APPENDIX 1

Medway Health and Wellbeing Board

Pharmaceutical Needs Assessment for the Medway area

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Executive Summary

The Health and Social Care Act 2012 transferred responsibility for the Pharmaceutical Needs Assessment from the Primary Care Trusts to the Health and Wellbeing Boards on the 1st April 2013.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at:
http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility 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).

Each HWB is required to publish its own revised PNA for its area by 1st April 2015.

The main aim of the Medway Pharmaceutical Needs Assessment is to describe the current pharmaceutical services in Medway, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

The Pharmaceutical Needs Assessment is a key document used by the NHS England local area Pharmaceutical Services Regulations Committee (PSRC) to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies. It is also used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through pharmacies.

In November 2013, a paper was taken to the Health and Wellbeing Board seeking agreement to set up a joint Kent and Medway Steering Group to oversee the production, consultation and publication of the Pharmaceutical Needs Assessment. This was approved.

The steering group is made up representatives of key stakeholders as well as representatives of Clinical Commissioning Groups.

Each stakeholder and the Clinical Commissioning Group have been consulted on the data available for their area as documented in the supplementary datasets and maps. (Appendix A)

Recommendations for the area have been discussed in detail by the steering group and are documented in the PNA.

The key findings and recommendations of the PNA steering group are

1) **Overall there is good pharmaceutical service provision in the majority of Medway. The majority of residents can access a pharmacy within a 20 minute walking distance and there is adequate choice of pharmacy. Access to pharmaceutical services outside normal opening hours is adequately covered with 8 '100 hour' opening pharmacies spread out across the area.**
2) **Communication about the services pharmacies provide and the times that they can be accessed needs improvement.**
3) **Where the area is rural, there are enough dispensing practices to provide pharmaceutical services to the rural population. Most of the patients who live in the rural areas can access a community pharmacy within a 20 minute car drive if necessary**
4) **There are proposed major housing developments in Medway, the main one being Lodge Hill. There is also a proposed development in Peters Park which is in Kent but close to the Medway border in Wouldham. These developments will not have an impact on pharmaceutical need for at least 3 years (the life of this PNA) however these areas will need to be reviewed on a regular basis to identify any increases in pharmaceutical need.**
5) **The current provision of "standard 40 hour" pharmacies should be maintained especially in rural villages and areas such as the Hoo peninsula.**
6) **The current provision of "100 hour" pharmacies must be maintained.**
7) **The Health and Wellbeing Board has the responsibility of publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is proposed that these are issued every 6 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the Council website alongside the PNA.**

Introduction

As a consequence of the Health and Social Care Act 2012 responsibility for the Medway Pharmaceutical Needs Assessment (PNA) passed from the Medway Primary Care Trust (PCT) to the Medway Health and Wellbeing Board (HWB), a committee of Medway Council, in April 2013. The PCT had published their last PNA in February 2011.

Pharmaceutical Needs Assessments are intended to be refreshed every three years or earlier if necessary and therefore were due to be reviewed by February 2014. However because of the implementation of the Health and Social Care Act 2012 and the transfer of health and public health responsibilities from PCTs to Clinical Commissioning Groups (CCGs), NHS England and local government in April 2013, the Department of Health (DH) decided to delay the necessary review of PNAs until 2014-15 with a publishing date of 31st March 2015 or before.

A paper was taken to the 19th November 2013 meeting of the Medway HWB, identifying the need to publish a PNA by 31st March 2015. The Board agreed to the setting up of a PNA steering group in partnership with Kent County Council chaired jointly by the Directors of Public Health for both areas.

The PNA is an information document used by the Area Pharmaceutical Services Regulations Committee (PSRC), to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies. The PSRC is a committee of NHS England. It can also be used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through pharmacies.

Background

If a person (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by the NHS Commissioning Board, now known as NHS England. This is commonly known as the NHS “market entry” system. The regulations for “market entry” have changed since the publication of the previous Pharmaceutical Needs Assessments (PNA) and this has been reflected in the reviewing of current pharmaceutical services.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services Regulations[1] (“the 2013 Regulations”), a person who wishes to provide NHS

pharmaceutical services must apply to NHS England to be included on a relevant list. An explanation of the application process is covered on page 21.

The original PNAs were published by NHS primary care trusts (PCTs) and every PCT was required to have published their PNA by February 2011. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013 and PNAs are key reference documents when reviewing the development and improvement of pharmaceutical services.

Health and Wellbeing Boards

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB) within each upper tier authority.

The NHS Act (the "2006" Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs well as giving the Department of Health (DH) powers to make Regulations.

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility 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).

Each HWB is required to publish its own revised PNA for its area by 31st March 2015.

The Pharmaceutical Needs Assessment Steering Group

Meetings were held with NHS England Kent and Medway area team in January 2014 to decide how the process of reviewing, preparing, developing and publishing the new PNA was to be carried out and the resources needed to do this. The resources to cover project and administration support time has been met by the Public Health Directorate and the Kent and Medway Public Health Observatory

The PNA steering group met for the first time in late January 2014 and has met approximately every 2 months since then. It comprises of representatives from Kent County Council, Medway Council, Kent and Medway Public Health Observatory (KMPHO), Kent Local Pharmaceutical Committee (LPC) (representing community pharmacy), Kent Local Medical Committee (LMC) (representing dispensing doctors), Healthwatch (representing the general public), NHS England Kent and Medway Area Team and representatives from the Clinical Commissioning Groups (CCGs) in Kent and Medway. Terms of reference were agreed.

[1] http://www.legislation.gov.uk/uksi/2013/349/contents/made

It was decided by the PNA steering Group that data should be presented at CCG level.

Information has been provided by NHS England, Medway Council's Public Health Directorate and KMPHO.
KMPHO have collated this information and produced a supplementary data set for the area which informs the development of the assessment. The dataset for Medway can be found in Appendix A.

