation space available.

Advanced services

Within Reading a significant number of pharmacies provide advanced services for medicines, though this is not the case for appliance care and customisation services.

Figure 23: Reading Pharmacy response to question about the provision of Advanced Services

	Yes	Soon	No
Medicines Use Review service	25 (89.3%)	2 (7.1%)	1 (3.6%)
New Medicine Service	24 (85.7%)	2 (7.1%)	2 (7.1%)
Appliance Use Review service	0 (0%)	3 (10.7%)	25 (89.3%)
Stoma Appliance Customisation service	0 (0%)	1 (3.6%)	27 (96.4%)

Additional language availability

There are a wide range of additional languages spoken within the community pharmacy setting which is important in Reading given its large number of BME communities. These include a wide range of Asian and European languages

Collection and Delivery Services

Many patients with long term conditions have ongoing medication requirements. For them collection and delivery services may be crucial for accessing their prescriptions – having the prescription collected from the GP surgery and then delivered to their home. 93% of pharmacists in Reading offer free collection from the surgery services.

In addition 86% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility. An additional 7% of pharmacists will offer this service but will charge for the service.

IT connectivity

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they are to play a role in transformed services. 92% of pharmacies in Reading have IT connectivity, and the rest are updating to have good connectivity in the coming year.

Analysis of User Survey

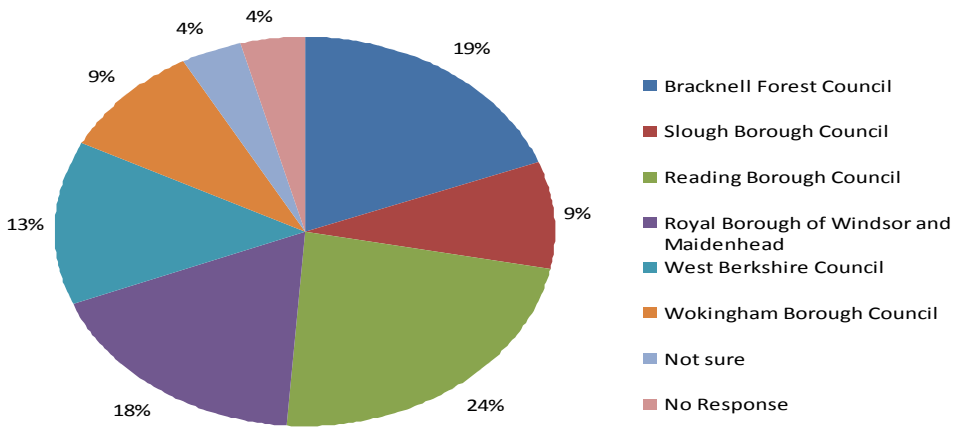
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services.

The survey was circulated in a number of ways. The survey was available at all of the local community pharmacists; the anonymous paper based surveys were then collected from these locations by courier. In addition the survey was available electronically on the Councils website. Posters in the pharmacies and press releases in the local papers tried to increase local awareness of the survey and to encourage participation.

Respondents

The survey was sent out across Berkshire, with 2,048 people responding. The responses by Local Authority are shown below.

Figure 24: Which local authority area do you live in?



