Medway Health and Wellbeing Board

Pharmaceutical Needs Assessment for Medway

Contents

Executive Summary

Health and Wellbeing Boards (HWB) have a statutory duty, under the Health and Social Care Act 2012, to produce and maintain a pharmaceutical needs assessment (PNA) every three years, to be used by NHS England to agree changes to the commissioning of local pharmaceutical services.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found **here.**

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).

The main aim of the Medway Pharmaceutical Needs Assessment is to describe the current pharmaceutical services in Medway, identify any gaps or 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.

The Health and Wellbeing Board consulted with key stakeholders for 60 days from 5th December 2017 until 4th February 2018. A detailed analysis of these results plus a full report can be found in Appendices E, F & G.

The key findings and recommendations of the PNA steering group are:

a) Overall there is good pharmaceutical service provision in most of Medway from Monday to Friday. The majority of residents can access a pharmacy within a 20 minute walking distance and there is adequate choice of pharmacy.
b) Where the area is defined as rural by NHS England, there are dispensing practices to provide pharmaceutical services to the rural population from Monday to Friday. Most of the patients who live in the rural areas can access a community pharmacy within a 20-minute car drive if necessary.
    a. Hoo Peninsula: although there are mitigations in place such as deliveries by pharmacies and the use of internet pharmacy, it is recommended that the Health and Wellbeing Board monitors the situation on the Hoo Peninsula and explores whether wHoo Cares or other voluntary organisations can help to support access to pharmacies where public transport links are weak. Also NHS England is expected to liaise with local providers and voluntary organisations such as wHoo Cares to achieve an innovative financially viable solution to the current situation.
    b. Cuxton Village: it is important for the Health and Wellbeing Board to monitor the area to see if the need in the area changes significantly over the next three years (the life of the PNA).
c) In urban areas there is good provision of pharmaceutical services on Saturdays and Sundays.

d) In rural/outlying areas, access to pharmaceutical services on Saturdays is good where there is a local village pharmacy.
e) There are proposed future housing developments across Medway which will mean that these areas will need to be reviewed on a regular basis to identify any significant increases in pharmaceutical need.
f) The effect of the nearby proposed London Resort (formerly Paramount) site plans in North Kent is unlikely to have an effect on Medway over the next three years i.e. the life of the 2018 PNA.
g) The current provision of “standard 40-hour” pharmacies should be maintained, especially in rural/outlying areas.
h) The current provision of pharmacies who are contracted to open for at least 100 hours should be maintained.
i) Any application must demonstrate that it is necessary, will provide value to the NHS and can improve on the availability of services across the specific area.
j) Permission for any applicant to provide extra pharmaceutical services to this area must be carefully considered as to whether it will destabilise the current providers, resulting in closures and fewer pharmaceutical services being available at crucial times.
k) The area is changing rapidly and as well as consulting this PNA, the PSRC at NHS England should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.
l) The Health and Wellbeing Board has the responsibility for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of NHS England to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies). It is proposed that the supplementary statements are issued every 3 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the Medway 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 PNA is used by the local 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. The PNA 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

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013[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. Pharmaceutical lists are compiled and held by the NHS England. This is commonly known as the NHS "market entry" system.

An explanation of the application process is covered on page 22.

Health and Wellbeing Boards

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB) within each upper tier local 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 as 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 a PNA for its area every three years or more often if major changes in provision of services happened.

The Pharmaceutical Needs Assessment Steering Group 2018

A steering group was formed to update and revise the PNA. The group comprised representatives from Medway HWB, Medway Public Health, Medway Council planning department, Kent Pharmacy Advisers (contracted to provide specialist pharmacy advice), Kent & Medway Local Pharmaceutical Committee (LPC) (representing community pharmacy), Kent and Medway Local Medical Committee (LMC) (representing dispensing doctors), Healthwatch Medway (representing the

[1] 2013 Regulations

general public), NHS England and representatives from the Medway Clinical Commissioning Group (CCG). Terms of reference were agreed.

