

Cheshire East Local Authority

Pharmaceutical Needs Assessment

Pre-Consultation Draft

For Discussion by

Cheshire East Health and Wellbeing Board
29th May 2014

ACCURACY OF THE PNA, INCOMPLETE OR DRAFT SECTIONS

All statements and figures shown in this draft pre-consultation version of the Cheshire East Pharmaceutical Needs Assessment (PNA) are subject to further checking and confirmation, and at this time should be regarded as provisional. The following paragraphs and sections of the PNA require completing or have been presented in a draft form for illustrative purposes.

1.0 Foreword and Executive Summary

2.3 Ensure consistency with Cheshire East Local Plan, Joint Strategic Needs Assessment (JSNA), Children and Young People's Plan, Community Strategy, and Community Safety Strategy

6.2 Ownership of community pharmacies – figures for Cheshire East

7.3 Local Enhanced Services commissioned by Central and Eastern Cheshire PCT in 2012-13 – details for Cheshire East, and number of contractors who provided emergency contraception

9.1.4 Medicines Use Review – number of contractors and MURs for Cheshire East

9.2.4 Appliance Use Review – number of contractors and AURs for Cheshire East

9.3.2 Stoma Appliance Customisation – number of contractors and SACs for Cheshire East

9.4.4 New Medicines Service – number of contractors and NMSs for Cheshire East

12.8 Prescription items dispensed per pharmacy per month – checking items

14.0 Prescribing information for Cheshire East in 2013 – checking items and costs

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Appendix B Maps of the major towns identifying the locations of community pharmacies

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- B.** Maps of the major towns identifying the locations of community pharmacies
- C.** Survey of Community Pharmacists – the findings of a survey of community pharmacists
- D.** Public Survey – the findings of a population survey about local pharmacy provision, people’s experiences when using a community pharmacy, what works well, and what could be improved
- E.** The Equality Impact Assessment
- F.** Glossary of Terms and Phrases defined in regulation 2 of the 2013 Regulations

2.0 Purpose of the Pharmaceutical Needs Assessment

2.1 Under the Health Act 2009, NHS Primary Care Trusts (PCTs) prepared Pharmaceutical Needs Assessments (PNAs) and used these as the basis for determining market entry to NHS pharmaceutical provision. The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) and transferred the responsibility to develop and update PNAs from PCTs to HWBs. The 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.

2.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 came into force on 1 April 2013. These require HWBs to produce their first assessment by 1 April 2015 and to publish a revised assessment within three years of publication of their first assessment (or as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services).

2.3 The statutory requirements for PNAs are set out in Regulations 3 to 9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. This Pharmaceutical Needs Assessment is written in accordance with these Regulations. The PNA also takes account of the Cheshire East Local Plan, the Joint Strategic Needs Assessment (JSNA), Children and Young People's Plan, Community Strategy, and Community Safety Strategy.

2.4 The PNA is of particular importance to NHS England who, since 1 April 2013, has been identified in the Health and Social Care Act 2012 as responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regard to applications made under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Under the revised market entry arrangements, routine applications are assessed against the PNA.

2.5 In addition to being used as a basis for determining market entry, PNAs are intended to be used to inform commissioning decisions by NHS England, by Local Authorities (public health services from community pharmacies), and by Clinical Commissioning Groups.

3.0 Structure of the Cheshire East Pharmaceutical Needs Assessment

3.1 This Pharmaceutical Needs Assessment for Cheshire East contains seventeen introductory sections. These are followed by the six statements required by the legislation, and a map identifying the premises at which pharmaceutical services are provided in the area of the HWB. The six appendices contain:

- a list of the names and addresses of all community pharmacies, a summary of the services that they provide, and the opening hours of the dispensing contractors
- maps of the major towns identifying the locations of community pharmacies
- the findings of a survey of community pharmacists
- the findings of a population survey about local pharmacy provision, people's experiences when using a community pharmacy, what works well, and what could be improved
- the equality impact assessment
- a glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

4.0 Pharmaceutical Lists and Market Entry

4.1 The following individuals may apply to be included in a pharmaceutical list:

- community pharmacy contractors, who are healthcare professionals who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use
- appliance contractors, who supply appliances on prescription such as incontinence and stoma aids, trusses, surgical stockings and dressings. They cannot supply medicines. However, community pharmacists and dispensing doctors can also supply appliances
- dispensing doctors, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities” to those patients who have difficulty accessing a community pharmacy service

4.2 Under the NHS (Pharmaceutical Services) Regulations 2005 and up to the 1st September 2012, four categories of pharmacy applications were exempted from the “control of entry” test. Existing pharmacies that opened under the 2005 exemption categories will still be expected to meet the conditions of the category under which the application was granted, and this will be monitored by NHS England. These categories were:

