


<p align="center"><b>Health and Wellbeing Board</b> Tuesday 20<sup>th</sup> February 2018</p>	
<p><b>Report of the London Borough of Tower Hamlets</b></p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Tower Hamlets Pharmaceutical Needs Assessment 2018</b></p>	

<b>Lead Member</b>	Councillor Denise Jones, Cabinet Member for Health
<b>Originating Officer(s)</b>	Danielle Solomon, Public Health Registrar

### **Executive Summary**

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

The Tower Hamlets PNA team has updated the information presented in the 2015 PNA in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the PNA team has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough. This report reflects pharmaceutical services going up to December 2017 – any data released after that point has not been included – to allow for Health and Wellbeing Board review and a 60 day consultation from January to March 2018.

Based on the latest information on the projected changes in the THHWB geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the PNA team has concluded that the current pharmacy services are adequate and have a good geographical spread.

### **Recommendations:**

The Health and Wellbeing Board is recommended to:

- Consider and comment on the 2017 Tower Hamlets Pharmaceutical Needs Assessment;
- In principle, agree to its publication, noting that the product of consultation must be conscientiously taken into account and therefore, if the responses to the consultation raise issues that affect the assessment that the matter will

need to be reported back to the Board prior to publication.

- Note that a 60-day public consultation for the PNA commenced on 22<sup>nd</sup> January 2018, and
- Note that the PNA will be submitted to NHS England on 31/03/2018.

## **1. REASONS FOR THE DECISIONS**

- 1.1 It is a statutory requirement for the Health and Wellbeing Board to produce a Pharmaceutical Needs assessment once every three years. This PNA will provide vital information for NHS England regarding the provision of pharmacy services in Tower Hamlets, and the commissioning needs going forward.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Failing to produce a Pharmaceutical Needs Assessment will mean that the Health and Wellbeing Board has not met a statutory NHS England requirement.

## **3. DETAILS OF REPORT**

### **3.1 Background**

The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

As such, it is required to cover the following:

- what services are necessary to meet the needs of the local population.
- which services have improved and/or have better access since the publication of the last PNA.
- what provision is currently available, highlighting any immediate or future gaps in services.
- any impact other NHS services have on pharmaceutical services.
- how the assessment was carried out and the resulting conclusions.

This information is held by NHS England to maintain a pharmaceutical list for the local area. This list is used to consider applications for new pharmacies as well as the relocation of existing pharmacies and to commission additional services.

The PNA bases its assessment on current and predicted demographics as well as analysing the health needs of the local population.

A steering group of key stakeholders was set up to oversee the PNA process. Terms of reference for the group are included in the Pharmaceutical Needs Assessment Draft Report for Consultation 2017 at Appendix D – Steering Group Terms of Reference (page 110).

An open tender process selected the Public Health Action Support Team (PHAST), a not for profit social enterprise company to develop the PNA.

### **3.2 The potential role of pharmacists in addressing priority areas identified by Tower Hamlets JSNA**

The Tower Hamlets JSNA Priority Areas are described under the following headings:

- Conception, pregnancy and being born
- Growing up – early years
- Growing up – childhood and adolescence

- Being an adult
- Ageing, growing old and dying

Conception, pregnancy and being born:

Potential pharmacist role: promote initiatives that support infants being breastfed in the first months of life, Healthy Start vitamins, supplements for those who are vitamin D deficient, Healthy Start service and vaccination services.

Growing up – early years

- Potential pharmacist role: promote referrals to weight management service, promoting healthier lifestyles and schools service, promote childhood vaccinations

Growing up – childhood and adolescence

- Potential pharmacist role: promote and facilitate chlamydia screening and treatment service, condom supply service, emergency hormonal contraception service, pregnancy testing and schools service, promote and facilitate the alcohol screening and prevention service and stop smoking services

Being an adult

Potential pharmacist role: anticoagulant monitoring service, asthma support service, carer support, COPD support service, diabetes support service, domiciliary support service, inhaler technique service, medication review service, medicines assessment and compliance support service, in-demand availability of specialist medicines, post-hospital discharge medication support, supervised consumption of prescribed medicines, appliance use reviews (AURs), Medicines Use Reviews (MURs), new medicines service, blood pressure monitoring, palliative care service, repeat prescription service and supportive services, DOT service for TB treatment, chlamydia, screening and supporting the management of selected infectious diseases.