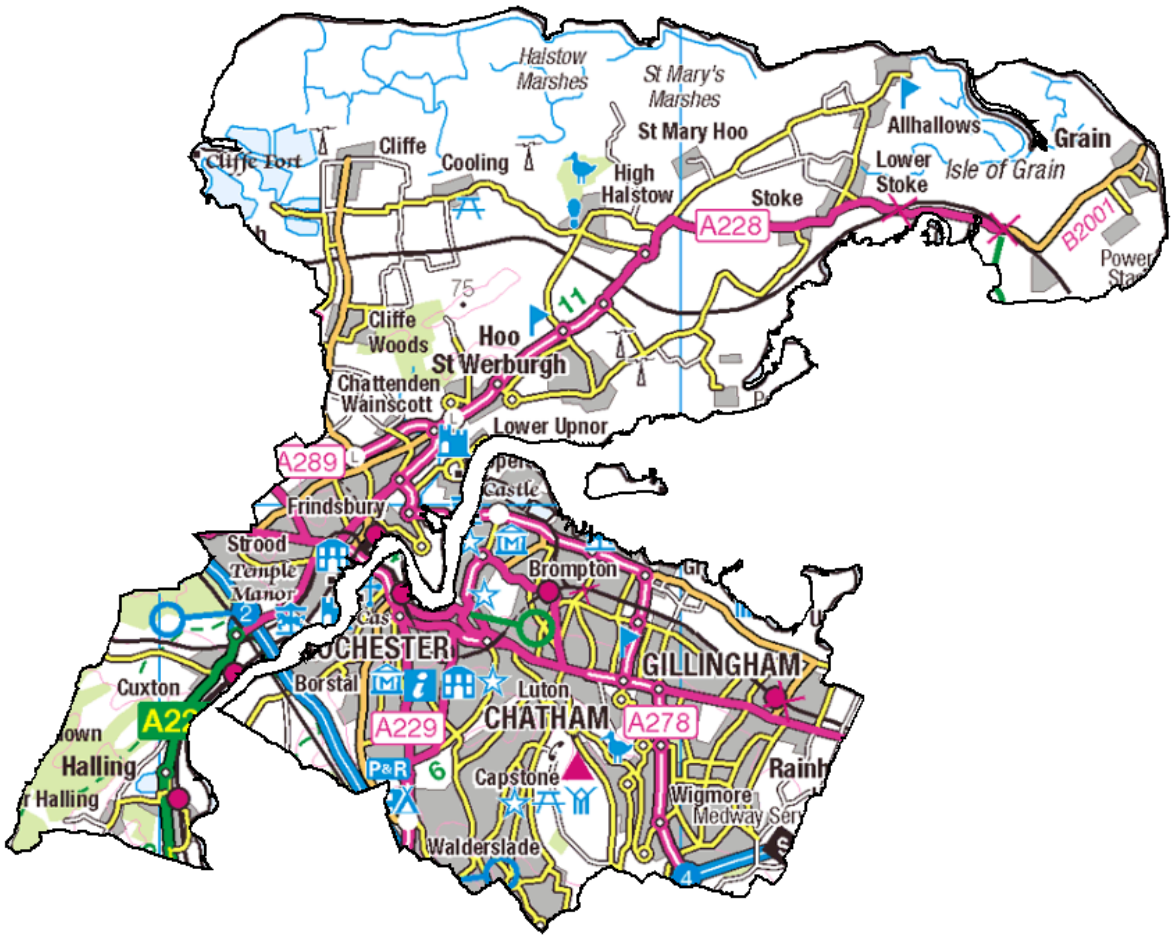
Information was provided by NHS England, Medway Council's Public Health Directorate and Medway Council's Planning department.

The PNA in the Medway Area

Information included in the Medway Joint Strategic Needs Assessment (JSNA), the Medway Health profile 2017 and the Medway Health and Wellbeing Board (HWB) Strategy were reviewed to ascertain pharmaceutical need. These documents give an overview of healthcare needs and service gaps for the locality, such as population mix, deprivation and health performance data.

Further information can be found at Medway Council's website , Public Health England's website and the Medway Health & Wellbeing Website

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.

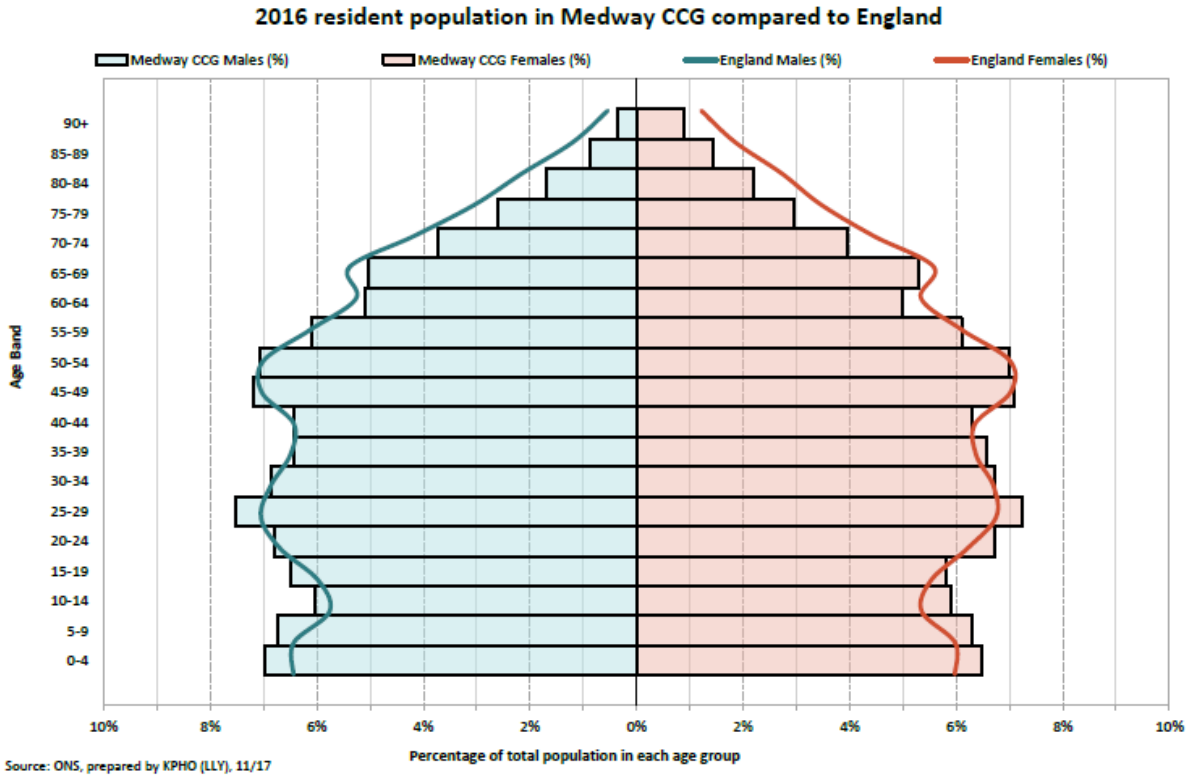


The document is structured into an analysis of pharmaceutical need based on both the Clinical Commissioning Group (CCG) boundary and the Medway Council boundary. These are co-terminus.

