

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6(b)
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PETERBOROUGH 2015 PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

R E C O M M E N D A T I O N	
FROM : PNA Steering Group	Deadline date: 01/04/2015 (<i>National deadline for publication of PNA reports by Health & Wellbeing Boards in England</i>)
For the Board to approve and authorise the publication of the Peterborough 2015 PNA report (Appendix A)	

1. ORIGIN OF REPORT

- 1.1 At the Peterborough Corporate Management meeting of 20/08/2013 it was agreed that a fully revised version of the 2011 PNA must be produced by 1st April 2015 as per statutory requirement. The PNA process commenced in July 2014 and a progress report was submitted for the HWB in November 2014. This report is the final draft following completion of the PNA process and approval by the Steering Group and Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to:
- Inform the Health & Wellbeing Board (HWB) about the completion of the PNA process, its key findings and recommendations.
 - Request the HWB to approve and authorise the publication of the Peterborough 2015 PNA report.

3. MAIN BODY OF REPORT

3.1 Background

Every HWB in England has a statutory duty to publish and keep up to date a statement of the need for pharmaceutical services in its area otherwise referred to as a Pharmaceutical Needs Assessment (PNA).

PNAs are key reference documents as regards the development and improvement of local pharmaceutical services. According to the NHS Pharmaceutical Service Regulations 2013, NHS England Area Teams must consider local PNAs while dealing with applications from new pharmaceutical service providers i.e. in deciding whether a new pharmacy should be allowed in a particular locality or not, otherwise referred to as market entry.

PNAs are also used by the NHS and Local Authority commissioners in making decisions on which NHS funded services (e.g. medicine use review service) and locally commissioned services (e.g. stop smoking and sexual health services) need to be provided by local community pharmacies.

3.2 PNA Process

The aim of the Peterborough PNA was to describe the current pharmaceutical services, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

The process was overseen by a Steering Group consisting of key professionals drawn from the Public Health department at Peterborough City Council, NHS England East Anglia Area Team, Local Pharmaceutical Committee (LPC), Healthwatch, East Anglia Pharmacy Local Professional Network and Cambridgeshire & Peterborough Clinical Commissioning Group (CCG).

The key activities in the production of the draft involved reviewing and analysing Peterborough's demographic details, health needs, current pharmaceutical service provision and consulting the public and other stakeholders through surveys.

A public consultation of the PNA document was undertaken between December 2014 and February 2015 where views from the public and other stakeholders were sought and utilised in drafting this current document to be published by 1st April 2015 after approval by the HWB.

3.3 Key Findings & Recommendations

3.3.1 Population

The latest Office for National Statistics (ONS) population estimates indicate that there are 188,373 people currently resident in Peterborough. The largest age groups are of persons aged 25-29 (8.1%) and children aged 0-4 years (8%). Overall Peterborough's population profile shows a higher proportion of younger people as compared to the national average. However ward profiles vary. Orton with Hampton has the largest proportion of young people aged 0-17 (29.8%) whereas Werrington South has the largest proportion of older people (30.5%).

Recommendation

The variation in age profiles across the Peterborough wards implies that health needs for local populations may also vary. In localities with large proportions of children and young people, some of the needs which pharmaceutical service providers could be supported to provide include: promotion of childhood immunisations, breastfeeding, healthy lifestyle such as physical activity and healthy eating, provision of substance misuse, stop smoking and sexual health services. In localities with large proportions of older people priority needs may include prevention of long term conditions by providing advice on healthy lifestyle, NHS health checks and screening and support for self-care for those living with long-term conditions.

3.3.2 Life Expectancy

Peterborough has a significantly lower male life expectancy at birth (77.9) than the national average (78.9). Seven out of the 24 wards in Peterborough have significantly lower male life expectancies at birth than the national average. Orton Longueville, Park and West wards have lower female life expectancies at birth than the national average.

The disparity in life expectancy between the best and worst wards in Peterborough is substantial. Males born in Ravensthorpe (the ward with the lowest life expectancy for males – 74.2 years) are expected to live 8.9 years less than those born in Stanground East (the ward with the highest life expectancy for males – 83.1 years). Among females, those born in Park (the ward with the lowest life expectancy for females – 78.8 years) are expected to live 8.8 years less than those born in Werrington South (the ward with the highest life

expectancy for females – 87.6 years). The wards with low life expectancy at birth are also the most deprived.