Ageing, growing old and dying

Potential pharmacist role: promote the care home service, falls service, palliative care service, supportive services, repeat prescription service and supportive services and carer support.

### **3.3 Population characteristics**

In 2016, the population of Tower Hamlets was 304,854. The borough's population has increased by nearly 40% over the past ten years, a rate considerably higher than both London (15.7%) and England (8%) for the same period.

Projections from the Greater London Authority predict a 14% increase in borough population up to 2021 and 23% to 2026, in large part due to projected building work. The largest increases are shown in the (Old) wards of Blackwall and Cubitt and Millwall.

### **3.4 Pharmaceutical service provision within Tower Hamlets**

There are 48 community pharmacies in Tower Hamlets (at September 2017) for a population of 304,854. This is an average of 15.7 pharmacies per 100,000, which is lower than the London and England averages of 21. The analysis of access further on in the PNA shows that virtually all residents are within half a mile of their nearest pharmacy.

There are three 100-hour pharmacies in the borough (6.3% of the total). This compares with 5.6% across London and 9.9% for England. Not all localities have a 100 hour pharmacy. In addition, there are two LPS pharmacies in Tower Hamlets with contracts exceeding 40 hours – one in the North East (84 hours per week) and one in the South West (72 hours per week).

The majority of pharmacies have a bus stop within a two-minute walk. Only two pharmacies are more than a five-minute walk from the nearest bus stop.

The majority of pharmacies have disabled parking available within ten metres of the pharmacy (37/48), have wheelchair access at the entrance (44/48) and have floors that are wheelchair accessible (43/48).

The majority of pharmacies have large print labels and leaflets (33/48); just over a quarter have automatic door assistance (14/48) and wheelchair ramp access (15/48); just under a quarter have a door chime at front door (11/48) and a hearing loop (9/48). Only a small number of pharmacies have additional facilities to help disabled customers such as bell at the front door, removable ramp, disabled toilet access, handrails and internet pharmacy.

Several of the pharmacies have constraints on developing their premises with just under a half having limited room for expansion (21/48); two pharmacies have listed building status and three are within a conservation area; about two thirds are rented buildings (24/48).

About a third of the pharmacies have toilets that patients can access for screening (17/48).

The majority of pharmacies have a consultation room on-site (47/48) and over three quarters of the consultation rooms have wheelchair access (39/48).

The majority of pharmacies have good facilities within their consultation areas including a bench and table (42/48), a computer terminal (41/48), a sink (38/48) and seating for three or more people (24/48). Half of the pharmacies have a separate area/room for advanced services for consultations with customers (24/48).

More than half of the pharmacies have two pharmacists on duty at key times during the week and eight pharmacies have two pharmacists available for more than 30 hours a week. The remaining 17 pharmacies have two pharmacists available at key times during the week. The times they are available vary between 1-24 hours during the week.

Just over half of the pharmacies involve a second pharmacist for reasons such as additional dispensary support, relieving pharmacists for administrative work, supporting medication reviews and covering shift handovers/lunch breaks.

A large number of pharmacies have pharmacists with special interests. For example, the majority offer flu vaccinations (43/48); over a half of the pharmacies have a Healthy Living pharmacist (26/48); and just over a third have special interests in asthma (18/48) and diabetes (19/48). In addition, one third have special interests in nutrition (16/48).

A large number of pharmacies have regular pharmacists who speak more than one language. Only three pharmacies do not have a regular pharmacist who speaks more than one language.

Two thirds of pharmacies dispense all types of appliances (30/48). One sixth only dispense dressings (8/48) and only five pharmacies do not dispense any appliances.

All 48 pharmacies provide the New Medicines Service and the Medicines Use Review. Less than three provide stoma customisation and appliance use review.

All 48 pharmacies provide flu vaccinations. The majority of pharmacies provide Minor Ailments Scheme (44/48), stop smoking service (43/48), Emergency Hormonal Contraception EHC (41/48), Medication Review Service (41/48), Home Delivery Service (39/48) and Supervised Administration Service (37/48). The majority of pharmacies currently provide the Minor Ailment Scheme (44/48), the stop smoking service (33/48) and emergency hormonal contraception (41/48). About three quarters provide chlamydia screening (35/48) and supervised administration of opioid substitution treatment (33/48) and over half provide chlamydia treatment (29/48).