Medway Clinical Commissioning Group (Medway CCG) looks after patients through its GP surgeries, with a registered total practice population of just under 298,000. 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 Gravesend (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.

Practice data[2] show that out of a General Practice population of 297,727 there are 38,593 children aged 0-9 registered in Medway (13.0%) and 48,028 people who are over 65 in Medway (16.1%). These age groups are considered to be the main users of pharmaceutical services.

The Population of Medway



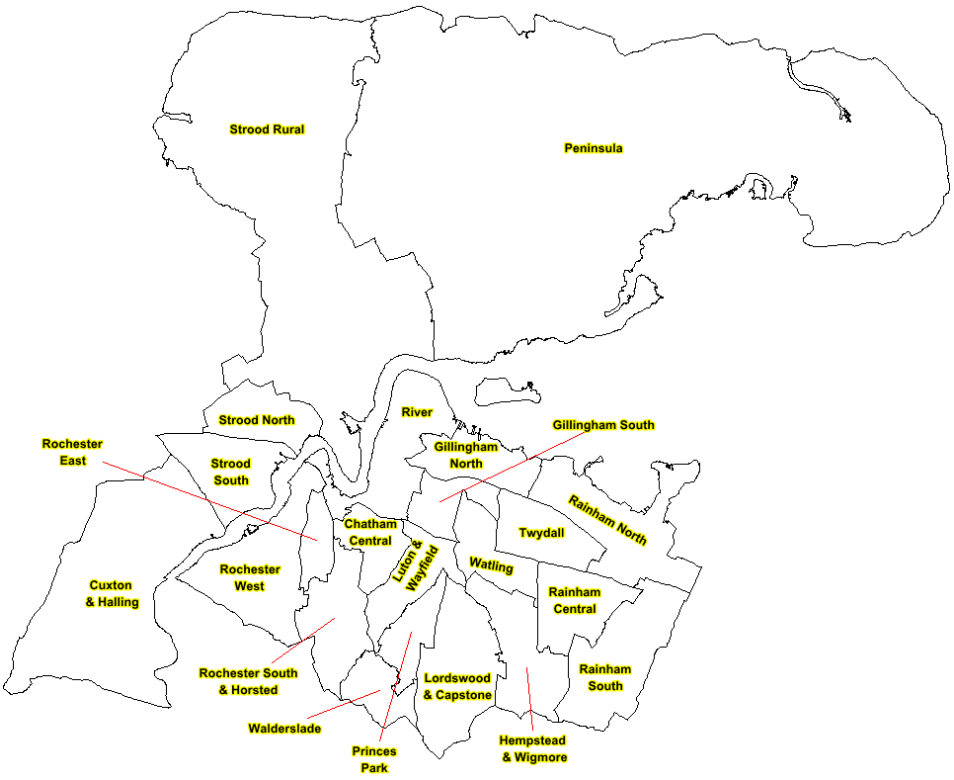
Medway has a higher percentage of under 15 year olds than the national profile. The largest population group in Medway are aged between 25 and 30 years old and

[2] PCIS practice data Nov 2017

then between 45 and 55 years old. The proportion of the population in all categories above age 60 is less than the national average. Commissioners may need to take into account that Medway has a higher proportion of under 15 year olds compared the national profile and consequently demands for services for children and young people may be greater.

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 health of people in Medway is varied compared with the England average. About 21% (11,600) of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 8.2 years lower for men and 5.8 years lower for women in the most deprived areas. The majority of deprived areas in Medway are found in wards in the urban areas, particularly in the centre of Chatham and Gillingham. However deprivation can also be found in rural areas such as Peninsula.



Electoral wards within Medway area.

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.

Long term conditions, lifestyle factors and premature mortality in Medway

A long term condition (LTC) is a disease for which there is currently no cure, but is managed with medication and/or other treatments. LTCs are more prevalent in older people: 58% of people aged over 60 years have at least one long term condition compared with 14% under the age of 40 years. [1]

An increase in the number 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 that 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 visit their GP and attend hospital [1].

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. There is an increasing need to prevent and manage multimorbidities rather than focusing on single diseases. Multimorbidity is more common among deprived populations [2]. People from the most deprived backgrounds have a 60% higher prevalence than those from the least deprived backgrounds. [1]

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.