All members of the steering group were shown the first and second draft of these datasets. The CCG was consulted in June 2014, as to the correctness and appropriateness of their dataset and for any comments that they may have to help develop the PNA.

Discussion was had as to what services should be included as part of the Pharmaceutical Needs Assessment. This varied from the representatives from NHS England only needing the national pharmaceutical services to be included, to the Local Pharmaceutical Committee requesting that all services that pharmacies provide to be looked at including non NHS ones. Guidance was sought from the DH and it was agreed that all services commissioned by NHS England should be used in the assessment and other NHS and Public Health services should be listed separately for completeness.
There was also a discussion as to whether Healthy Living Pharmacies (see page 20) should be included and it was agreed that these would be identified in the datasets

The PNA in the Medway Area

Information included in the Health and Social Care maps was reviewed to ascertain pharmaceutical need. Health and Social Care Maps give an overview of healthcare needs and service gaps for the locality, such as population mix, deprivation and health performance data.
Further information on Health and Social care maps can be found on the Kent and Medway Public Health Observatory website:
http://www.kmpho.nhs.uk/health-and-social-care-maps//

Information published in the Joint Strategic Needs Assessment (JSNA) was used to determine pharmaceutical need.

An overall assessment has been carried out for Medway and relevant data and maps have been produced to accompany this document. These can be found in Appendix A.

The document is structured into an analysis of pharmaceutical need based on both the Clinical Commissioning Group (CCG) boundary and the Medway Council boundary. These are co-terminus.

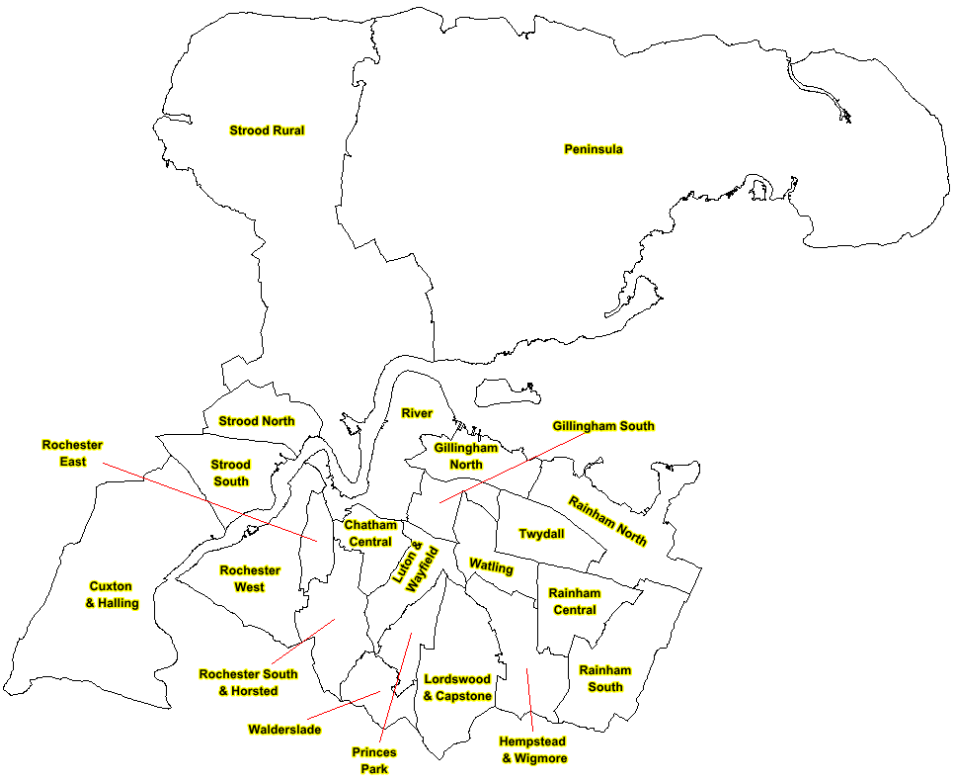


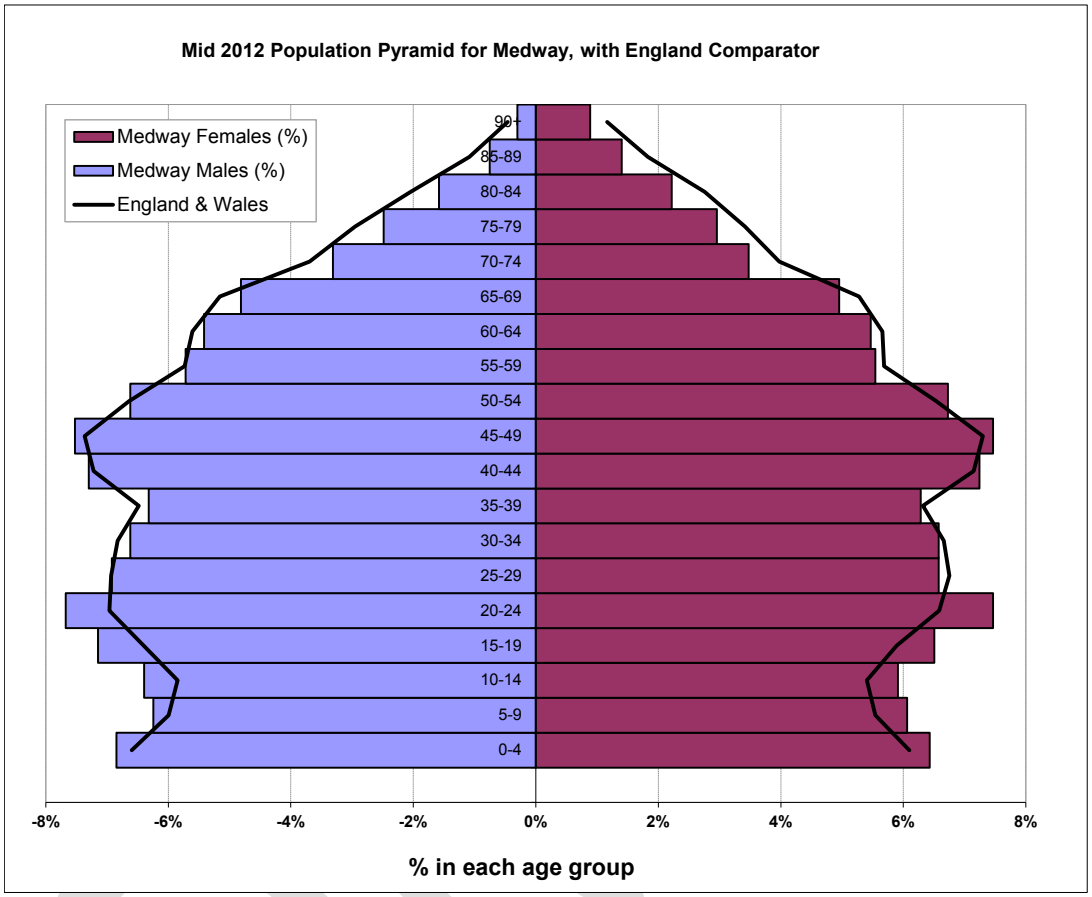
Figure 1. Electoral wards within Medway area.