- pharmacies based in approved retail areas (large retail shopping areas of 15,000 square metres or more leasehold gross floor space away from town centres). There is one of these pharmacies in Cheshire East – in the Handforth Dean shopping centre
- pharmacies that intend to open for at least 100 hours per week. There are eleven of these pharmacies in Cheshire East – three in Congleton, three in Crewe, three in Macclesfield, one in Knutsford, and one in Nantwich
- consortia establishing new one stop primary centres. There are none of these pharmacies in Cheshire East
- wholly mail order or internet-based (distance-selling) pharmacy services. There are two of these pharmacies in Cheshire East

4.3 If a person wants to provide NHS pharmaceutical services, they must apply to be included on the pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the PNA. Under the NHS (Pharmaceutical Services) Regulations 2012, control of entry is determined by a market entry test, with the only exemption being for distance selling (wholly mail order or internet-based) pharmacy services. This is known as the NHS “market entry” system. Under the market entry test, NHS England assesses an application that offers to:

- meet an identified current or future need or needs
- meet identified current or future improvements or better access to pharmaceutical services
- provide unforeseen benefits. These are applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the area

4.4 The market entry test applies equally to urban and rural areas. However, where NHS England has determined that an area is “controlled” (generally rural in character); doctors as well as pharmacy contractors can dispense NHS medicines. General Practitioners (GPs) may

dispense NHS prescriptions only with NHS approval and only to their own patients who live in such controlled localities and live more than 1.6 km (as the crow flies) from a pharmacy. This is to ensure that patients in rural areas who might have difficulty reaching their nearest pharmacy can access the dispensed medicines they need.

4.5 Generally, when a pharmacy application is granted in a controlled area, any GPs within 1.6 km of the pharmacy have to cease dispensing. The exception to this is where the patient population is under 2,750 (“reserved location”). Where this is approved, both dispensing by doctors and pharmaceutical contractor services can be provided.

4.6 One of the objectives of the current regulatory framework is to improve access by patients to community pharmacies and to ensure access in deprived areas.

5.0 Essential Small Pharmacies

5.1 One of the community pharmacies in Cheshire East is in the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme. Essential Small Pharmacies are contracted under the Local Pharmaceutical Services (LPS) provisions. The Pharmaceutical Services Negotiating Committee (PNSC) and the Department of Health agreed as part of the contract negotiations in 2004-05 that LPS contracting would be used to provide support to existing Essential Small Pharmaceutical Services (ESPS) pharmacies. The Essential Small Pharmacies were all transferred to an Essential Small Pharmacy contract from October 2006. Originally scheduled to end in 2011, PNSC secured two extensions to the scheme, and the contracts have been amended to end in March 2015. Further discussions will be held between NHS England and PNSC about any support available to Essential Small Pharmacies from that date.

6.0 Ownership of Community Pharmacies

6.1 Under the Medicines Act 1968, a registered pharmacist must be in charge of each community pharmacy. Community pharmacies can be owned by a pharmacist sole trader, a limited liability partnership (where all partners are pharmacists) or bodies corporate (where a superintendent pharmacist must be appointed). These are collectively known as pharmacy contractors. Conventionally, pharmacy contractors who own six or more pharmacies are known as “multiple contractors” (also known as pharmacy chains), and those who own five or less pharmacies are known as “independents”.

6.2 In 2012/13, 23% of pharmacies in Central and Eastern Cheshire PCT were classified as independent and 77% were owned by multiple contractors (England 38.6% and 61.4%). In 2012/13, Somerset PCT recorded the highest figure for multiple contractors at 88.2 per cent and Islington PCT the lowest at 17.8 per cent. A patient survey undertaken by the Department of Health in 2007 indicated that the public value a variety of types of pharmacy.

7.0 Definition of Pharmaceutical Services

7.1 The NHS Act 2006 sets out the definition for pharmaceutical services. Pharmaceutical services are generally provided by virtue of Part 7 of the Act. Under section 126(1) – (3), NHS England is required to secure, on the basis of Regulations made by the Secretary of State, the

provision of services to people in their area of medicines and listed appliances and "such other services as may be prescribed" (section 126(3)(e)). Prescribed services must be set out in Regulations. Therefore, these prescribed services, and the dispensing services referred to in section 126(3)(a) to (d), constitute the core "essential" NHS pharmaceutical services. Section 127 also provides for "additional pharmaceutical services" to be set out in Directions to NHS England. Directed services include advanced and enhanced services for pharmacy contractors and advanced services for dispensing appliance contractors.