Peterborough has a significantly lower healthy life expectancy for both males (59.9 years) and females (59.8 years) as compared to the national average (63.4 and 64.1 years respectively). These figures are also the lowest in the region. This indicates that a large proportion of Peterborough's population develops long term health problems at a relatively early age, often resulting in a high demand for health care and pharmaceutical supplies.

Recommendation

Community pharmacies should be involved in efforts to address the evident health inequality by identifying and addressing factors contributing to low life expectancy especially in deprived areas which may include harmful lifestyle habits such as substance misuse, smoking, unhealthy eating habits and poor access to health care facilities. Community pharmacies should also be supported to implement regular health promotion campaigns and to provide minor ailment treatment services for individuals who are unable to access primary and secondary care facilities for various reasons.

3.3.3 Deprivation

Peterborough has a higher percentage of people living in the 20% most deprived areas in England as compared to the national average. It also has a higher percentage of children and older people living in deprivation.

Evidence shows that populations in deprived localities often experience poor health outcomes including lower life expectancy, higher burden of ill health, low uptake of health protection services such as screening and vaccinations and often seek medical attention late.

The analysis by ward in Peterborough has revealed a similar pattern where the most deprived wards such as Central, Dogsthorpe, Orton Longueville, North and Ravensthorpe are associated with relatively poor health outcomes.

Recommendation

Community pharmacies located in deprived wards and other localities that this assessment has highlighted as having poor health outcomes should be involved in identifying priority health needs for the local populations and in the implementation of health promotion campaigns aimed at encouraging healthy lifestyle, uptake of NHS health checks and screening. They should also be supported to provide services such as NHS Health Checks, vaccinations and minor ailments treatment services.

3.3.4 Ethnicity

Peterborough is predominantly white but has a relatively higher proportion of black and minority ethnic groups as compared to other authorities in the region. It also has a higher proportion of non-British white population mainly made up of immigrants from Eastern Europe. Evidence suggests that people from black and minority ethnic groups (BME) suffer from poorer health, have reduced life expectancy and have greater problems with access to health care than the majority of the white population. Some minority ethnic groups are more predisposed to certain long term conditions e.g. diabetes (Asians).

Recommendation

There is need to further explore the needs of BME groups in relation to pharmaceutical service provision in order to design and implement effective public health and pharmaceutical interventions.

3.3.5 Tuberculosis

Peterborough's Tuberculosis (TB) incidence rate (28.9/100,000) is more than three times the regional average (8.3/100,000) and nearly two times the national average (15.1/100,000). In order to control the spread of TB in Peterborough, the recommended approach includes early detection and diagnosis and treatment completion.

Recommendation

Community pharmacies could play a major role in TB control by monitoring medication consumption and ensuring completion of treatment regimes. There is currently no service for observed treatment for tuberculosis from community pharmacies in Peterborough. Most community pharmacies have a supervised consumption service which could be adapted for tuberculosis medication.

3.3.6 Smoking

More than one in five adults smoke in Peterborough. This rate (20.8%) is significantly higher than the regional (17.5%) and national (18.4%) averages.

Smoking prevalence among Peterborough mothers at time of delivery (18%) is higher than the regional (12.4%) and national (12.7%) averages. It is also the highest in the region.

There are currently 19 pharmacies offering stop smoking service across Peterborough. There were, however, 29 pharmacies offering this service in 2011 and the number of 'smoking quits' attributable to interventions from pharmacies has fallen from 53% of the total in 2010/2011 to 19% in 2013/14.

Recommendation

Current service providers should be audited and supported to improve outcomes. Increasing the number of stop smoking services within existing pharmacies across Peterborough may also be considered if appropriate within the context of local healthcare strategy.

3.3.7 Sexual Health

Peterborough's under 18 conception rate (36/1,000) is higher than the regional (23.2/1,000) and national (27.7/1,000) averages.

Peterborough's chlamydia detection rate among males is below the national set target (at least 2,300 cases) and is lower than the regional and national averages.

Recommendation

None of the community pharmacies in Peterborough has been commissioned to provide emergency hormonal contraception or chlamydia screening despite the poor observed outcomes. Peterborough City Council should consider potentially commissioning local community pharmacies to provide the above specified services if appropriate within the context of local healthcare strategy.