Medway Clinical Commissioning Group (Medway CCG) looks after patients in 57 practices, with a registered practice population of just under 293,000

It is important to recognise that patients resident in the Medway area cannot be presumed to be registered exclusively with Medway CCG practices. Residents in the Strood Rural area may access services in Higham (Dartford, Gravesham and Swanley CCG) and similarly those in Cuxton & Halling may choose to go to Snodland (West Kent CCG). Similarly patients resident in Kent may register with Medway GP practices. The geography of the Medway Area means that most patients naturally move across ward boundaries to access services and therefore the whole area was treated as one locality whilst looking at services for the PNA.

Detailed maps showing the population density, projected population growth and the ethnicity of Medway residents can be found in the supplementary information for Medway in Appendix A.

The population of Medway



Medway has a higher percentage of under 19 year olds than the national profile but a smaller proportion of those aged between 25 and 34. The largest population group in Medway are aged between 40 and 50 years old. The proportion of the population in all categories above age 65 is less than the national average.
Commissioners may need to take into account that Medway has a higher proportion of under 19 year olds compared to other areas in Kent and consequently demands for services for children and young people may be greater.

Life expectancy from birth in Medway is 79.4 years. This compares to 80.9 years for Kent and Medway together.
The ward with the highest life expectancy is Hempstead & Wigmore (80.9) this is 6.8 years more than the lowest life expectancy which is Gillingham North (74.1).
Medway is similar to most local authorities in that there is a gap in life expectancy between the affluent and those living in relative deprivation. There is generally an association between life expectancy at birth and deprivation in Medway.

The majority of deprived areas in Medway are found in wards in the urban areas, particularly in the centre of Chatham and Gillingham.

Practice data[2] show that out of a practice population of 292,869 there are 37,521 children aged 0-9 registered in Medway (12.8%), 45,720 people who are over 65 in Medway (15.6%), 32.1% of whom are living alone and 2.5% of whom are living in Care homes[3]. These age groups are considered to be the main users of pharmaceutical services.

Long term conditions, lifestyle factors and premature mortality in Medway

Long term conditions (LTCs) are diseases for which there is currently no cure and which are managed with drugs and other treatments. LTCs are more prevalent in older people: 58% of people aged over 60 have at least one long term condition compared with 14% under the age of 40 years.

The increase in numbers of older people in the population has led to a rise in the prevalence of LTCs. Although this will inevitably have an impact on the need for health and social care, the older population are now living long enough to take advantage of medical technologies and treatment which may reduce the life-limiting nature of LTCs. Nevertheless, LTCs place a huge burden on health and care resources. Those with LTCs are much more likely to attend their GP and to use secondary care (e.g. inpatient) services[4].

Many people, especially those in later years, live with more than one condition, which can increase the complexity of the management and care required by the individual. Looking ahead, there will be an increasing need to prevent and manage multi-morbidities rather than focusing on single diseases. Multi-morbidity is more common among deprived populations[5]. People from the most deprived backgrounds have a 60% higher prevalence than those from the least deprived backgrounds[6].

Lifestyle factors play a major role in the prevention and management of LTCs and are largely modifiable. Healthier lifestyle patterns can delay the onset of chronic diseases, reduce premature deaths and have a considerable positive impact on wellbeing and quality of life.

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[2] PCIS practice data June 2014
[3] ONS Crown Copyright Reserved [from Nomis on 21 August 2014]

[4] Department of Health, 2004. Improving chronic disease management
[5] Kings Fund. Long term conditions and multi morbidity [http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity]
[6] Department of Health, 2012. Long Term Conditions Compendium of Information: 3rd Ed

The age at which deaths are considered to be premature has increased as health and life expectancy has increased and currently deaths under the age of 75 years are classified as premature. Of the roughly 2,000 deaths that occur in Medway each year, almost a third of deaths in females and half of deaths in males occur under the age of 75 years. Of these premature deaths, just over half are in people under the age of 65 years, most aged 35 to 64. Many more men, approximately 50% more, die prematurely than women[7].

In both males and females the leading cause of premature deaths is the collection of malignant cancers, accounting for almost half of deaths in women and a third of deaths in men of this age. Most premature cancer deaths occur over the age of 35 years, with half of the premature cancer deaths occurring in ages 35 to 64 years. There is a downward trend in mortality for all cancers in Medway since 1993 but cancer death rates in Medway have remained higher than comparator groups, regional and national rates.
Smoking is known to be the biggest cause of cancer. The smoking prevalence across all adults in Medway is significantly higher than the England average and has increased from 21.9% in 2010 to 25.6% in 2012, although the difference between 2010 and 2012 is not significant. Smoking prevalence amongst Medway's routine and manual workers is over 34%.There is also shown to be correlation between deprivation and cancer prevalence.