Two thirds of pharmacies provide blood pressure diagnostic services (32/48) and about a half provide weight recording (22/48). Just under half offer carbon monoxide readings (20/48); one third provide pregnancy tests (16/48); just under a third provide height recording (15/48), body mass index (BMI) calculation (15/48) and blood glucose (14/48). Just under a quarter provide extra health testing (11/48).

Nearly all pharmacies have a computer that can access the internet (45/48), and almost all have good quality computer equipment that includes NHS Summary Care Records and printing facilities.

## 5.5 Pharmacy Users Views - Community Pharmacy Patient Questionnaire (CPPQ) Highlights



## **5.6 Conclusions**

- There is no substantial evidence that there are any significant gaps in the provision of essential services across the borough other than ensuring Sunday pharmacy services are available from all localities.
- There is no substantial evidence that there are any significant gaps in the provision of advanced services across the borough.
- There is no substantial evidence that there are any significant gaps in the provision of enhanced services across the borough.
- There is no substantial evidence that there are any significant gaps in the provision of locally commissioned services across the borough.
- There are population increases expected in the borough in the next three years, particularly in the South East, but on current assumptions we believe these can be absorbed by the existing infrastructure of pharmacies, along with general developments in pharmacy services and the provision of services in different ways which will improve the delivery to the public.

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 This report recommends the Health and Wellbeing Board to consider and agree in principle the 2017 Tower Hamlets Pharmaceutical Needs Assessment. There are no direct financial implications on Council resources as a result of this report's recommendations. Costs associated with drugs and their administration for which the Council is the responsible organisation are met within existing revenue budget of the Council (funded through the Public Health grant).

## **5. LEGAL COMMENTS**

- 5.1 The Council's statutory duties with respect to the Pharmaceutical Needs Assessment are contained in the following:
- Section 128A of National Health Service Act 2006
  - National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('2013 Regulations')
- 5.2 These provide that the Council's Health and Wellbeing Board ('HWB') must in accordance with 2013 Regulations assess the need for pharmaceutical services in its area, and publish a statement of its first assessment and of any revised assessment.
- 5.3 The first assessment was published on 31<sup>st</sup> March 2015 and regulation 6 of the 2013 Regulations provides that the HWB must publish a statement of its revised assessment within 3 years of its previous publication. Therefore, this latest assessment must be published by no later than 31<sup>st</sup> March 2018.

- 5.4 The assessment must take account of likely future needs and certain specified persons must be consulted about specified matters when making an assessment. The 2013 Regulations prescribe the matters to which the HWB must have regard when making an assessment.
- 5.5 As to consultation, the Council must also comply with its common law duty and which imposes a general duty of procedural fairness when exercising functions which affects the interests of individuals. This requires:
- (a) that the consultation be at a time when proposals are still at a formative stage and the proposals are still formative.
  - (b) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response;
  - (c) adequate time must be given for consideration and response. The 2013 Regulations provide that a minimum of 60 days must be given and the Council is only giving the minimum period of 60 days. As the Council has to publish by 31<sup>st</sup> March 2018 or be in breach of statute, it is restricted to this minimum period. 60 days should be sufficient however. and
  - (d) the product of consultation must be conscientiously taken into account. No final decision to publish can be made until after the HWB has considered the consultation responses and therefore only an in principle decision to 'sign off' on the Assessment can be made at this time.
- 5.6 When considering the recommendations in this report, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimisation and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 The PNA was developed with significant input from the PNA Steering Group, which was composed of representatives from across Tower Hamlets. The report also incorporates inputs from stakeholder and public questionnaires.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 This report has no directly financial implications.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 This report has no environmental implications.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 There is a risk that if the Pharmaceutical Needs Assessment is not approved by the Health and Wellbeing Board, Tower Hamlets will not fulfil its statutory requirements as laid out by NHS England.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 This report has no implications for crime and disorder.

## **11. SAFEGUARDING IMPLICATIONS**

- 11.1 This report has no safeguarding implications.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- [Pharmaceutical Needs Assessment Draft Report for Consultation 2017](#)

#### **Appendices**

- NONE

#### **Background Documents – Local Authorities (Executive Arrangements) (Access to Information)(England) Regulations 2012**

- NONE

#### **Officer contact details for documents:**

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