The age at which deaths are considered to be premature has increased as health and life expectancy has increased. Currently deaths under the age of 75 years are classified as premature. There are roughly 2,200 deaths that occur in Medway each year. Almost a third of deaths in females and almost half of deaths in males occur before the age of 75 (30.5% and 44.7% respectively, 2014-16). Of these premature deaths, just over half are in people under the age of 65 years (50.6%); most aged 35-64 years (44.5%). Approximately 30% more men die prematurely than women. [3]

The leading cause of premature death is cancer, accounting for almost half of deaths in females (47.5%) and over a third of deaths in males (36.9%) under 75 years (2014-16). [3] Most premature cancer deaths occur over the age of 35 years, with nearly half of the premature cancer deaths occurring among adults aged 35-64 years (45.6%). [3] There has been a downward trend in the premature mortality rates from cancer in Medway since 2005-07, however these rates have remained consistently higher than both the South East and England. [4]

Smoking is known to be the biggest preventable cause of cancer. In Medway, the smoking prevalence in adults has decreased from 25.5% in 2012 to 19.0% in 2016, although Medway's smoking prevalence has remained consistently higher than both the South East and England. Smoking prevalence is highest amongst Medway's routine and manual workers at 34.2%. [5]

The next largest cause of premature death in those under the age of 75 years is circulatory disease (including coronary heart disease and stroke), accounting for 16.7% of premature deaths in females and 23.5% in males (2014-16). [3] Over the

last decade there has been a downward trend in the premature mortality rate from circulatory disease and the gap between Medway and England has closed. [6]

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. Recent survey data (2015/16) have shown that two thirds of adults (67.8%) in Medway are either overweight or obese [7], which is higher than the national average (61.3%), and one fifth of adults are physically inactive (21.9%), which is similar to England (22.3%). [8] Data from the National Child Measurement Programme (NCMP) show that the prevalence of obesity in both reception (8.4%) and year 6 (20.9%) aged children is similar to England (9.3% and 19.8% respectively; 2015/16). [9] Medway is similar to the national average for healthy eating; 56.8% of adults in Medway eat 5 portions of fruit and vegetables a day (England: 56.8%, 2015/16). [10]

A further 10% of premature deaths are due to respiratory disease, which includes chronic obstructive pulmonary disease (COPD). COPD is a long-term respiratory condition characterised by airflow obstruction and is predominantly caused by smoking. [11] The likelihood of developing COPD increases with age [11] and lifelong smokers have a 50% probability of developing COPD during their lifetime. [12] Airflow obstruction is treatable but not curable. Early detection and treatment is vital to help slow the decline in lung function and increase the amount of time that people with COPD have to enjoy an active life. [11]

In Medway there are three times as many premature deaths due to suicide or injury of undetermined intent in males as there are in females. The numbers are relatively small in statistical terms; however most of these deaths occur under the age of 65 years (2014-16). [3]

References

[1] Department for Health. Long Term Conditions Compendium of Information. Third Edition. May 2012.

[2] Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B (2012). Research paper. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet online*.

[3] Medway Public Health Intelligence Team. Primary Care Mortality Database Analysis.

[4] Public Health England. Public Health Outcomes Framework. 5.05i - Under 75 mortality rate from cancer (Persons).

[5] Public Health England. Public Health Outcomes Framework. 2.14 - Smoking Prevalence in adults - current smokers (APS).

[6] Public Health England. Public Health Outcomes Framework. 4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)

[7] Public Health England. Public Health Outcomes Framework. 2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method

[8] Public Health England. Public Health Outcomes Framework. 2.13ii - Percentage of physically inactive adults - current method

[9] Pubic Health England. NCMP Local Authority Profile.

[10] Public Health England. Public Health Outcomes Framework. 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) - current method

[11] NICE Guidance. Updated February 2016. Chronic obstructive pulmonary disease in e pulmonary disease in adults.

[12] Laniado-Laborín, R. (2009) Smoking and Chronic Obstructive Pulmonary Disease (COPD). Parallel Epidemics of the 21st Century. *International Journal of Environmental Research and Public Health*, 6, 209-224.

Sustainability and Transformation Partnership (STP)

The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care. These partnerships are known as

Sustainability and Transformation Partnerships (STPs) and they form an important part of the current context of planning health and social care services. All the NHS organisations in Kent and Medway, Kent County Council and Medway Council have come together in the Kent and Medway partnership.

The STP is a 'work in progress'. It describes what needs to be done differently to bring about better health and wellbeing, better standards of care, and better use of staff and funds. Changes will only be decided on and implemented following a period of engagement and consultation with local communities in Kent and Medway.

Changes need to be made because the current health and social care system isn't set up to meet the needs of today's population. Many more people are living longer but they want and need a different kind of care.

Community pharmacy leaders are involved in the STP Programme Board and are recognised as not just suppliers of medicines but experts in the safe and effective use of medicines and partners to help improve the health of the population and reduce inequalities in health within and between communities.

Within the STP framework Medway is developing the Medway Model[3] as a new way of joining up local health and care services so that, where appropriate and possible, they can be delivered closer to people's homes. Most people, when given a choice, want to stay out of hospital and receive care either in their own home or in their neighbourhood.

The Medway Model is bringing services together in six locations across Medway. This will enable health and care staff to work more closely together and develop services that focus on patients. The approach also recognises that patients have better outcomes if they are involved in decisions around the care they receive and are supported to make healthy choices about their lifestyle. The Medway Model is designed to ensure patients and their families have a strong voice in decisions about their health, care and wellbeing.

Community pharmacy leaders in Medway are keen to ensure that pharmacies play a significant role to ensure the success of this concept. Any extra pharmaceutical services which arise from the roll out of the model need to be identified and commissioned accordingly.

Community Pharmacy Funding

The national and local picture for NHS and social care services is very challenging with councils and NHS organisations facing unprecedented financial demands. People are living longer, many with complex health conditions, and the need for NHS and social care services is increasing. People are expecting more from their NHS and social care services. In addition, people want to be able to choose what services they have, and how they are delivered.