The next largest cause of death in those under the age of 75 years is circulatory disease (for example heart attacks, stroke and heart failure), accounting for 18% of premature deaths in women and 28% in men. In recent years, the gap in the under 75 mortality rate between Medway and England has closed.

Lifestyle factors such as smoking, unhealthy diet and lack of physical activity and their consequences such as obesity, high cholesterol, high blood pressure and diabetes, are major risk factors for circulatory disease. Survey data have shown that two thirds of adults in Medway are either overweight or obese and a significant proportion is less physically active[8]. The prevalence of obesity in children has been higher than England in the past but recent figures indicate that the difference is no longer significant. Medway is worse than the national average for healthy eating, with a significantly lower proportion of adults eating five or more portions of fruit or vegetables than nationally.

A further 10% of premature deaths are due to respiratory diseases, notably chronic obstructive pulmonary disease (COPD). COPD is primarily caused by chronic tobacco smoking. The likelihood of developing COPD increases with age and

[7] Medway JSNA [http://www.medwayjsna.info/index.html]

[8] Health Profiles 2014, Public Health England [www.healthprofiles.info/]

cumulative smoke exposure, and almost all life-long smokers will develop COPD. Airflow obstruction is progressive and whilst it is treatable, it is not curable. Early detection is vital to allow a patient to enjoy an active life.

There are four times as many premature deaths due to suicide or unexplained injuries in men as there are in women. The numbers are relatively small in statistical terms; however most of these deaths occur under the age of 65 years.

Pharmaceutical Need

Basic pharmaceutical need within the context of this document can be described as the requirement for the dispensing of medicines and/or appliances when the decision has been made by a clinician that the most appropriate treatment is indeed a drug or medicine or appliance. The clinicians that are able to prescribe include NHS general practitioners, NHS dentists, supplementary and independent prescribers (e.g. nurses, pharmacists & other allied health professionals with prescribing qualifications) and hospital doctors.

Research has shown that in general, and during a lifetime, children and older people consume more medicines and that generally women, over their lifetime, consume more medicines than men. Therefore areas where there are a higher number than average of children 0-9 and elderly people over 65 living alone, especially female, will have need to access pharmaceutical services more often. However this need does not necessarily equate to needing more pharmacy premises as pharmacies are not restricted by list size and can readjust both staffing levels and premises size to manage the increased volume.

Care Homes

It is widely thought that people being cared for in care homes (residential or nursing) access NHS services more frequently but that is not always the case in the access of pharmaceutical services. There are a large number of care homes in the Medway area. Patients who are looked after in a care home setting are often high users of medicines. However because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Most care homes now have external contracts with such medicines suppliers which are not necessarily local and therefore there is no relationship between the number of care homes and the need for local pharmaceutical services. Therefore having a large number of care homes in a locality does not mean that an increased number of pharmacies is needed within that locality.

Access

The 2008 White Paper '*Pharmacy in England: Building on strengths –delivering the future'* [9] states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population –even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. Moreover recent research carried out by Durham University (published in BMJ Open online on 12th August 2014. http://bmjopen.bmj.com/content/4/8/e005764.full) suggests that 99.8% of the people in deprived areas can walk to a pharmacy within 20 minutes (1 mile/1.6km).

Using simple "as the crow flies" parameters of one and five miles to represent the distance walked and driven respectively within 20 minutes, the majority of Medway residents are able to access a provider of pharmaceutical services (either community pharmacy or dispensing practice) within 20 minutes. Also the majority of the residents living within the deprived areas of Medway, which may mean that there is not access to a car, are also able to access pharmaceutical services within 1 mile (1.6km) of their residence.
A map showing the 1 mile (1.6km) radius around community pharmacies and travel times to providers of pharmaceutical services is available in the supplementary datasets (Appendix A).
In areas listed as a controlled locality and therefore mainly rural, the pharmaceutical services are provided by dispensing practices. Some residents living in controlled localities fall within the 2nd Quintile for the index of Multiple Deprivation (Appendix A, Page 7). This is recognised as rural deprivation and access to pharmaceutical services for these patients needs to be reviewed regularly and maintained.

Patients can now request to have their prescriptions (especially repeat prescriptions) sent electronically (EPS) to a pharmacy of their choice, such as one close to their work place or near their home. This means that positioning a pharmacy next to a GP practice is no longer as important.

Pharmaceutical services in Medway

There are two ways that patients can access pharmaceutical services within Medway. They are through community pharmacies or through a dispensary within a GP practice (dispensing practices). Appliances can be obtained through both of these methods or through a specific appliance contractor. Appliance contractors usually provide a service nationally and there is one based in the Medway area.

[9] Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at:
http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf

Number of service providers.

Ratio of number of service providers per 100,000 population (excluding appliance contractors)			
Locality	Number of service providers	Practice Population	Ratio/100,000 population
Medway	63	292,869	22
Kent			22
England	-	-	23

The England average is 23 although this is not necessarily a good marker as it does not take the capacity of the pharmacy into account.

The pharmaceutical services provided are different dependent on whether it is a community pharmacy, an appliance contractor or a dispensing practice.

