


Non-Executive Report of the: [Health Scrutiny Committee] 15/09/2016	 TOWER HAMLETS
Report of: Somen Banerjee, Director of Public Health	Classification: Unrestricted
Community Pharmacy – Briefing on Current Issues	

Originating Officer(s)	Somen Banerjee, Director of Public Health
Wards affected	[All wards]

Summary

In the context of proposed national reductions in funding to community pharmacy and their integral role in delivering on the aspirations of the National Five Year Forward View, the Tower Hamlets Health Scrutiny Panel has requested a briefing on the role of community pharmacies specifically focussing on the following questions:

- What is the role of community pharmacies and where do they fit in the healthcare system?
- What cuts to community pharmacy funding are proposed nationally and what might be the impacts be on the community and on resident's access to healthcare?
- What other changes to community pharmacies are planned and what impact will these have on residents access to healthcare?

Recommendations:

The Health Scrutiny Sub Committee is recommended to:

1. Explore the role of community pharmacies and where they fit in the healthcare system
2. Understand proposed reductions to community pharmacy funding and the impact this will have on the community.
3. Develop an understanding of the pending changes to prescribing and what the impact of this will be for residents.
4. Consider how the Panel should be involved in shaping community pharmacy in the future (particularly in the context of the current proposals being put on

hold whilst they are reconsidered nationally)

1. REASONS FOR THE DECISIONS

1.1 There is no decision to be made.

2. ALTERNATIVE OPTIONS

2.1 There are no alternative options.

3. DETAILS OF REPORT

3.1 This report considers the significant role of Community Pharmacies in supporting the health care needs of the population, and details the implications of a reduction in funding. Community pharmacies are a key healthcare provider for residents and have a significant presence in the community. Pharmacies represent the most accessible primary care location, with 96 per cent of people able to get to a pharmacy within 20 minutes by walking or using public transport (99 per cent by car). Most community pharmacies have extended hours and weekend opening that GPs are unlikely to offer at scale any time soon. They are a key touch point for almost everyone in the community as they provide prescriptions, support people with a lifelong conditions, and help to advise on the best over the counter medication. The average person visits a pharmacy 14 times each year. All of this helps to relieve pressure on our hard-pressed GPs and A&E Departments, freeing them to make a difference to those patients who are truly in need of their help. In fact, as many as 20% of all GP appointments could be dealt with just as effectively, and far more rapidly, through community pharmacy.

3.2 The Department of Health announced that there will be a 6% reduction in funding to Community Pharmacies from 2016. At the same time, as part of new plans to transform the NHS, it is projected that 24% of attendances at GP surgeries can be catered for by patients being supported to self-care and being referred to pharmacies. This will have a significant impact on residents accessing health care services and place even more pressure on GP surgeries and A&E.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 The national government funding for pharmacies has reduced by 6% from £2.8bn in 2015/16 to £2.63bn in 2016/17. Tower Hamlets currently has 48 pharmacies and the proportionate reduction in funding locally, equates to the loss of government funding to approximately 3 pharmacies in total, or a £12,000 loss to each. Strategies are being explored for the reprovision of services, revise payment structures and reduce costs without a loss of service to users.

4.2 For LBTH, there are currently, no financial implications arising from this briefing. Recommendations from future reviews will be reported separately and any financial implications arising will be considered in the context of the outcomes based 2017/18 to 2019/20 medium term financial strategy.

5. LEGAL COMMENTS

5.1 There are no current legal implications to this briefing.

5.2 Any recommendations from future reviews will be reported separately and any legal implications arising will be considered in those reports.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 This report forms part of the HSCs scrutiny of the theme of access to health and social care services. This theme was chosen in order to identify where there are areas of inequality and poorer health outcomes, and make recommendations to improve these gaps. It allows for scrutiny of all community groups to recognise what the key barriers are for accessing health and social care services in LBTH.

7. BEST VALUE (BV) IMPLICATIONS

7.1 There are no best value implications for this report.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no sustainable actions for a greener environment in this report.

9. RISK MANAGEMENT IMPLICATIONS

9.1 There are no risk management implications for this report.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are no crime and disorder reduction implications for this report.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- State NONE if none [and state EXEMPT if necessary].

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

- Daniel Kerr