From December 1st 2016 the Department of Health (DH) imposed a reduction in the funding for community pharmacy while suggesting that the services provided can be improved. This presents a potential risk of community pharmacies being forced to

[3] The Medway Model

cut services which are currently provided for free, with consequences for patients and for the local health and social care economy.

On 20th October 2016, Government imposed a two-year funding package on community pharmacy in England, with a £113 million reduction in funding in 2016/17; one statement given indicated that they aim to close a considerable number of community pharmacies across England and Wales. A further reduction in 2017/18 was meant to see fees cut by 7% compared with November 2016 but evidence now shows pharmacies are facing cuts of between 15 and 20%, threatening their livelihood.

The funding cuts have come in two ways; one is a cut in fees as mentioned above. In addition, the reimbursement for the purchase of some medicines by pharmacies has been cut. This cut has also had an impact on dispensing surgeries. In the same way as for other businesses, costs of premises and staff have continued to rise and so it is anticipated that community pharmacy owners will seriously consider selling their businesses, merging (consolidation) with other pharmacies, or reducing their services. This will have an impact on the PNA and such changes will require areas and neighbourhoods to be re-assessed for their adequacy of pharmaceutical services in the light of new regulations and applications to open new pharmacy premises.

Pharmacy Integration Fund

A new Pharmacy Integration Fund (PhIF) is intended to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway. In particular, the PhIF will drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models.

Initiatives already started under the PhIF include:

a) Two work streams aimed at integrating community pharmacy into the NHS national urgent care system, to run in parallel from December 2016 (a) the urgent medicines supply service and (b) the urgent minor illness care work with NHS 111.
b) A new advanced service pilot has been introduced *National Urgent Medicines Supply Advanced Service (NUMSAS)* – pharmacies will register to offer this service and accept direct referrals from NHS 111 for people who require urgently needed repeat medication.
c) Health Education England has been commissioned to produce a workforce plan for pharmacy professionals in primary care to be able inform the workforce development needs for pharmacy across the health care system linking with the work they have already done in secondary care.
d) From April 2017: deployment of pharmacy professionals in care homes and funding workforce development for pharmacists who work in care homes including pharmacists with a prescribing qualification.
e) From April 2017: there will be funding for pharmacists working in urgent care clinical hubs, such as NHS 111, integrated urgent care clinical hubs or GP out of hours services, and again this will include a prescribing qualification.
f) There will be educational grants for community pharmacists to access postgraduate clinical pharmacy education and training courses up to diploma level from April 2017.

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 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’* [4] 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) a BMJ article

[4] 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

suggests that 99.8% of the people in deprived areas can walk to a pharmacy within 20 minutes (1 mile/1.6 km).

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.

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 one mile (1.6 km) of their residence. (See Travel Time Analysis Appendix D).

An exception to this are the residents living in the villages alongside and off of the main A228 road out towards Grain on the Hoo peninsula. Their nearest community pharmacies are in Hoo St Werburgh, a journey of up to seven miles each way along one major road. When the last PNA was carried out there were two dispensing practices supplying pharmaceutical services to this area but recently one of these practices has stopped dispensing meaning that approximately 3,000 patients now have had to either change their GP surgery to the one remaining dispensing practice or have to travel to Hoo St Werburgh to access pharmaceutical services.

Locally pharmacies in the area have developed a collection and delivery service to these patients to ensure that patients, especially those who are vulnerable or elderly, are not disadvantaged by this closure. Delivery is not an element of the pharmacy contract and is not funded either by the NHS or local authorities.

As the Peninsula is also recognised as an area of rural deprivation and is designated as a Controlled Locality (see Page **22**), it is considered that it is important that provision should not rely on the goodwill of the local pharmacies but that measures are put in place which are fully funded.

Consolidation of pharmacies

Regulation about consolidations was introduced on 5th December 2016 through the National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (Consolidation Amendment Regulations), which amended the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (2013 Regulations). This is to ensure that consolidations and mergers were agreed by the local HWB and assessment is made as to how such changes will affect access to pharmaceutical services.

This new regulation has been added to facilitate pharmacies in consolidating from two or more sites in to an existing site without allowing a new pharmacy to open in the ‘perceived gap’. This then protects the pharmacies that choose to consolidate where this does not create a gap in provision.

When NHS England receives such an application, they must notify the relevant interested parties (Health and Wellbeing Board (HWB) is included), as with other applications. However, unlike other applications the HWB must make representations in writing to indicate whether, if the application were granted, in the opinion of the HWB the proposed *removal* of the one or more of the premises would,

or would not, create a gap in pharmaceutical services provision. Once issued this supplementary statement becomes part of the PNA. The HWB must have due regard for any notifications that may be received from NHS England and respond accordingly.

Pharmacy Access Scheme (PhAS)

As part of the two-year final funding package imposed upon community pharmacies in England, the Department of Health (DH) confirmed the introduction of a Pharmacy Access Scheme (PhAS), with the stated aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. DH states that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. DH Guidance

Pharmacies are eligible for the extra payment if:

a) The community pharmacy is more than a mile away from its nearest pharmacy (measured by road distance);
b) The pharmacy is on the pharmaceutical list as at 1 September 2016;
c) The pharmacy is not in the top 25% largest pharmacies by dispensing volume.