Community Pharmacies and appliance contractors

"essential services" which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service[1] –

*"**advanced services**"* - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary –

"locally commissioned enhanced services" commissioned by **NHS England.**

Essential Services.
These are provided by all community pharmacies, appliance contractors and distance-selling pharmacies and include the following:
Dispensing of medicines and appliances
Repeat dispensing
Waste management
Public health campaigns
Signposting
Support for self-care
Clinical governance
Additional essential service requirements linked to the supply of appliances.
All of Medway pharmacies provide essential services

Advanced Services
These can be provided by community pharmacy contractors/appliance contractors, once accreditation requirements have been met. There are four Advanced Services

within the NHS pharmacy contract. Contractors can opt to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

The four Advanced Services are:
Medicines Use Review (MUR) and Prescription Intervention Service
New Medicines Service (NMS)
Appliance Use Review (AUR) Service
Stoma Appliance Customisation (SAC) Service

The first two can only be provided by Community pharmacy contractors, the second two can be provided by both Community pharmacy and appliance contractors
All of Medway Pharmacies provide MURs and NMS (see maps in Appendix A).
The Appliance contractor and some Medway community pharmacies provide SAC and AURs. SAC and AURs are mainly provided by national organisations which are not necessarily based in Medway but are freely available to all residents.

Local services commissioned by NHS England
Various enhanced services which were commissioned by the PCTs are currently being managed and reviewed by NHS England. These services include rota services and various bespoke services such as minor ailments and access to palliative care drugs. These are not being assessed as part of the PNA until the results of the review are complete.

Dispensing practices

Dispensing of medicines and appliances.-All dispensing practices carry out this service
DRUMs – Dispensing Review of Use of Medicines - similar to MURs in pharmacies. This service is voluntary but most practices take part

Other services provided though community pharmacy which have not been included in the PNA review.

Public Health services
Many community pharmacies are also commissioned by local authorities to provide public health services on a ‘needs’ basis. These are not necessarily classed as

pharmaceutical services as they are provided by other healthcare providers, such as GP surgeries and outreach clinics, as well.
Examples of these are smoking cessation and sexual health.
For completeness we are publishing maps showing where these services are available alongside the PNA.

CCG services provided through community pharmacies.
These are also not necessarily pharmaceutical services and therefore not considered as part of the PNA. However for completeness we will include maps of such services where the information is available. Currently there are no services that Medway CCG commissions through community pharmacies.

Non NHS and private services
The needs assessment is related to the provision of NHS pharmaceutical services. Pharmacies also provide many other services to the public which are not part of NHS pharmaceutical services and therefore not paid for by the NHS or local authority budget. These can include delivery services, provision of medicines in multi-compartment aids, blood pressure checks and travel medicines. All of these services may attract an additional charge. Community Pharmacy also provides over the counter medicines including those on the 'general sales list' and 'pharmacy only medicines'. The provision of retail sales in community pharmacy is not part of this needs assessment since it is not contracted by the NHS. These services are not included within the PNA.

Providers of Pharmaceutical services

The current providers of pharmaceutical services are community pharmacy, dispensing practices and appliance contractors. Different providers provide different types of service.

A list of the relevant pharmacies/appliance contractors/dispensing surgeries is included in Appendix B.
Maps showing all pharmacies/appliance contractors/dispensing surgeries and those that provide MURs, NMS, AURs and SAC can be found in Appendix A

Community Pharmacy

There are 55 pharmacy contractors who are registered on the Kent and Medway NHS pharmaceutical list as providing the full range of NHS pharmaceutical services across the Medway area.

Medway - Community Pharmacies	
Total number of Pharmacy contractors providing NHS pharmaceutical services	55
Number of standard 40 hour pharmacies	46
Number of 100 hour pharmacies	8
Number of mail order/internet pharmacies	1
Number of pharmacies offering electronic prescription service (EPS)	54

Standard 40 hour community pharmacies.
These are pharmacies which are registered as providing at least 40 'core' pharmacy hours per week. These hours are usually 8 hours daily, Mon – Fri but are agreed at the time of application to join the register.
Pharmacies cannot change their 'core' hours without prior agreement with NHS England.
Many of these pharmacies also provide supplementary opening hours, often opening slightly later in the evening and on Saturdays and Sundays.
Pharmacies can change their supplementary hours if they so desire, as long as NHS England receives the statutory 3 months' notice.

100 hour pharmacies
These are pharmacies which opened using the "Control of Entry" exemption clause in the original regulations. They did not have to prove that their service was "needed" according to the PNA. This exemption was removed in the 2012 regulations and there have not been any applications for 100 hour pharmacies since. However those granted before 2012 still have to be open for a minimum of 100 hours per week with the hours being agreed with NHS England. Many subsequent healthcare services have been commissioned on the assumption that these pharmacies will be available for 100 hours a week. The PNA review indicates that 100 hour pharmacies where they exist are now considered essential in providing service to the area and a reduction from 100 hours to 40 hours should not be allowed. This is confirmed by guidance from NHS England.

Mail order/internet pharmacies
These are pharmacies which provide pharmaceutical services via mail order or the internet. They are not accessible to the general public.

A review of all opening times was carried in May 2014 using data provided by NHS England which is available on NHS Choices. It was considered that there is adequate provision of pharmaceutical services through pharmacies and dispensing surgeries for the majority of the day between 8am and 6.30pm. Services between 6am and 8 am and between 6.30pm and 11pm are provided at strategic points across the area most of which are within a 5 mile radius of Medway residents.

Meddoc provide access to urgent medical care including urgent medicines between 11pm and 7am.

Subsequent changes to opening times since May have been taken into account and the opening times of all pharmacies along with the additional services that they offer can be found on NHS Choices
http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10

Dispensing practices.

Some of Medway is still considered to be "rural" and therefore there are a number of dispensing practices

Medway – Dispensing practices	
Total number of GP practices providing pharmaceutical services to their patients	5
Total number of sites providing pharmaceutical services to their patients	8

A list of dispensing practices can be found in Appendix C
Dispensing doctors are only able to provide pharmaceutical services where registered patients reside in a controlled locality (for explanations of 'controlled localities' see page 22), live more than 1.6 km from a community pharmacy and a pharmaceutical services contract has been awarded.
The norm in England is for the separation of prescribing and dispensing functions except for rural populations, when community pharmacies are not viable. These patients can access dispensing services through authorised GP practices.
Dispensing practices do not have to provide all the 'essential' services.
They mainly provide dispensing services and Dispensing Review of the Use of Medicines (DRUMs).