3.3.8 Hospital Admissions

Peterborough has higher than expected emergency admissions for all causes, Coronary Heart Disease (CHD) and alcohol related harm. Some wards also have high emergency admissions for Stroke and Chronic Obstructive Pulmonary Disease (COPD).

Recommendation

Pharmacies should be involved in health promotion campaigns that create awareness on how to avoid the specified long term conditions and also in provision of support for patient self-care strategies which involve reviewing patient medications and educating them about how to cope with symptoms and when to seek help.

3.3.9 Health care utilization

The uptake rates of cervical cancer screening, diabetic retinopathy screening, NHS health checks and flu vaccinations in Peterborough are significantly below the regional and national averages.

None of the pharmacies in Peterborough are currently commissioned to provide NHS checks and flu vaccination for over 65s. Only 13 are providing flu vaccination for at risk groups.

Recommendation

There is a potential for pharmacies to be more involved in promotion of NHS health checks and screening and to be considered for the provision of flu vaccination for over 65s. Consideration should be given to conducting an audit of current providers of flu vaccination for at risk groups and if necessary, more pharmacies should be encouraged to provide the service.

3.3.10 Mortality

Peterborough had more deaths than expected from all causes, circulatory disease, CHD and respiratory disease during the period 2008-2012. For the under 75 population (premature deaths), more than expected deaths were reported for all causes, circulatory disease and CHD.

Recommendations

Pharmacies should be involved in health promotion campaigns that encourage healthy living style, NHS health checks and screening. Enhancement of stop smoking services as well as treatment of minor ailments by pharmacies may also contribute towards reduction of mortality associated with respiratory conditions. For patients living with long-term conditions, pharmacies should be involved in providing self-care support and medicine use reviews.

A minor ailments scheme 'Pharmacy First' targeting children is currently implemented by all pharmacies in Peterborough. Considering the high emergency hospital admissions and respiratory disease mortality rates in various Peterborough wards it may be worth expanding the programme to include adults in affected localities.

3.3.11 Pharmaceutical Service Providers

There are currently 43 community pharmacies including two distance selling pharmacies in Peterborough. There are also three dispensing practices, and two dispensing appliance contractors. The ratio of pharmacies and dispensing practices against the local population in Peterborough (24 per 100,000 population) is above both the national (22 per 100,000) and regional (20 per 100,000) averages

3.3.12 Conclusion

There is currently sufficient essential and advanced pharmaceutical service provision in Peterborough. However, the community pharmacies' potential to impact on local population health through locally commissioned services has not been fully exploited.

Overall, pharmacies are valued community assets and are strategically placed to effectively intervene in identified health needs. They should be considered as key players in the development of strategies aimed at addressing highlighted health needs/inequalities.

4. CONSULTATION

- 4.1 A stakeholder consultation of the PNA document was undertaken between December 2014 and February 2015. A detailed report including the consultation process, feedback and response by the steering group appears in section 11 of the draft PNA report.
- 4.2 Seventeen respondents either filled the provided questionnaires or sent back emails with comments. These included seven members of the public, four pharmacies, Lincolnshire Health and Wellbeing Board, Peterborough Health and Wellbeing Programme Board, Local Pharmaceutical Committee, Local Medical Committee, Peterborough Public Health Commissioner and Head of Health Strategy.
- 4.3 NHS England East Anglia Area Team, Healthwatch and P&C CCG were represented on the steering group and as such their views were utilised throughout the PNA process. The draft PNA was also presented at the Peterborough Joint Commissioning Forum in January 2015 where it was well received.
- 4.4 Overall most of the respondents understood the purpose of PNA, confirmed that the PNA draft was good reflection of the current pharmaceutical services and needs in Peterborough. They also thought it was adequate in informing future service provision.

5. ANTICIPATED OUTCOMES

- 5.1 An approved 2015 PNA report to be published by 1st April 2015

6. REASONS FOR RECOMMENDATIONS

- 6.1 According to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 it is a statutory requirement that every HWB in England publishes a PNA report by 1st April 2015.

7. ALTERNATIVE OPTIONS CONSIDERED

- 7.1 None.

8. IMPLICATIONS

- 8.1 The PNA report is a key document that will be utilised in decisions around pharmaceutical service provider market entry as well as commissioning of new services within the existing providers.

9. BACKGROUND DOCUMENTS

- 9.1 The report has been submitted together with the full draft 2015 PNA report.