Many of the pharmacies in the more rural areas are eligible to access this payment, which equates to approximately £1,500 per month in 2017/2018.

However this is only short-term funding and **is due to finish in March 2018** with no mention so far as to how these pharmacies will be supported after this date.

Pharmaceutical services in Medway

There are two ways that patients can access pharmaceutical services within Medway, through community pharmacies or through a dispensary within a GP surgery (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.

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	65	297,727	22
Kent			21
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 dependening on whether it is a community pharmacy, an appliance contractor or a dispensing practice.

Community Pharmacies provide:

- **Essential services:** every community pharmacy providing NHS pharmaceutical services must provide these and there are set out in their terms of service;
- **Advanced services**: services community pharmacies and appliance contractors can provide subject to accreditation as necessary;
- **Local enhanced services:** commissioned by **NHS England.**

Essential Services

These are provided by all community pharmacies, appliance contractors and distance-selling pharmacies, and must include the following:

- Dispensing of medicines and appliances;
- Repeat dispensing;
- Waste management;
- Public health campaigns;
- Signposting;
- Support for self-care;
- Clinical governance, the details of which can be found at Clinical Governance guidelines for Community Pharmacies
- Additional essential service requirements linked to the supply of appliances.

All community pharmacies in Medway provide the essential services.

Advanced Services

These can be provided by all contractors once accreditation requirements have been met. There are six Advanced Services within the NHS community 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 Advanced Services are:

- Medicines Use Review (MUR) and Prescription Intervention Service;
- New Medicines Service (NMS);
- NHS Flu vaccination Service;
- NHS urgent medicine supply advanced service (NUMSAS);
- Appliance Use Review (AUR) Service;
- Stoma Appliance Customisation (SAC) Service.

The first four can only be provided by community pharmacies, the last two can be provided by both community pharmacies and appliance contractors.

Most pharmacies in Medway provide MURs, NMS and the NHS Flu Vaccination service (see maps in Appendix A).

The NUMSAS (NHS Urgent Medicine Supply Advanced Service) is currently being rolled out across the South of England by NHS England. Currently all the pharmacies in Medway wish to offer this service and we expect this service to be extended to run until at least September 2018.

The Appliance contractors and some Medway community pharmacies provide SAC and AURs (see maps in Appendix A). SAC and AURs are mainly provided by national organisations which are not necessarily based in Medway but are available to all residents.

Local enhanced services commissioned by NHS England

There are no longer any enhanced services commissioned by NHS England in the Medway area.

Dispensing GP practices (surgeries)

- Dispensing practices can provide pharmaceutical services to specific patients including the dispensing of medicines and appliances. Many practices have developed these services further depending on the needs of their patients
- They can also sign up to the Dispensing Services Quality Scheme (DSQS). This is a voluntary scheme which includes DRUMs (Dispensing Review of Use of Medicines, which are similar to MURs in pharmacies), many of the essential services as well following the same principles of clinical governance as described in Clinical Governance guidelines for Community Pharmacies

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

Public Health locally commissioned 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 healthcare providers, such as GP surgeries and outreach clinics, as well. Examples of these are smoking cessation and sexual health.

CCG services locally commissioned provided through community pharmacies.

These are also not necessarily pharmaceutical services and therefore not considered as part of the PNA. Currently there are no services that Medway CCG commissions through community pharmacies.

Non NHS and private services

This 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. These can include blood pressure testing, blood glucose testing, cholesterol testing, delivery services, provision of medicines in multi-compartment aids, travel medicines and the sale of over the counter (OTC) medicines. All of these services may attract an additional charge. These services are not considered as part of the PNA.

Providers of Pharmaceutical services

The current providers of pharmaceutical services are community pharmacy, dispensing practices and appliance contractors. A list of the relevant pharmacies/appliance contractors/dispensing surgeries is included in Appendix B & C. Maps showing all pharmacies/appliance contractors/dispensing surgeries and those that are providing advanced services can be found in Appendix A.

Community Pharmacy

There are 57 pharmacy contractors who are registered on the local NHS pharmaceutical list as providing the full range of NHS pharmaceutical services across the Medway area.

Community Pharmacies	
Total number of Pharmacy contractors providing NHS pharmaceutical services	57
Number of standard 40 hour pharmacies	46
Number of 100 hour pharmacies	8
Number of mail order/internet pharmacies	3
Number of pharmacies offering electronic prescription service (EPS)	57

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 eight 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. NHS England has the power to waive the 3 months’ notice where it feels there is justification to do so, such as when a contractor increases its total opening hours.

100-hour pharmacies

These are pharmacies which have to be open for a minimum of 100 hours per week with the hours being agreed with NHS England. The PNA review indicates that 100 hour pharmacies where they exist are now considered essential in providing services for the area and a reduction from 100 hours to 40 hours should not be allowed. This is confirmed by guidance from NHS England.

Distance-Selling (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. There are three distance-selling pharmacies based in Medway.

Opening times

A review of all opening times was carried out in October 2017 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 on Monday–Friday, across Medway.

Where the area is rural (controlled), there are enough dispensing practices to provide pharmaceutical services to the rural population from Monday to Friday. One exception to this is in the smaller villages on the Hoo peninsula where the access to pharmaceutical services has decreased since the last PNA after one of the two dispensing practices ceased to dispense for its patients. These patients now travel into Hoo St Werburgh for their pharmaceutical services (please see Access on page **13** for more details). It is the responsibility of the organisation managing the GMS contracts to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area.