7.2 The Community Pharmacy Contractual Framework was introduced in 2005. Under the framework, there are three types of service which can be provided by community pharmacy and/or appliance contractors. Pharmaceutical services in relation to PNAs therefore include:

- "essential services" which every community pharmacy providing NHS pharmaceutical services must provide. These are the dispensing of medicines, promotion of healthy lifestyles, and support for self-care including appropriate signposting
- "advanced services" currently comprise four services. The first to be introduced was Medicines Use Reviews which community pharmacies can provide if they are providing all the essential services and have suitable training and accredited premises. In April 2010 a further two advanced services were introduced for both community pharmacy and appliance contractors. These are Appliance Use Reviews and Stoma Customisation Service. In October 2011 the fourth advanced service was introduced for community pharmacies, the New Medicines Service
- locally commissioned services (previously known as "enhanced services") that are commissioned by NHS England. The Cheshire, Warrington and Wirral Area Team of NHS England do not currently have any locally commissioned services

7.3 Prior to April 2013, each PCT was authorised to arrange for the provision of specific pharmaceutical services to persons within or outside its area with pharmacists included on its pharmaceutical list or on the list of a neighbouring PCT. In 2012-13 there were twenty specified services nationally although only six were commissioned by Central and Eastern Cheshire PCT. The table shows the proportion of community pharmacies providing these services in 2012-13.

	England	North West	CECPCT
Stop Smoking	20.2%	51.2%	47.5%
Supervised Administration	18.8%	46.5%	67.3%
Minor Ailment Service	12.1%	52.5%	100%
Patient Group Direction	11.7%	42.0%	100%
Medication Review	9.2%	20.8%	93.1%
Needle and Syringe Exchange	7.4%	19.9%	24.8%

7.4 From April 2013, pharmaceutical services **do not include** any services commissioned from pharmaceutical contractors by Local Authorities and Clinical Commissioning Groups.

8.0 Essential Services

8.1 **Dispensing Medicines or Appliances.** Pharmacies are required to maintain a record of all medicines dispensed, and also to keep records of any interventions made which they judge to

be significant. Whilst the terms of service requires a pharmacist to dispense any (non-blacklisted) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of his business'. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service. Prescription-linked interventions can be identified during the dispensing process. Pharmacists could identify patients with specified health needs which should be addressed. The health needs that the HWB wish to be targeted could be agreed with the Cheshire, Warrington and Wirral Area Team of NHS England and the Local Pharmaceutical Committee (LPC).

8.2 Repeat Dispensing. Pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their General Practitioner (GP). This service is aimed at patients with long term conditions who have a stable medication routine and hence may have less opportunity to discuss any health issues with their GP or nurse. Pharmacists are required to check if a patient is using their medication. This gives them an opportunity to identify if a patient is not using their medication as intended and hence may not be giving the desired health outcomes for which they were prescribed.

8.3 Disposal of Unwanted Medicines. Pharmacies are obliged to accept back unwanted medicines from patients. The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols, and the Cheshire, Warrington and Wirral Area Team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. Additional segregation is also required under the Hazardous Waste Regulations. Pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as side effects or dosage regimes can be addressed to help improve the patients' health outcomes. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.

8.4 Public Health Campaigns and Promotion of Healthy Lifestyles. Each year pharmacies are required to participate in up to six public health campaigns at the request of the Cheshire, Warrington and Wirral Area Team. Three will be national campaigns (yet to be agreed nationally) and three are local campaigns across the geography of Cheshire, Warrington and Wirral (and agreed by Directors of Public Health). These campaigns involve the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to promote healthy lifestyles and undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

8.5 Signposting. The Cheshire, Warrington and Wirral Area Team will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.

8.6 Support for Self Care. Pharmacies will help to manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct/NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

8.7 Clinical Governance. The clinical governance requirements of the community pharmacy contractual framework cover a range of quality related issues.

9.0 Advanced Services

9.1 Medicines Use Review and Prescription Intervention Service (MUR)

9.1.1 The Medicines Use Review and Prescription Intervention Service is an advanced service provided under the community pharmacy contractual framework. MURs can only be provided by pharmacies. The service includes MURs undertaken periodically or when there is a need to make an adherence-focused intervention due to a problem that is identified while providing the dispensing service (a prescription intervention MUR). The purpose of the MUR service is to improve patient knowledge, adherence and use of their medicines by:

- establishing the patients actual use, understanding and experience of taking medicines
- identifying, discussing and resolving poor or ineffective use of medicines
- identifying side effects and drug interactions that may affect adherence
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage

9.1.2 The following three national target groups for MURs were introduced in October 2011:

- patients taking the following high risk medicines: non-steroidal anti-inflammatory drugs, anticoagulants including low molecular weight heparin, antiplatelets and diuretics
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- patients with respiratory disease taking the following medicines for asthma or COPD: adrenoreceptor agonists, antimuscarinic bronchodilators, theophylline, compound bronchodilator preparations, corticosteroids, cromoglycate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

9.1.3 The service is nationally available to a national service specification, but is established locally between the Cheshire, Warrington and Wirral Area Team of NHS England and community pharmacies. A fee per MUR is payable to all pharmacy contractors that choose to provide the services and meet the requirements for this service. The maximum any contractor can be paid for under the advanced service is 400 MURs a year and at least 50% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups.