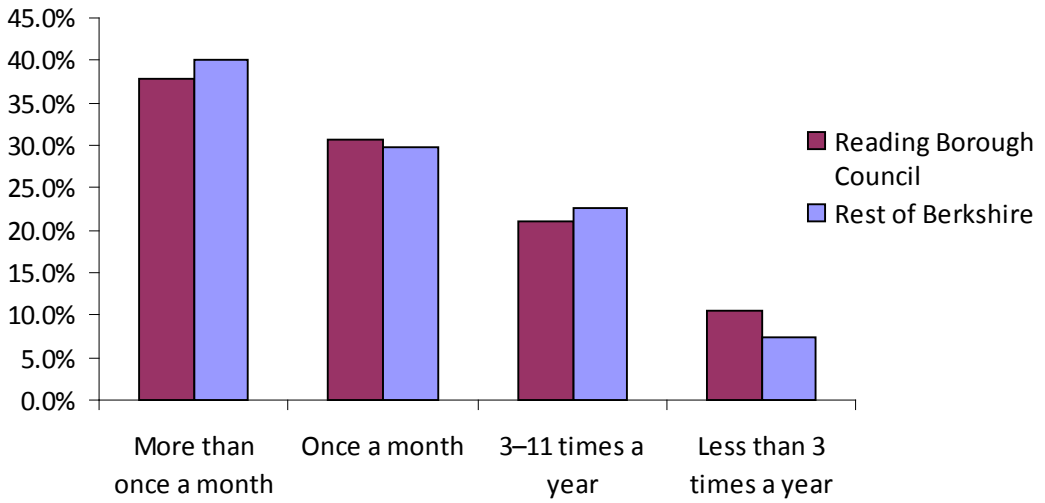
In Reading there were 468 responses making up 23% of the total replies. Of these 75% were from respondents that classed themselves as white British and 6% as white other. The most common age groups that responded in Reading were younger than the rest of Berkshire with 20% being 35-44 and 19% aged 45-54.

Pattern of use

Residents were asked what services they used: 94% replied that they used community pharmacy, 4% a dispensing appliance supplier (someone who supplies appliances such as incontinence and stoma products) and 3% internet pharmacy. These results are a similar pattern of use to the rest of Berkshire.

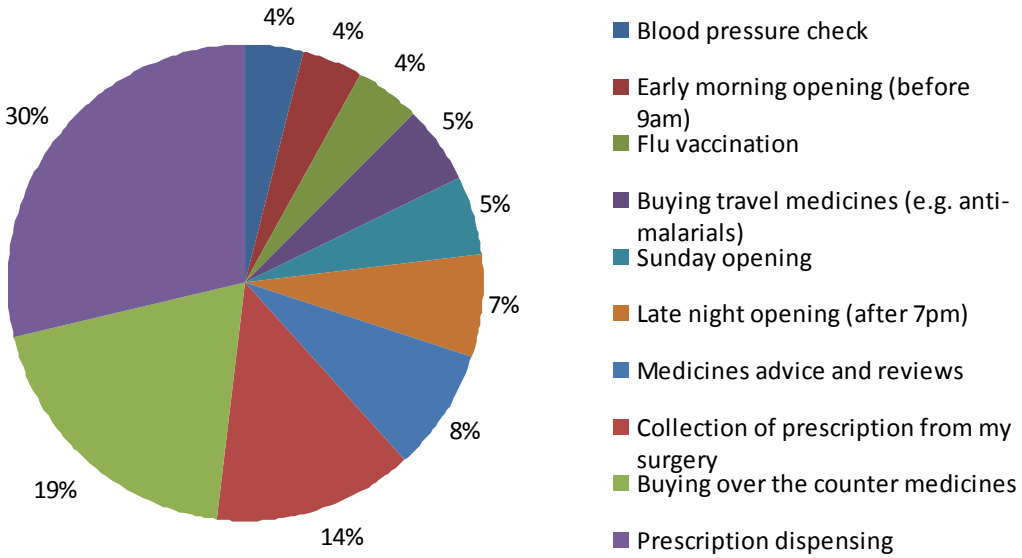
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a slightly lower usage than the rest of Berkshire but not significantly.

Figure 25: How often do you use a pharmacy?



Additionally residents were asked about the type of services they currently use at their local pharmacy: As could have been expected the most common reason is to get prescriptions dispensed (30%) and buying over the counter medicines (19%). The results show how the respondents value to (voluntary) collection of prescription service provided by pharmacists.