Services before 8 am (eight pharmacies) and after 6.30 pm (17 pharmacies) are provided throughout the Medway towns. Out of Hours providers of medical services provide access to urgent medical care including urgent medicines when there is not a pharmacy open and the need is considered to be urgent. The Out of Hours provider for this area is based in Gillingham.

In urban areas there is good provision of pharmaceutical services on Saturdays and Sundays. Forty-seven pharmacies across the Medway towns are open Saturday mornings and twenty one pharmacies also provide services on Saturday afternoons. Twelve pharmacies provide services on Sundays.

In rural areas, access to pharmaceutical services on Saturdays is good where there is a local village pharmacy.

Subsequent changes to opening times will be identified in supplementary statements which will be published at 3-monthly intervals alongside the PNA and the opening times of all pharmacies along with the additional services that they offer can be found on NHS Choices.

Dispensing practices

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

Dispensing practices	
Total number of GP practices providing pharmaceutical services to their patients	4
Total number of sites providing pharmaceutical services to their patients	8

A list of dispensing practices can be found in Appendix C. Dispensing GP practices are only able to provide pharmaceutical services to a registered patient residing 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 of the 'essential' services although many do.

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 one appliance contractor in Medway.

Pharmaceutical services out of hours

There are eight 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.

There has not been any applications for 100-hour pharmacies since the change in regulations in 2013, when providing 100 hours was removed from the criteria for applications. Our expectation is that those pharmacies granted 100-hour contracts prior to this date will continue to provide 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 Balmoral Gardens, Gillingham.

A GP-led Urgent Care centre is being developed to be based at Medway Hospital.

Rota services

NHS England manages a voluntary commissioned service, which is supported by a directed rota in areas where there are no volunteers, 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 full pharmaceutical services are monitored by NHS England with the local team, based at Horley, 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 equivalent to a Care Quality Commission (CQC) inspection.

Dispensing practices are invited to take part in the Dispensing Services Quality Scheme (DSQS) which is 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 (HLP) 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". 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.

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 has the potential to substantially increase the capacity and improve access to Health and Wellbeing services across Medway, not only in pharmacies but has the potential to include dentistry and optical outlets also.

In September 2016 accreditation to achieve a HLP Level 1 became national and the training for this was provided by Health Education England. The majority of Medway pharmacies are working towards achieving their **HLP Level 1** status through Public Health England. An up-to-date list of Level 1 HLPs can be found here.

Healthy Living Pharmacy status has since become part of the Quality Payments scheme. The Community Pharmacy Quality Payments Scheme 2017/18 forms part of the Community Pharmacy Contractual Framework which is effective from 1 December 2016 until 31 March 2018. Level 1 is a self-accreditation level and all Level 1 pharmacies will be expected to meet extra local requirements to achieve Level 2.

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 here.

The Department of Health guidance can be found here.

The NHS England South (South East) Pharmaceutical Services Regulation Committee (PSRC), currently assesses all applications for new pharmacies and any changes to the current provision in Medway.

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; or
4) Providing a distance selling (mail order or internet) pharmacy.

Guidance for applications for providers of pharmaceutical services can be read in full here.

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

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 surgery. 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 surgeries 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 (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 in 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 at 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 at 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 2,750 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.

Some residents living in controlled localities fall within the 2nd Quintile for the index of Multiple Deprivation (Appendix A, Page 8). This is recognised as rural deprivation and access to pharmaceutical services for these patients needs to be reviewed regularly and maintained.

Maps showing the controlled areas and the 1.6 km boundaries around pharmacies in the Medway area are included in Appendix A. (Page 15). These are currently being updated by NHS England although they are not expected to be available before the publication of this revised PNA and are likely to be in a digital format.

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 future pharmaceutical needs of the population.

At present Medway Council is developing a new Local Plan to replace the Medway Local Plan 2003. This seeks to manage growth and development within the district. Part of the plan making process is to assess the level of growth in Medway, this has been done and a need has been established of 29,463 additional homes for the plan period 2012–2035. This needs to be tested through the plan-making process to establish whether there is capacity to accommodate the forecast level of growth and this is what the Council is doing at present.

The process of developing a new Local Plan started in 2014. So far the Council has undertaken two stages of public consultation in 2016 (Issues and Options) and 2017 (Development Options). The consultations focused on the level of growth and potential scenarios to accommodate growth. The Council will consult again in the spring of 2018 on a more refined version of the Plan and then again in the winter of 2018 on the final version. It is planned to submit the new Local Plan for examination in 2019. Information on the progress of the new Local Plan development and previous stages of consultation can be located here.

The development at Lodge Hill mentioned in the last PNA is currently on hold, so is unlikely to need extra pharmaceutical services in the next three years.

New housing developments along the Medway Valley (Halling) have been also reviewed and although they have not reached a size where extra pharmaceutical services are needed, the whole area should be kept under review. Cuxton village has been the subject of several pharmaceutical applications recently but currently these have been turned down. This is primarily due to the area being designated rural (controlled) and the effect that a pharmacy would have on the current pharmaceutical service provider (a dispensing doctor who has a branch surgery in Cuxton).

With the extensive house building being carried out in Peters Village (Wouldham) (see Kent PNA West Kent locality), and especially as this area is now linked to

Cuxton and Halling by a new bridge across the Medway, further development in all these localities will mean that this area will need a rurality review before any extra pharmaceutical services are granted.