9.1.4 In 2012-13, a total of 24,656 MURs were carried out in Central and Eastern Cheshire PCT, representing an average of 252 in each community pharmacy providing the service compared to an average of 246 in the North West and 267 in England. The three Primary Care Trusts with the highest use of MURs in the North West had averages of 281, 286 and 300.

9.2 Appliance Use Review (AUR)

9.2.1 Appliance Use Review (AUR) is the second advanced service and was introduced into the NHS community pharmacy contract on 1 April 2010. This service can be provided by either community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

9.2.2 The service has a national service specification, but was established locally between Primary Care Trusts and their pharmacy contractors. A fee is payable to all community pharmacy and appliance contractors for each AUR they have carried out. There is a different fee depending on whether the AUR was carried out in the patient's home or on the contractor's premises. The maximum number of AURs for which a contractor is eligible to be paid for under this service is not more 1/35th of the aggregate number of specified appliances dispensed by the contractor during the financial year.

9.2.3 AURs should improve the patient's knowledge and use of any specified appliance by:

- establishing the way the patient uses the appliance and the patient's experience of such use
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- advising the patient on the safe and appropriate storage of the appliance
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted

9.2.4 Only one community pharmacy in Central and Eastern Cheshire PCT provided this service in 2012-13. In that year a total of 13 AURs were carried out, representing an average of 13 in each community pharmacy providing the service compared to an average of 115 in the North West and 197 in England. The number of Cheshire East patients who access the service in other areas is not known.

9.3 Stoma Appliance Customisation (SAC)

9.3.1 Stoma Appliance Customisation (SAC) is the third advanced service in the NHS community pharmacy contract and was also introduced on 1 April 2010. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service can be provided by either pharmacy or appliance contractors.

9.3.2 In 2012/13 a total of 18 (17.8%) contractors provided a SAC service in Central and Eastern Cheshire PCT compared to an average of 17.1% of contractors in the North West and 15.2% in England. Across the PCT a total of 277 SACs were carried out compared to a total of 155,629 for the North West which represents an average of 15 SACs per contractor providing the service compared to an average of 497 in the North West and 635 in England. It is likely that the needs of local patients are being addressed by services based outside the HWB area.

9.4 New Medicines Service (NMS)

9.4.1 The New Medicines Service (NMS) is the latest advanced service to be introduced in the NHS community pharmacy contract and was introduced on 1 October 2011. This service can be provided by pharmacies only. Although the NMS was implemented as a time-limited service commissioned until March 2013, NHS England has been considering the short term future of the service, in discussion with the Pharmaceutical Services Negotiating Committee, and it has been agreed that the NMS will continue in 2014/15, subject to the outcome of a Department of Health funded academic evaluation of the service which is expected to report in mid-2014.

9.4.2 This means that pharmacy contractors can continue to provide the NMS to all eligible patients, with all service requirements and payment arrangements remaining the same, until further notice is given or the end of 2014/15 is reached. When the final evaluation is published, NHS England will use it to decide whether to continue commissioning the service.

9.4.3 The New Medicines Service aims to:

- help patients and carers manage newly prescribed medicines for a long-term condition (LTC) and make shared decisions about their LTC
- recognise the important and expanding role of pharmacists in optimising the use of medicines
- increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention agenda
- supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- promote multidisciplinary working with the patient's GP practice
- link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- improve pharmacovigilance, and
- through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients

9.4.4 In 2012-13, the New Medicines Service was provided by 84 (83.2%) of the community pharmacies in Central and Eastern Cheshire PCT. A total of 6,049 NMSs were carried out, representing an average of 72 in each community pharmacy providing the service compared to an average of 63 in the North West and 68 in England. The Primary Care Trusts with the highest use of NMSs in the North West had averages of 84, 86 and 89.

9.4.5 The NMS is focused on the following patient groups and conditions. For each, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines for these conditions, they will be eligible to receive the service:

- asthma and chronic obstructive pulmonary disease

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- type 2 diabetes
- antiplatelet/anticoagulant therapy (mainly but not exclusively used for atrial fibrillation)
- hypertension

9.4.6 It is estimated that in Cheshire East each year:

- 1,446 patients will be diagnosed with asthma or chronic obstructive pulmonary disease
- 870 patients will be diagnosed with type 2 diabetes
- 720 patients will be diagnosed with atrial fibrillation
- 2,588 patients will develop hypertension although most will not be diagnosed

9.4.7 There is no routine information available about the use of NMSs for each condition, so it is not currently possible to estimate the proportion of new patients in Cheshire East who receive this service. However, the current overall volume of service is likely to be sufficient to meet need, if service use can be appropriately targeted.

