

**North Yorkshire County Council  
Scrutiny of Health Committee  
16 March 2018**

**North Yorkshire Pharmaceutical Needs Assessment (PNA)**

**Purpose of report**

To update members on the outcome of the consultation on the PNA and resultant changes.

**Background**

1. As previously discussed, the Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. A PNA describes what pharmacy services are currently available in North Yorkshire and what services might be needed in the future. The document is used to inform decisions on whether changes need to be made to opening times of pharmacies or if new pharmacies or services are required.
2. The North Yorkshire County Council (NYCC) Public Health team have been leading the PNA on behalf of the North Yorkshire Health and Wellbeing Board.

**Feedback from the consultation**

3. There is a statutory duty to carry out a 60 day consultation on the draft PNA which took place between 12<sup>th</sup> December 2017 and 11<sup>th</sup> February 2018. The link to the draft PNA was shared with the following organisations:
  - a) The Local Pharmaceutical Committee (CYPNY)
  - b) The Local Medical Committee
  - c) All persons on the pharmaceutical lists and any dispensing doctors list in North Yorkshire
  - d) All LPS chemists in North Yorkshire with whom NHS England has made arrangements for the provision of any local pharmaceutical services
  - e) North Yorkshire Healthwatch
  - f) All NHS trusts and NHS foundation trusts in the area
  - g) the NHS Commissioning Board (NHS England)
  - h) All neighbouring Health and Wellbeing Boards
  - i) The public via NYCC website and other media.
4. A total of 21 responses were received, made up of as follows:
  - Two Local Authorities representatives
  - One pharmacy
  - The chair of the LMC
  - 17 members of the public.
5. Feedback on the report was positive with the majority of respondents agreeing with the conclusions and that the content was sufficient to identify gaps and inform commissioning decisions.

The following table summarises comments received:

<b>Comment</b>	<b>Response from the steering group</b>
Concern about the potential future impact of distance selling pharmacies	The following sentence should be added to 4.1.3 of the PNA: <i>One respondent fed back through the consultation that the impact of on-line pharmacies is increasing and it will potentially threaten viability of rural pharmacy and potentially dispensing GP's. It was agreed by the steering group that this will be fed back to NHS England. It is very difficult to monitor the volume of dispensing from internet pharmacies to feed into the PNA.</i>
Concerns around the capacity and willingness of pharmacies to provide blister packs, with inconsistency across pharmacies and many charging	Acknowledge the comment in section 3.9 of the PNA, <i>confirm it is outside of the remit of the PNA but that it has been fed back to NHS England.</i>
Comment regarding repeat and over ordering of medication resulting in wastage	The following sentence to be added to section 3.3.3 of the PNA: <i>Work has taken place through the CCGs to prevent over ordering, however it was felt that this has led to concerns from GPs about impact on their workload. These concerns about whole system working has been fed back to NHS England but are out of scope of the PNA.</i>
Concerns re quality of a pharmacy service in some areas	To add to 1.5 of the PNA: <i>Some concerns were raised through the stakeholder engagement and consultation about the quality of pharmacies. The quality of pharmacy provision is out of scope of the PNA, however the steering group agreed that there needs to be better promotion of how patients can provide feedback and/or complain about provision. This will be done outside of the PNA.</i>
Comment suggesting there was not enough consideration of rural areas	The group felt that rurality was well covered by the PNA document. An additional map will be added to the PNA to plot pharmacies and a 15 minute drive time. Also recognition that rurality and health is an area of interest to public health researchers so future PNAs will take account of any key learning from such studies
Member of the public commented that they didn't know the quantity and demographics of the population consulted	The group felt the proposed content was adequate. No specific additions were identified although gaps in existing data were noted.
2 members of the public fed back that they could not find a copy of the PNA document on line	Checks were made to ensure that the PNA was clearly visible on the website

	and easy to access through a google search. The on-line survey did not have the link to the full document initially so this was added during the consultation so that anyone accessing the survey directly could access the document easily.
Comment suggesting the PNA needs to include numbers needing a prescription; numbers who can't drive; numbers with poor bus services or who can't walk 20 minutes.	The group agreed that this data is not available.
Comment suggesting the PNA should have more information before the conclusions	The group felt that there was plenty of information to make valid conclusions and that the draft PNA was comprehensive