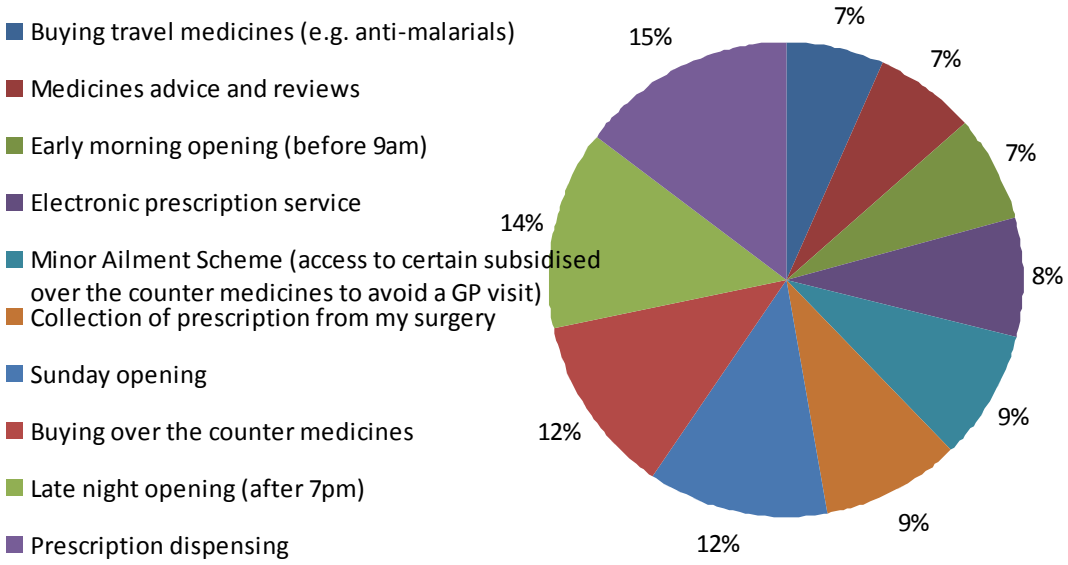
Figure 26: Which of the following service do you currently use at a pharmacy?



We also asked respondents' about the type of services they would like to see at a community pharmacy, whilst dispensing and medicines are still important

and respondents again wish to see extended opening times, 14% would like to see late night opening and 12% Sunday opening.

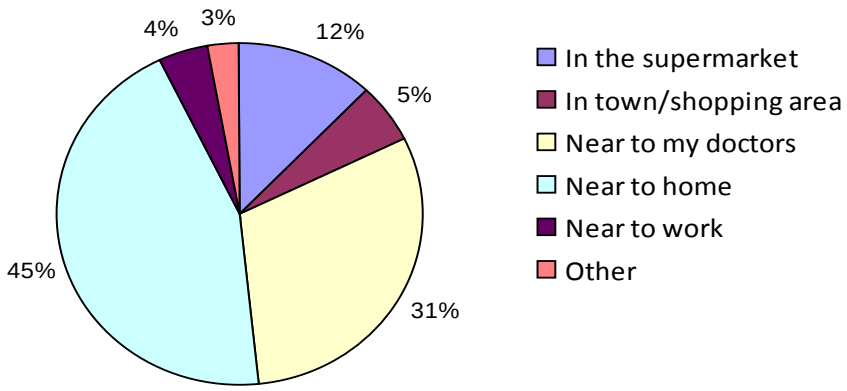
Figure 27: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)



Access to pharmacy

Respondents state they have good access to services with 99% being able to access the pharmacy of their choice, which is slightly higher than the rest of Berkshire response (98%). The commonest reason was proximity to home (45%) with 30% stating that proximity to GP was the key factor.