10.0 Services Commissioned by Cheshire East Council

10.1 Under the Health and Social Care Act 2012 the responsibility for commissioning certain services now sits with public health in Local Authorities. In Cheshire East these services are supervised administration, needle exchange, stop smoking and emergency contraception. Except for stop smoking (which has increased), the proportion of pharmacies that provide these services has not changed significantly since the transfer of commissioning responsibility.

10.2 The table illustrates the number and proportion of community pharmacies that provide these services, by Local Area Partnership and by CCG area. There is a consistent level of service provision across both CCG areas, and all four services are available in every Local Area Partnership except for needle exchange in the Poynton LAP (there is access to needle exchange in the adjacent Wilmslow LAP and Macclesfield LAP).

Services commissioned by Cheshire East Public Health					
	Community pharmacies	Supervised consumption	Needle exchange	Stop smoking	Emergency contraception
Congleton LAP	22	11	6	21	18
Crewe LAP	16	12	4	16	14
Knutsford LAP	6	2	1	5	3
Macclesfield LAP	13	8	6	13	10
Nantwich LAP	7	5	1	6	8
Poynton LAP	4	1	0	3	1
Wilmslow LAP	11	4	3	11	8
NHS Eastern Cheshire CCG	47	22 (47%)	13 (28%)	44 (94%)	33 (70%)
NHS South Cheshire CCG	32	21 (66%)	8 (25%)	31 (97%)	29 (91%)
Cheshire East	79	43 (54%)	21 (27%)	75 (95%)	62 (78%)

10.3 **Supervised Consumption.** This service provides supervised administration of prescribed opiate maintenance treatment (Methadone or Buprenorphine) at the point of dispensing in the

pharmacy, ensuring that the dose has been administered to the patient. Clients are also given support and advice, including referral to primary care or specialist centres where appropriate.

10.4 Pharmacy Based Needle Exchange. This service aims to assist clients to remain healthy until they are ready to cease injecting and achieve a drug-free life with appropriate support. The service also aims to reduce the rate of blood-borne infections and drug related deaths among service users by:

- reducing the amount of sharing and other high risk injecting behaviours
- providing sterile injecting equipment and other support
- promoting safer injecting practices
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose preventions (e.g. risks of poly-drug use and alcohol use)
- improving the health of local communities by preventing the spread of blood borne infection and ensuring the safe disposal of used injecting equipment

10.5 Stop Smoking. This service improves access to stop smoking services by establishing a one to one stop smoking service in community pharmacies, with Nicotine Replacement Therapy (NRT) dispensing and stop smoking consultation. The service aims to improve the health of the local population by supporting as many quitters as possible to the four week quit target, especially through the targeting of disadvantaged smokers.

10.6 Emergency Hormonal Contraception. This service involves the supply of Levonorgestrel or Ulipristal Acetate emergency hormonal contraception when appropriate to clients in line with the requirements of the Patient Group Direction (PGD). Under 16s must be competent to consent to the treatment. The service constitutes a particularly important component of the total contraceptive and sexual health service provision and is essential in order to support the service already provided by other Contraception and Sexual Health (CaSH) clinics. The service also helps to support the reduction of teenage pregnancy.

11.0 Services Commissioned by South Cheshire CCG and Eastern Cheshire CCG

11.1 Think Pharmacy Urgent Palliative Care Medicines Service. This service is commissioned to ensure that residents in Cheshire East have access to a defined list of medicines that should be provided to patients nearing the end of their life. Each pharmacy providing the service receives a retainer payment to hold the palliative care formulary list of medicines in stock in anticipation of receiving prescriptions to dispense at short notice. The medicines can then be provided to the patient to have at their home so that they can be administered if needed for palliative care. Not all of the medicines may be needed by each patient, but all are prescribed to ensure that they are available if the need arises.

11.2 Think Pharmacy Minor Ailments Service. The Think Pharmacy Minor Ailments Service aims to support patients to recover quickly and successfully from episodes of ill health that are suitable for management in a Community Pharmacy setting. The service aims to divert patients with specified minor ailments from general practice and urgent care settings into community pharmacies, where the patient can be seen and treated in a single episode of care.

12.0 Community Pharmacy Provision in Cheshire East

12.1 At the end of March 2014 there were 79 community pharmacies, 2 distance selling pharmacies and 7 dispensing general practices on the pharmaceutical list in Cheshire East. There were no dispensing appliance contractors.