Appliance Contractors

Appliance contractors provide appliances only, which are defined in Part IX of the Drug Tariff (e.g. ostomy, colostomy appliances) and these often require tailoring to meet the need of individual patients. There is 1 appliance contractor in Medway.

Pharmaceutical services out of hours

There are 8 '100' hour pharmacies across Medway. These provide access to pharmacy services from early in the morning until late at night Monday to Saturday and, in most cases, some hours on a Sunday.
Access to medicines via 100 hour pharmacies is considered to be especially important in areas which are deprived, especially if there is a high number of children aged 0-9 and/or elderly people over 65 who are living alone with no family/carer support.
Our expectation is that those pharmacies granted 100 hour contracts will continue to provide the 100 hour provision in the future thus securing access to pharmaceutical services for longer periods than the 40 hour normal requirement.
Access to medicines outside these times, is commissioned from the local out-of-hours medical services provider, who has available essential and urgently needed medicines, as agreed in the *National Out of Hours Formulary* and are supplied where the need for them cannot wait until the 100 hour pharmacy opens.

Walk in centres
Medway has one walk in centre which treats minor injuries and minor ailments. This is located in Canterbury St. Gillingham.

Rota services
NHS England manages a voluntary rota service for days when there are no pharmacies open at all. This is usually Christmas Day and Easter Sunday but may include other Public and Bank holidays if required.

Other providers of pharmaceutical services

Acute trusts (hospitals), community health trusts (community hospitals and district nursing), hospices, private hospitals, mental health trusts and prison services are all providers of pharmaceutical services to specific patients. Most of these organisations either have their own pharmacy team which provide support and supply or they contract from an external provider for the whole service. These services are not available to the general public outside of the service, so have not been included in list of providers for the purposes of the PNA.

The monitoring of providers of pharmaceutical services

Currently all providers of pharmaceutical services are monitored by NHS England with the local area team, based at Tonbridge, managing Kent and Medway. Community Pharmacies have to provide services according to the Community Pharmacy Contractual Framework (CPCF). The essential services are mandatory

with the advanced services being voluntary. Pharmacies are monitored on a yearly basis and those that cannot meet their essential services are not expected to be allowed to go on to provide advanced and locally commissioned services. Pharmacy premises are now inspected by the General Pharmaceutical Council (GPhC) and all pharmacists and pharmacies have to be registered with the GPhC. This is an equivalent to a CQC inspection.
Dispensing practices are invited to take part in the Dispensing Services Quality Scheme (DSQS) which is part of the GMS contract and equivalent to the monitoring under the CPCF. This is however voluntary and not all practices take part. GP dispensary premises are inspected as part of the CQC inspection of practices.

Medway Healthy Living Pharmacy Scheme

The Healthy Living Pharmacy is a voluntary national programme aimed at improving the quality of commissioned pharmacy services. The concept derived from the 2008 White Paper, Pharmacy in England**:** *Building on strengths – delivering the future,* setting the scene for pharmacies to become health promoting centres "promoting health literacy and NHS LifeCheck services, offering opportunistic and prescription-linked healthy lifestyle approach".[2] The first Healthy Living Pharmacy programme was piloted in Portsmouth in 2009 and its success launched the national pathfinder programme in 2011.

The Healthy Living Pharmacy service model aims are:

- To recognise the significant role pharmacies have in the community and encourage proactive pharmacy leadership and multi-disciplinary working
- To deliver consistent and high quality health and wellbeing services linked to outcomes
- To reduce health inequalities
- To provide proactive health advice and interventions – 'make every contact count'
- To create healthy living 'hubs' and engage with the local community
- To meet commissioners' needs

Medway participated in the national pathfinder work and saw 8 pharmacies accredited. Please see map in Appendix A for details.
Evaluation has shown the results are cost-effective and have high levels of public approval. The Medway programme will be revised in 2015 with new conditions and support measures to help pharmacies develop sustainable business models and will be adapted for pharmacies to gain a bespoke 'quality kitemark'.

The HLP programme will ensure a consistent 'quality platform' across pharmacies and will form the basis to expand the types of services which may be commissioned

in the future. It will also increase and improve the access of the public to Health and Wellbeing services across Medway.

HLP is a well-recognised, successful national programme which continues to evolve. It has the potential to substantially increase the capacity and access to Health and Wellbeing services, not only in pharmacies but has the potential to include dentistry and optical outlets also.

Current Principles of Pharmaceutical Contract applications – 'Market Entry'

The opening of new community pharmacies is currently controlled by legislation and regulations. These can be found at
http://www.legislation.gov.uk/uksi/2013/349/contents/made
The most recent Department of Health guidance can be found at
https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications
The NHS England Kent and Medway Area Team Pharmaceutical Services Regulation Committee (PSRC), supported by the Kent Primary Care Agency, currently assesses all applications for new pharmacies and any changes to the current provision.

Applications mainly now have to be submitted on the basis of

1) meeting a "current or future need" identified in the PNA or
2) offering "current or future improvements or better access" as identified in the PNA or
3) providing unforeseen benefits which has not been identified in the PNA.
4) Providing a distance selling (mail order or internet) pharmacy

Guidance for applications for providers of pharmaceutical services can be read in full at http://www.england.nhs.uk/wp-content/uploads/2013/07/pol-1.pdf

Controlled and Non-Controlled Localities ("Rural" & "Urban")

The area that NHS England is responsible for is designated for the purposes of the NHS (Pharmaceutical Services) Regulations 2013 as being either Controlled or Non-Controlled Localities. In Controlled Localities, as an exception to the general rule, it is possible for NHS patients to have their medicines both prescribed and dispensed by their GP practice. In Non-Controlled Localities all NHS GP prescribing,

with a few limited exceptions such as “Serious Difficulty” cases, has to be dispensed by Community Pharmacies.
GP practices serving patients resident in a Controlled Locality are required to either have been dispensing to their patients prior to 1982 (“Historic Rights”) or to have obtained the consent of NHS England to dispense to their patients (“Outline Consent”).
Pharmacies that wish to open and obtain a NHS contract to dispense prescribed medicines have to satisfy the “Market Entry” rules within these Regulations and these rules differ between Controlled and Non-Controlled Localities.