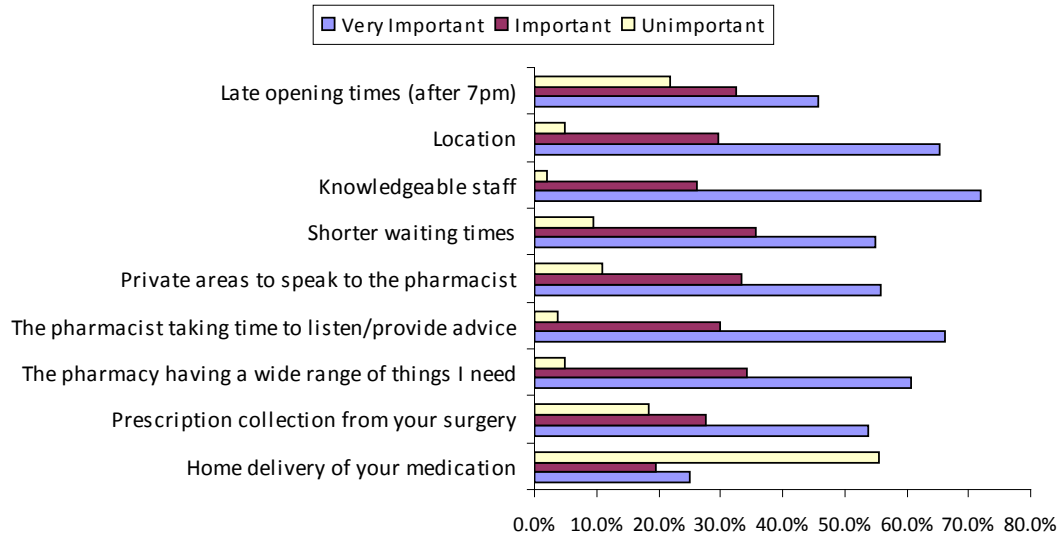
Figure 28: Reason for choice of pharmacy



More respondents' access pharmacy on foot (52%) with 36% using the car. 84% of respondents can access services within 15 minutes and 14% within 15-30 minutes.

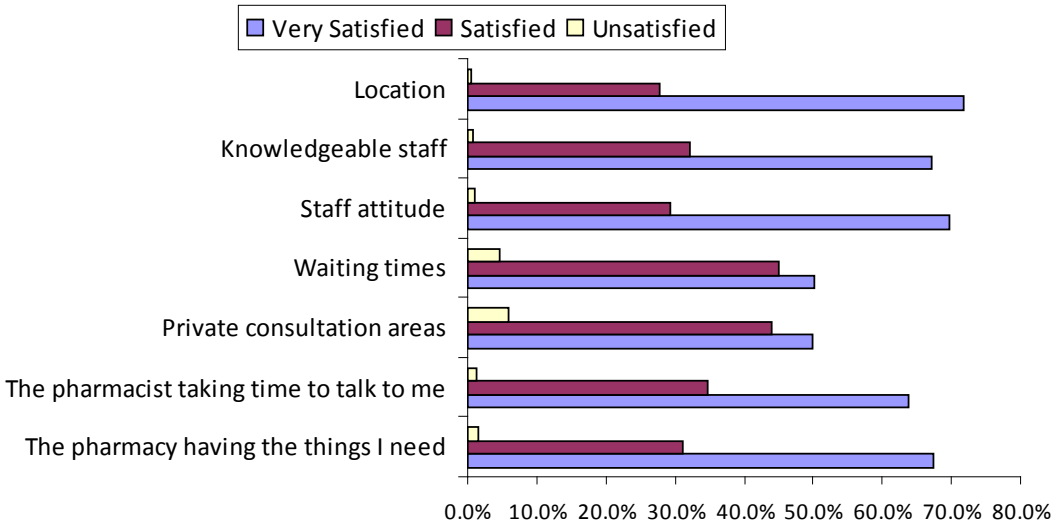
We asked respondents to rate the importance of the various services that pharmacies offer. Key is the availability of knowledgeable staff, closely followed staff having time to listen and give advice and convenient location.

Figure 29: How important are the following pharmacy services?



The final section of the survey tested the respondents' satisfaction with services. As has been seen there is a high level of satisfaction across all areas, the lowest level of satisfaction was with the waiting times and private consultation space – for waiting time 5% expressed dissatisfaction and consultation space 6%.

Figure 30: How satisfied were you with the following services at your regular pharmacy?



Recommendations

The regulations governing the development of pharmaceutical needs assessments requires an assessment of pharmaceutical services in terms of:

- Services currently commissioned that are necessary to meet a current need
- Services not currently commissioned that may be necessary in specified future circumstance
- Services not currently commissioned that may be relevant in the future because they would secure improvements or better access to pharmaceutical services to address needs identified in the population.

Essential services

In order to assess the provision of essential services against the needs of our population we mapped and assessed the location of pharmacies, their opening hours and the provision of other dispensing services. These factors we consider to be key factors in determining the extent to which the current provision of essential services meets the needs of our current population.