Community Dispensing in Cheshire East, March 2014					
	Community Pharmacies	Distance Selling Pharmacies	Dispensing Appliance Contractors	GP Practices	Of which, Dispensing GP Practices
Congleton LAP	22	2	0	10	3
Crewe LAP	16	0	0	7	0
Knutsford LAP	6	0	0	3	1
Macclesfield LAP	13	0	0	8	0
Nantwich LAP	7	0	0	6	2
Poynton LAP	4	0	0	3	0
Wilmslow LAP	11	0	0	5	1
NHS Eastern Cheshire CCG area	47	1	0	23	3
NHS South Cheshire CCG area	32	1	0	19	4
Cheshire East	79	2	0	42	7
GP Practices have been allocated to Localities according to their physical position GP Practices include Bunbury and the Handforth branch surgery as they lie within Cheshire East					

12.2 The Central and Eastern Cheshire PCT Pharmaceutical Needs Assessment published in February 2011 identified 93 community pharmacies, of which 70 fell within the Cheshire East Local Authority boundary. The number of pharmacies is now 79, an increase of 9 (13 %). Within this, the number of 100 hour pharmacies has increased by 5, from 6 to 11 (83%). The table below shows the change across the various localities.

Locality	PNA2011		Current		Movement from 2011	
	Community Pharmacies	100 hr	Community Pharmacies	100 hr	Community Pharmacies	100 hr
LAP						
Congleton LAP	18	1	22	3	4	2
Crewe LAP	15	2	16	3	1	1
Knutsford LAP	5		6	1	1	1
Macclesfield LAP	11	2	13	3	2	1
Nantwich LAP	6	1	7	1	1	0
Poynton LAP	4		4		0	0
Wilmslow LAP	11		11		0	0
Town						
Crewe	14	2	15	3	1	1
Nantwich	6	1	6	1	0	0
Alsager	3	0	3	0	0	0
Congleton	8	1	11	3	3	2
Middlewich	2	0	2	0	0	0
Sandbach	4	0	4	0	0	0
Knutsford	4	0	5	1	1	1
Macclesfield	11	2	13	3	2	1
Poynton	2	0	2	0	0	0
Wilmslow	9	0	9	0	0	0
Eastern Cheshire CCG Rural	6	0	7	0	1	0
South Cheshire CCG Rural	1	0	2	0	1	0
CCG						
NHS Eastern Cheshire CCG	40	3	47	7	7	4
NHS South Cheshire CCG	30	3	32	4	2	1
Cheshire East	70	6	79	11	9	5

12.3 There is a correlation between population size and the number of local community pharmacies. Crewe, Macclesfield, Congleton and Wilmslow have between nine to fifteen pharmacies. Most of the main towns in Cheshire East are served by at least two pharmacies. Several towns and villages have a single community pharmacy, including Alderley Edge, Audlem, Bollington, Disley, Goostrey, Haslington, Holmes Chapel, Mobberley, Prestbury and Shavington.

12.4 In 2013, 94.9% of prescriptions issued in Cheshire East were dispensed by community pharmacies located inside Cheshire East. Another 3.4% were dispensed in the surrounding HWB areas, reflecting close geographical proximity and/or commuter or shopper flows (this proportion was highest for Poynton at 15.1%, Middlewich 6.8%, Wilmslow 6.4%, Knutsford 6.0%, and was under 1% for Macclesfield and Crewe). The main map illustrates where most prescriptions were dispensed in surrounding HWB areas. This includes Altrincham in the Trafford HWB area; Central Manchester in the Manchester HWB; Cheadle Hulme, Hazel Grove and Stockport in the Stockport HWB; Chester, Winsford and Northwich in the Cheshire West and Chester HWB; Biddulph and Kids Grove in Staffordshire HWB; and Hanley in the Stoke-on-Trent HWB area. A further 1.7% of prescriptions were dispensed by community pharmacies elsewhere in the country or by distance selling pharmacies.

