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2 Process

Key messages

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

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

A 60-day consultation was undertaken from 1 July to 1 September 2022 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation was reported and reflected on in the final PNA report.

2.1 Summary of the process followed in developing the PNA

In 2018, Blackburn with Darwen, Blackpool and Lancashire County Council updated the 2015 PNAs, in line with the 2012 regulations. An extract of these regulations can be found in **appendix 1**.

The legal regulations state that each PNA should have a maximum lifetime of three years. The full PNA process was therefore reinitiated with a view to final publication by 1 October 2022. It includes updated information from the previous PNAs and engaged key stakeholders in identifying any new relevant issues.

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

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

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

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

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

2.2 Stakeholders involved in the development of the PNA

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

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

2.3 How stakeholders were involved

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

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

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

Views on the PNA draft findings were sought from the public across pan-Lancashire and other interested parties through a formal 60-day consultation running from **1 July to 1 September 2022**. The draft 2022 PNA was published on Lancashire County Council's 'Have your say' website for stakeholders to review the full PNA.

All neighbouring HWBs were also informed that the PNA was being consulted on. The neighbouring HWBs are Cumbria, North Yorkshire, Bradford and Airedale, Calderdale, Rochdale, Bury, Bolton, Wigan, St. Helens, Knowsley, and Sefton.

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

2.4 Localities used for considering pharmaceutical services

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

2.5 Methods for identifying providers of pharmaceutical services

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

2.6 Assessment of need for pharmaceutical services

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

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

2.7 Local impact of the new national pharmacy contract

The announcement of a new five-year community pharmacy contractual frameworkⁱⁱ (referred to as the pharmacy contract) agreed between the Department of Health and Social Care, NHS England and NHS Improvement, and the Pharmaceutical Services negotiating Committee (PSNC) was announced in 2019 for 2019-2024. It included the cessation of certain funding streams and services and these be replaced by new services, all supported by a five-year flat funding deal. This gave pharmacy a stable financial basis on which to plan for the next five years. However gave no protection against rising inflation and staff costs in delivering the pharmacy contract.

Due to the effect of the Covid-19 pandemic, community pharmacies had to adapt their open-door approach to providing pharmaceutical care and services in a Covid-19 secure way.

Legislationⁱⁱⁱ was amended to allow the Secretary of State for Health and Social Care to declare an emergency, which allowed the flexible provision of pharmaceutical services, to help maintain those pharmacy services during the pandemic.

New services were temporarily introduced to pharmacy, eg the pandemic delivery service (excluding Distance selling premises who are already required to deliver all dispensed items to patients and therefore this service does not apply to them), the Covid-19 lateral flow device distribution service (people could collect a kit from their local pharmacy) to support the population. At the time of writing (Feb 2022), these services are now being stepped down and community pharmacies are now supporting the restoration of health care provision across primary care by delivering the new services specified in the five-year community pharmacy contractual framework.

The NHS Long Term Plan published in January 2019 was written in response to concerns about funding, staffing, increasing inequalities and pressures from a growing and ageing population, whilst expressing optimism about the possibilities for continuing medical advance and better outcomes of care.^{iv} The NHS Long Term Plan takes all three of these realities as its starting point, keeping all that's good about the health service and its place in national life, whilst tackling head-on the pressures NHS staff face, while making extra funding go as far as possible whilst accelerating the redesign of patient care to future-proof the NHS for the decade ahead. This NHS Long Term Plan sets out how this will be achieved.

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

When the reforms were introduced, it was feared that they would have an impact on the financial viability of pharmacies. The pharmacy reforms implemented a change in the structure of fees for community pharmacy under the Drug Tariff, which potentially indicated a reduction in income. The introduction of the Pharmacy Access Scheme, the Pharmacy Quality Scheme and the Pharmacy Integration Fund have helped support community pharmacies to adapt and support income to ensure that services have not been negatively affected by the reforms.

However, NHSE/I has seen a significant reduction in the numbers of pharmacies across its area due to consolidation of pharmacies and closures due to financial pressures. The impact of the pandemic has had wide-ranging effects on pharmacies, including staff retention and recruitment, exhaustion, illness, etc. A consequence of this has been that there have been widespread changes to opening hours which, to date, have not had a significant impact on services provided. It is expected that future NHS reforms, through the creation of integrated commissioning boards/systems, will have a positive effect on pharmacy services with pharmacy input becoming more evident across a range of health services.

Below are examples of changes to the NHS community pharmacy contract in 2021/22.

New Medicine Service (an Advanced Service)

From 1 September 2021 several changes have been made to the New Medicine Service (NMS) which provides support to patients to maximise the benefits of their newly prescribed medicines. The main changes are

- Patients prescribed a new medicine for an extended list of conditions are now eligible for an NMS (either through referral by healthcare professionals such as GPs, practice

nurses and clinical pharmacists) or by the pharmacy team advising the patient about the service

- The service can now be offered to support parents/guardians/carers of children and adults newly prescribed eligible medicines who could benefit from the service, but where the patient is not able to provide informed consent
- A catch-up NMS will run until 31 March 2022, which provides for patients who did not get NMS support when the medicine was first prescribed, due to the Covid-19 pandemic

Hypertension case-finding service (An Advanced Service)

From 1 October 2021, a hypertension case-finding service has been commissioned in pharmacies. This service is to improve coverage of blood pressure checks by GPs working proactively with community pharmacies to improve access to blood pressure checks.

The service has three aims -

- Identify people aged 40 yrs. and over with undiagnosed high blood pressure, and refer then to general practice to confirm diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements
- Provide another opportunity to promote healthy behaviours to patients

Pharmacy Quality Scheme (PQS)

The PQS supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. The main requirements which community pharmacy teams will be aiming to meet are

- Anticoagulation audit. If any concerns are identified, they will be notifying the patient's GP
- Respiratory patients will be referred to an appropriate healthcare professional.
- Inhaler technique checks
- Return of unwanted and unused inhalers. This supports the NHS Long Term Plan's aim for a more sustainable NHS, to reduce the climate impact of inhalers.
- Flu vaccination
- Antibiotic review to help ensure safe and effective use
- Encouraging uptake of Covid-19 vaccinations
- Weight management – measurement, advice and referral to weight management services/programmes

2.8 Future PNAs and supplementary statements

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

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

References

ⁱThe National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Available at: <http://www.legislation.gov.uk/ukxi/2013/349/made>

ⁱⁱ Community Pharmacy Contractual Framework: 2019 to 2024

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

ⁱⁱⁱ THE NATIONAL HEALTH SERVICE ACT 2006 The Pharmaceutical Services (Advanced and Enhanced Services and Emergency Declaration) (Amendment) (England) Directions 2022

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^{iv} <https://www.longtermplan.nhs.uk/>