Definition of a Controlled Locality
The Regulations define a Controlled Locality as an area, or part of an area, which is “rural in character” The local area team of NHS England is required to determine, within the area it is responsible for, which parts are “rural in character”, delineate precisely the boundaries of such areas and publish a map of such areas. They are also required to determine or re-determine any area for which they are responsible if requested to do so by either the Local Medical Committee (LMC), or the Local Pharmaceutical Committee (LPC), the local representative bodies of their respective professions. Such determination processes are often referred to as Rurality Reviews.
These Regulations first came into force in April 1983 and wherever an existing medical practice already dispensed to its patients within the area served by the practice (i.e. its Practice Area) then that practice area was deemed to be a Controlled Locality and the practice continued (unless and until the area was re determined as a Non-Controlled Locality) to be able to dispense to those of its patients who resided within the practice area more than one mile (now 1.6 km) from a pharmacy. Such Dispensing Medical practices are referred to as having “Historic Rights” to dispense.
Medical practices that wished to commence dispensing to their patients after the 1st April 1983, or existing “Historic Rights” practices who added additional areas to their Practice Areas after 1st April 1983, have had to obtain permission to dispense to their patients (i.e. Obtain “Outline Consent” for the areas they wished to provide dispensing services to). Where necessary an application for “Outline Consent” will have been, and will often continue to be, preceded by a “Rurality Review”
However once an area has been determined by a Rurality Review no part of this area can be the subject of a further Rurality Review for 5 years unless NHS England is satisfied that there has been a substantial change in the circumstances of the area since the previous Rurality Review was determined.
The definition “rural in character” is augmented in the Guidance issued by the Department of Health. The relevant sections of this guidance read as follows:-

What makes an area rural?
The factors that might be considered include, for example:
• environmental – the balance between different types of land use;

• employment patterns (bearing in mind that those who live in rural areas may not work there);
• the size of the community and distance between settlements;
• the overall population density;
• transportation – the availability or otherwise of public transport and the frequency of such provision including access to services such as shopping facilities;
• the provision of other facilities, such as recreational and entertainment facilities. A rural area is normally characterised by a limited range of local services.

None of the above will automatically determine the matter. For example, the expansion of housing provision may also be an indication that the status of the area should be reconsidered, but of itself will not necessarily change that status. That will remain a question of judgement.

Therefore, rurality is not something which can be subject to rules such as density or distribution of population or the number of trees – it is essentially a matter of common sense. However, experience has shown that photographs and documents are an unreliable basis for determining rural questions. Judgement will need to depend on local knowledge of the area. A rural area need not have a high level of agricultural employment; many residents may commute to jobs in local towns.

Implications of a Determination of Rurality

A. *An area is determined to be insufficiently "rural" in character and therefore a Non-Controlled Locality*

No NHS patients' resident within this area may be dispensed for by their dispensing GP unless the patient has applied for and satisfied NHS England that they "would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy by reason of distance or inadequacy of communication".

Where an area had previously been designated as a Controlled Locality but has now been re-determined following a Rurality Review as Non-Controlled any existing patients being dispensed for by their GP will have (other than those with approved serious difficulty status) to be transferred to their GP's "prescribing list". They will then be issued with FP 10 prescription forms in future by their GP, and they will need to present these prescriptions for dispensing to a pharmacy of their choice. This change will normally be phased in over a number of months, a practice known as "Gradualisation". This gradualisation period is determined by NHS England.

B. *An area is determined to be sufficiently "rural" in character and therefore a Controlled Locality*

NHS patients resident within this area and registered with a GP Practice that has the necessary approvals (i.e. Outline Consent or Historic Rights) to dispense to its patients will have the choice of being dispensed for by their GP or requesting and obtaining FP 10 prescription forms from their GP for presentation to a pharmacy of their choice.

The major exception to this is that no patient resident within 1.6 kilometres (as the "crow flies") of a pharmacy may be dispensed for by their GP, unless the patient has obtained serious difficulty status or the Pharmacy is located in a "Reserved Location".
In areas within a Controlled Locality determined by NHS England as being Reserved Locations there can be both a dispensing Medical practice and a pharmacy serving patients within this location. In such cases each patient can choose whether to have the prescription dispensed by the doctor's dispensing service or by the pharmacy, even if the patient resides within the 1.6 km of the pharmacy. Reserved Locations can only exist within Controlled Localities and are defined by the Regulations as locations where there are fewer than 2750 registered NHS patients residing within 1.6 km of the pharmacy's site.
This document does not purport to give a full and authoritative account of the Regulations and of all their possible implications and effects.
It is intended solely as a summary document to assist those interested parties (such as Parish Councils) who are requested by NHS England to make representations on applications and rurality issues under the consultation procedures laid down in these Regulations.
Maps showing the controlled areas and the 1.6km boundaries around pharmacies in the Medway area are included in Appendix A (Page 15). Part of the recommendations from the previous PNAs were to ensure the rurality reviews were carried out on these areas as soon as possible and this is ongoing.