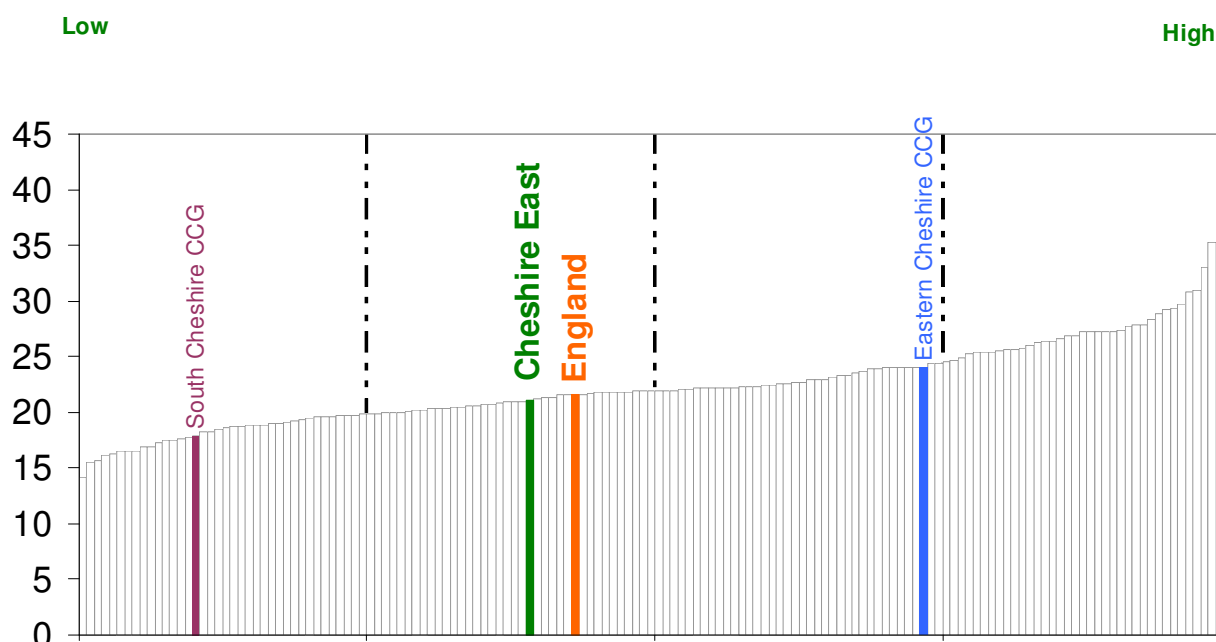
12.5 The majority of prescriptions issued by the general practitioners in each town are dispensed by community pharmacists in that town. The major flows between towns occur as inflows to Crewe and Macclesfield. There is also a significant inflow to Nantwich from prescriptions issued in Crewe.

Flows of Prescription Items from Town of Issuing to Town of Dispensing, 2013

Crewe to Nantwich	37,600
Nantwich to Crewe	27,400
Alsager to Crewe	17,400
Knutsford to Macclesfield	13,900
Poynton to Macclesfield	13,100
Sandbach to Crewe	10,600
Middlewich to Crewe	10,200

12.6 The chart overleaf illustrates the national distribution of the number of community pharmacies per 100,000 population. At 31 March 2013 there were 22 pharmacies per 100,000 in England. Westminster PCT (London) had the most pharmacies per 100,000 with 43 and Herefordshire PCT (West Midlands) the least pharmacies with 14. Cheshire East's rate of 21 per 100,000 was the lowest in the North West, behind Warrington, Bury and Cumbria (all 22 per 100,000) and the North West average of 26 per 100,000. The chart also shows that there are fewer community pharmacies in the NHS South Cheshire CCG area (18 per 100,000) than in the NHS Eastern Cheshire CCG area (24 per 100,000).