Access

Current pattern of services provides good physical access to patients, with no gaps in the 20 minute drive time test. Reading in comparison to Berkshire is not as affluent (see Appendix 8), car ownership is therefore lower so we have also mapped the walking times. As has been shown access to pharmaceutical services is still good with few residents being unable to access a pharmacy under this measure.

Opening Hours

All respondents are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 86% of providers are open on Saturdays, with 43% open on a Sunday. In addition Reading has three '100 hour per week' pharmacists.

Patient views

94% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the Borough. 99% are able to access the pharmacy of their choice, with 84% being able to access services within 15 minutes. There were lowest levels of satisfaction were seen with private consultation space 6% and waiting times 5% though the levels of dissatisfaction are low.

Conclusion - Essential services

Overall the findings show that the pharmacy services currently provided are comprehensive and address the needs of Reading residents.

In addition it is noted that in both the Health and Wellbeing Strategy and the CCG commissioning plans there is a focus on self care, health promotion and early intervention services. In essence making it easier for residents to access information to understand and manage their own condition with expert professional advice and intervention as needed. Pharmacists have a key role to play in this and as this is a core essential service we would encourage all commissioners to work collaboratively with community pharmacy in this endeavour.

- Promotion of healthy lifestyles
- Prescription linked interventions
- Public health campaigns
- Signposting
- Support for self care

Advanced services

The advanced services are:

- Medicines Use Review and Prescription Intervention (MURs)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

These services aim to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require and highlighting any appropriate changes to the patient's GP to change their prescription.

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies, this was explored in some depth in the pharmacy contractor survey. 86% of pharmacies in Reading provide access to consultation areas. In addition there is good provision of MUR medicine services with a minimum of 86% of respondents providing this care which is of particular importance to patients with long term conditions.

Conclusion - advanced services

Again the purpose of advanced services fits well with the local population and the increasing numbers of residents with ongoing conditions and fits with the Health and Wellbeing Strategy and CCG strategic plans.

Pharmacists through their role in dispensing and MUR services can identify key residents at risk of complications and support their care. We will continue

to work with our pharmacy contractors to develop extensions to MUR services to widen access and target provision with high priority patient groups, for example with patients at risk of diabetes as an identified need.

We will also work with pharmacy contractors, the LPC and LMC to improve understanding and awareness of MUR among patients and the public.

Locally Commissioned Services

Whilst it seems that there are sufficient numbers of pharmacies within Reading the JSNA has identified a number of needs that in the future pharmacists could potentially address.

Figure 31: Summary of identified health needs and potential developments in Reading

Identified Health Needs	**Current service provision Community pharmacy**	**Potential community pharmacy development**
Adults Self care	Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice, "Making every contact Count" – building on the home delivery services offered freely through many pharmacies to identify frail patients at risks and support preventative integrated care
	Medicine utilisation reviews	To build on MUR and support wider information on the specific illness / motivational interviewing etc – e.g diabetes,
	Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Smoking	Solutions for health sub contract	Widen participation of community pharmacy
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer	Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease	NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
Anxiety and depression		Opportunistic identification of at risk groups to sign post to support services
High use of accident and emergency Minor Ailments	Previous minor ailment pilots	Potential of pharmacy to act as first port of call in a range of minor ailments to reduce use of GP and A&E to
Older people Winter excess death Winter warmth Flu Immunisations	 Pilot of Flu immunisation to at risk groups	Sign post vulnerable groups to support services Widen availability of flu immunisation to all groups
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Chlamydia screening and treatment by PGD	LARC

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Substance misuse	Needle exchange Supervised consumption	PGD - naloxone therapy BBV testing and treatment
Infectious diseases TB Blood borne viruses HIV		Potential opportunity to increase and sign post new residents at risk of TB to screening services TB Supervision Potential opportunity to increase and sign post new residents at risk of BBV to screening services Potential opportunity to increase and sign post new residents at risk of HIV to sexual health services

Figure 31 shows identified health needs that could be addressed through commissioning of pharmaceutical services subject to a robust business case and contractual negotiations.