The impact of new housing and the construction of retail and industrial sites on pharmaceutical needs

Housing

Medway is recognised as an area of where the housing stock is likely to increase considerably in the next 20 years. Consultation with Medway Council planners has highlighted some areas where large increases in new housing will affect the pharmaceutical needs of the population. The Housing Position Statement released in June 2014 suggests this increase could be up to 24,000 new homes in the years 2011-2035, roughly 1000 a year. The Council are in the process of developing a new Local Plan by the summer of 2017, the timetable of which has been set out in the Local Development Scheme 2014-17 which is available on the Medway Council website.
Proposed large housing developments in areas such as Lodge Hill will result in the PNA for those areas needing to be reassessed. Areas where we know that there is a large proposed development have been marked on the accompanying maps. (Appendix A Page 16)
Currently they are not expected to be in place in the next 3 years (the life of this PNA) but these areas will be reviewed regularly.

Retail, leisure and industrial.

Although increases in housing are markers to increased health needs, the development of large retail parks are also markers for increased health needs, both from staff and visitors.
The closure of such major industrial sites can often mean a transfer of the population away from that area, resulting in a decreased health need. Although currently NHS England cannot close pharmacies (unless they do not meet certain standards) reduction in pharmaceutical need will be taken into account when pharmacies wish to relocate or change services.

Medway PNA 2011

As part of this assessment, reference was made to the previous PNA carried out in 2011 by Medway Primary Care Trust. It was noted that this assessment stated the following.

There is good access to pharmaceutical services for our population, which has been improved in recent years by the opening of new pharmacies. The services we commission have each been assessed, many of these services we now consider necessary for our population
We intended to continue to work with our pharmacies and dispensing GPs to develop and improve pharmaceutical services in Medway for our population

Consultation

Each Health and Wellbeing Board has a duty to consult with key stakeholders as defined in Regulation 8 of the above regulations. These include

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;

(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHSCB (now known as NHS England); and

(h) any neighbouring HWB.

The Health and Wellbeing Board consulted with key stakeholders, as defined above, for 60 days from 25th November 2014 until 23rd Jan 2015 using the Medway Council website
http://www.medway.gov.uk/carehealthandsupport/pharmaceuticalneedsassessmen.aspx
All key stakeholders were sent a letter by email from the Chair of the Health & Wellbeing Board with an invitation to respond to the consultation and a link to the website for the draft PNA but could, if they request, be sent an electronic or hard copy version.

Patients were notified of the consultation through Healthwatch Medway, the Council website, the CCG Patient participation groups and the consultation was also promoted through social media by the Council.

The results of the survey and relevant comments are in Appendix D and the PNA has been revised to reflect the consultation results where appropriate.

Key Findings and Recommendations

The key findings and recommendations of the PNA steering group and agreed by the Medway Health and Wellbeing Board

1. Overall there is good pharmaceutical service provision in the majority of Medway. The majority of residents can access a pharmacy within a 20 minute walking distance and there is adequate choice of pharmacy. Access to pharmaceutical services outside normal opening hours is adequately covered with 8 ‘100 hour’ opening pharmacies spread out across the area.

2. Communication about the services pharmacies provide and the times that they can be accessed needs improvement.

3. Where the area is rural, there are enough dispensing practices to provide pharmaceutical services to the rural population. Most of the patients who live in

the rural areas can access a community pharmacy within a 20 minute car drive if necessary

4. There are proposed major housing developments in Medway, the main one being Lodge Hill. There is also a proposed development in Peters Park which is in Kent but close to the Medway border in Wouldham. These developments will not have an impact on pharmaceutical need for at least 3 years (the life of this PNA) however these areas will need to be reviewed on a regular basis to identify any increases in pharmaceutical need.

5. The current provision of "standard 40 hour" pharmacies should be maintained especially in rural villages and areas such as the Hoo peninsula.

6. The current provision of "100 hour" pharmacies must be maintained.

7. The Health and Wellbeing Board has the responsibility of publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is proposed that these are issued every 6 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the Council website alongside the PNA.

Appendices

The appendices to this document which include the datasets and maps are extremely large and are therefore stored electronically at http://www.kmpho.nhs.uk/reports-and-strategies/pharmaceutical-needs-assessments/medwaypna/

Acknowledgements

The joint Kent and Medway PNA steering group was set up to oversee the production, consultation and publication of the Pharmaceutical Needs Assessments of both Kent and Medway.

Membership of the group consisted of

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Jack Baxter	Public Health Information Officer	Kent & Medway Public Health Observatory
Catherine Barrett	Minute taker	Kent County Council

* These members moved onto other positions midway through the process. Alternative members were requested but not always available.
** These members were able to contribute virtually but only sent one representative to the meetings.

Also with thanks to all the members of the team in Kent and Medway Public Health Observatory for helping to produce all the maps and the staff at the Kent Primary Care Agency- NHS England and the contracts team at the Kent & Medway Area Team NHS England for supplying all the data.

List of Abbreviations and Acronyms

AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DH	Department of Health
DRUM	Dispensing review of the Use of Medicines
DSQS	Dispensing services Quality Scheme
EPS	Electronic Prescription Service

GP	General Practitioner
GPhC	General Pharmaceutical Council
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board

Version	Date	Author(s)	Comments
Draft 1	25/09/14	Cheryl Clennett	1st draft
Draft 2	03/10/14	Alison Barnett	Updates and minor changes
Draft 3	06/10/14	Mark Chambers	Added paragraph about health needs
Draft 4	07/10/14	PNA Steering group	Minor amendments made after meeting of PNA SG
Draft 5	24/10/14	Medway HWB	Changes after HWB meeting

JSNA	Joint Strategic Needs Assessment
KCC	Kent County Council
KMPHO	Kent and Medway Public Health Observatory
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
MUR	Medicines Use Review
NHS	National Health Service
NMS	New Medicines Service
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
PSRC	Pharmaceutical Services Regulation Committee
SAC	Stoma Appliance Customisation

Draft 6	11/02/15	PNA steering group	Changes as a result of comments during consultation.

Document version control