Any large housing developments (1,000 houses or more) will result in the PNA for those areas needing to be reassessed both for access to pharmaceutical services and as to whether the area has changed from Controlled to Non-controlled.

At the moment the council is still assessing sites for allocation of growth and shall update the PNA accordingly when these come forward. Currently no sites are expected to be in place in the next three years (the life of this PNA) but these areas will be reviewed regularly.

Retail, leisure and industrial development

Although increases in housing are the main markers to increased health needs, the development of large retail parks are also markers for increased health needs, both from staff and visitors. Also the identification of areas of land for employment or mixed use could result in a future need for extra pharmaceutical services in these areas. Work is progressing on where these sites shall be in the new Local Plan, however there are no firm proposals at present. Any allocations are not expected to be in place in the next three years (the life of this PNA), and these areas will be reviewed regularly.

Consultation

Each Health and Wellbeing Board has a duty to consult with key stakeholders as defined in Regulation 8 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 .

These stakeholders 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 5th December 2017 until 4th February 2018 inclusive using the Medway Council website

http://www.medway.gov.uk/carehealthandsupport/healthandwellbeing/pharmaceuticalneedassessment.aspx

All key stakeholders were contacted by email by the PNA Steering Group with an invitation to respond to the consultation and a link to the website for the draft PNA but could, if they requested, be sent an electronic or hard copy version. All consultees were reminded in January of the consultation.

The public was 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.

A detailed analysis of the results of the consultation plus a full report can be found in Appendices E, F & G.

The PNA has been revised to reflect the consultation results where appropriate.

Conclusions and final recommendations

1. Overall there is good pharmaceutical service provision in the majority of Medway from Monday to Friday. The majority of residents can access a pharmacy within a 20 minute walking distance and there is adequate choice of pharmacy.
2. Where the area is rural, there are dispensing practices to provide pharmaceutical services to the rural population from Monday to Friday. Most of the patients who live in the rural areas can access a community pharmacy within a 20-minute car drive if necessary.
    - Hoo Peninsula—although there are mitigations in place such as deliveries by pharmacies and the use of internet pharmacy, it is a recommended that the Health and Wellbeing Board monitors the situation on the Hoo Peninsula and explores whether wHoo Cares or other voluntary organisations can help to support access to pharmacies where public transport links are weak. Also NHS England is expected to liaise with the local providers and voluntary organisations such as wHoo Cares to achieve an innovative financially viable solution to the current situation.
    - Cuxton Village—it is important for the Health and Wellbeing Board to monitor the area to see if the need in the area changes significantly over the next three years (the life of the PNA).
3. In urban areas there is good provision of pharmaceutical services on Saturdays and Sundays.
4. In rural/outlying areas, access to pharmaceutical services on Saturdays is good where there is a local village pharmacy.
5. There are proposed future housing developments across Medway which will mean that these areas will need to be reviewed on a regular basis to identify any significant increases in pharmaceutical need.
6. The effect of the nearby proposed London Resort (formerly Paramount) site plans in North Kent is unlikely to have an effect on Medway over the next three years i.e. the life of the 2018 PNA.
7. The current provision of “standard 40-hour” pharmacies should be maintained, especially in rural/outlying areas.
8. The current provision of pharmacies who are contracted to open for at least 100 hours should be maintained.

9. Any application must demonstrate that it is necessary, will provide value to the NHS and it can improve on the availability of services across the specific area.
10. Permission for any applicant to provide extra pharmaceutical services to this area must be carefully considered as to whether it will destabilise the current providers, resulting in closures and fewer pharmaceutical services being available at crucial times.
11. The area is changing rapidly and as well as consulting this PNA, the PSRC at NHS England should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.
12. The Health and Wellbeing Board is responsible for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of NHS England to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies). It is proposed that the supplementary statements are issued every three months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the Medway Council website alongside the PNA.

Acknowledgements

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

Membership of the group consisted of:

Name	Position	Organisation
Dr David Whiting (Chair)	Consultant in Public Health	Medway Council
Cllr David Brake	Chair of Medway HWB	Medway Council
Dr Mike Parks	GP	Kent LMC
Michael Keen	CEO	Kent LPC
Rep for local Community Pharmacy	Pharmacist	Medway Community Pharmacy
Dr Tarlochan Gill	Chair	Kent & Medway LPN
Onevefu Odelade / Ola Odubunmi	Medicines Optimisation Team	NHS Medway CCG
Maggie Cane	Manager	Healthwatch Medway
Michael Hedley/Linda Barnard	Pharmacy Contracts Team	NHS England South-South East

Catherine Smith/ Tom Gilbert	Planning	Medway Council
Kevin Smith	Comms	Medway Council
Cheryl Clennett	Specialist Pharmacy adviser	Kent Pharmacy Advisers Ltd

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Leon Whiting	Data Information Pharmacy Contracts	NHS England South-South East
Alexandra Williams	Business Support, GP Contracts	NHS England South-South East

List of Abbreviations and Acronyms

AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DH	Department of Health (and Social Care)
DRUM	Dispensing review of the Use of Medicines
DSQS	Dispensing services Quality Scheme
EPS	Electronic Prescription Service
GMS	General Medical Services
GP	General Practitioner
GPhC	General Pharmaceutical Council
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
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