6. The steering group discussed the feedback in February 2018 and agreed that the conclusions should remain the same confirming that there are no gaps in pharmacy provision in North Yorkshire. (Refer to appendix A for conclusions)
7. In addition to the North Yorkshire consultation, the Public Health team provided feedback to all neighbouring Health and Wellbeing Boards on their PNAs. There were no concerns identified in neighbouring reports about pharmacy provision that would impact on North Yorkshire residents.

### Next steps

8. The final draft of the report will be presented to the Health and Wellbeing Board on 23<sup>rd</sup> March 2018 for sign off, and will then be published on the website.  
[www.nypartnerships.org.uk/pna](http://www.nypartnerships.org.uk/pna)
9. Lessons learnt were also identified by the steering group. These will be made available to inform future PNA developments.
10. A number of issues were raised throughout the process of developing the document that were out of scope of the PNA. These included concerns around blister packs, pharmacy quality, on-line pharmacies and over-ordering of prescriptions. The steering group felt that these issues still need to be addressed and this will be raised with NHS England, as commissioner, and the Health & Wellbeing Board.

### Recommendations

That members of the Scrutiny of Health Committee:

- Support the contents of the PNA report.

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1 March 2018.

## Appendix A: PNA conclusions

Evidence shows that generally there continues to be a good geographic spread of pharmacies across North Yorkshire, with the majority of people being within reasonable travel distance of a pharmacy. There are currently 113 community pharmacies in North Yorkshire and 48 dispensing practices. There is good pharmacy coverage in the more deprived wards in North Yorkshire and all districts have above the national level of pharmacies per 100,000 population. There are no gaps in necessary provision. Key notes from the assessment include:

- The population in North Yorkshire is growing and is getting older. Within the next three years it is expected that the population of North Yorkshire will include a greater number of people with long term health conditions. Although the population is growing, our projections suggest that this need can be accommodated within existing capacity over the next three years. Trends suggest additional capacity may be required to meet these growing needs over time
- Opening hours indicate good access during Monday to Saturday. However, there are areas where Sunday access is improved by pharmacies in neighbouring authorities.
- Around 98% of the population of North Yorkshire lives within five miles (as the crow flies) of a pharmacy, with around 63% of the population living within a 20 minute walk of a pharmacy. However, there are parts of the county that are reliant on pharmacies in other Local Authority areas. If community pharmacy services in these areas were not maintained then travel time to the next available pharmacy could be significantly increased for some residents.
- The residents of North Yorkshire currently have better health than their peers nationally. This means that there will be opportunities for greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.
- There was feedback from some pharmacy providers that they do not have the systems in place to allow them to provide some services currently such as disabled access.
- A range of additional/enhanced services are provided and these appear to be based on population need. There are no gaps in additional services although activity for public health commissioned service falls below desirable levels so work needs to be done to address any barriers in providing this service. Local Authority and NHS commissioners should continue to monitor potential opportunities for developing new services such as long term conditions where a need has been identified.
- There are a number of developments that are expected to take place over the next three years that may impact on the need for and access to pharmacy services. E.g. GP extended access, housing developments, on-line pharmacies and changes to the way in which pharmacies are funded. It is not possible to assess the impact of this at this time, however, it should remain under review as part of the ongoing PNA process. Any pharmacy changes or closures that have a significant impact on access may be subject to a supplementary statement being issued by the Health and Well-being Board if this occurs before the next PNA is prepared in 2020.
- Pharmacy services providing advice on minor illnesses and repeat ordering of prescriptions appears fairly well used in North Yorkshire (based on survey data). However, there also appeared to be some knowledge gaps among the public of the services offered by pharmacies.
- The development of healthy living pharmacies and closer working with primary care will improve services for the user over the next three years.