PNA Pharmacies per 100,000 population, 2012-13

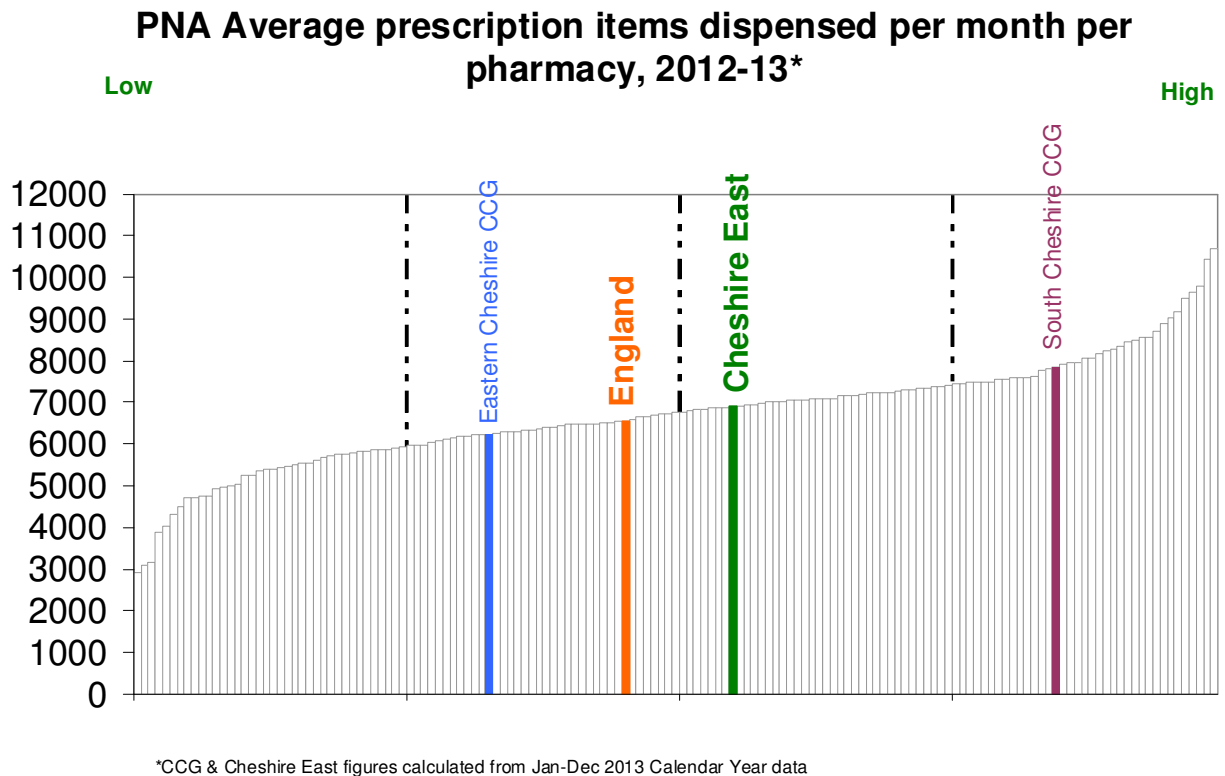


12.7 The table shows the number of community pharmacies per 100,000 population for the seven Local Area Partnership (LAP) areas in Cheshire East. The Wilmslow, Knutsford and Congleton LAPs have more pharmacies per 100,000 than the Cheshire East average, while Poynton, Crewe, Macclesfield and Nantwich LAPs have fewer. The LAP area with the lowest number of community pharmacies per 100,000 is Poynton, although several pharmacies in Cheadle Hulme and Hazel Grove lie just outside the LAP area. Congleton LAP straddles two CCG areas. It contains fewer pharmacies per 100,000 in its South Cheshire CCG portion than in its Eastern Cheshire CCG portion.

Community pharmacies per 100,000 population			
	Community pharmacies	Population Mid 2011	Pharmacies per 100,000 population
Congleton LAP	22	92090	24
Crewe LAP	16	85836	19
Knutsford LAP	6	25056	24
Macclesfield LAP	13	69585	19
Nantwich LAP	7	36057	19
Poynton LAP	4	23804	17
Wilmslow LAP	11	38308	29
NHS Eastern Cheshire CCG	47	194793	24
NHS South Cheshire CCG	32	175943	18
Cheshire East	79	370736	21

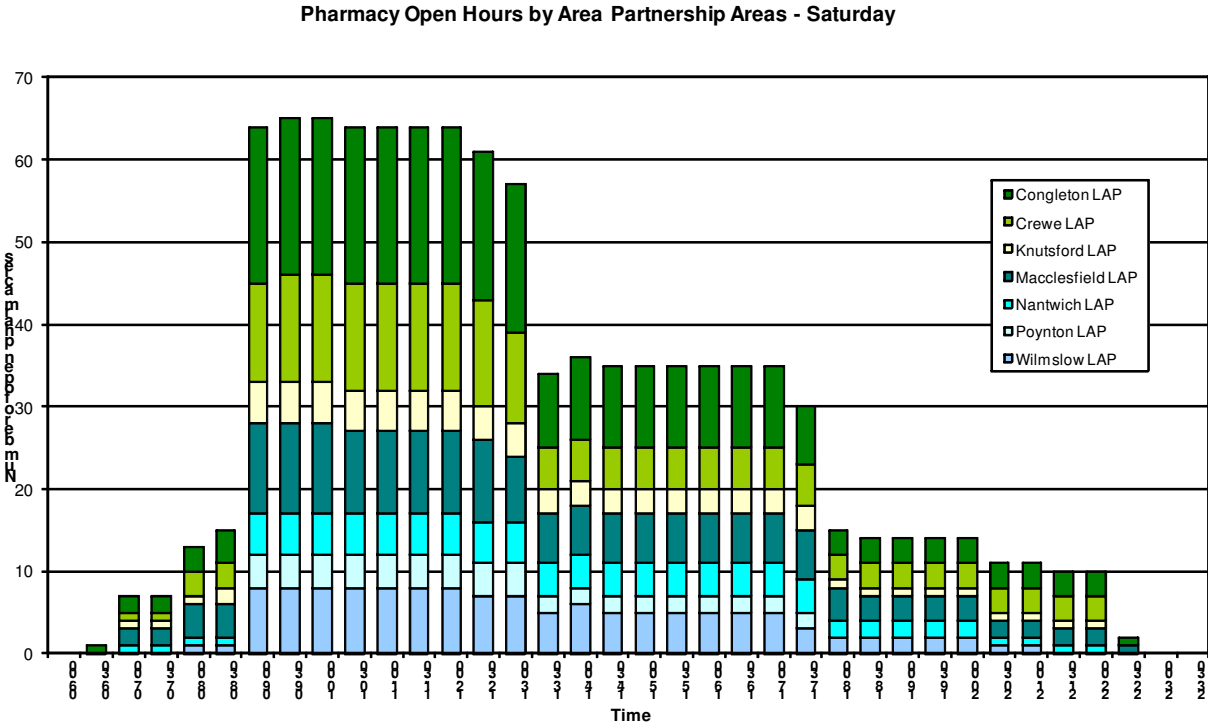
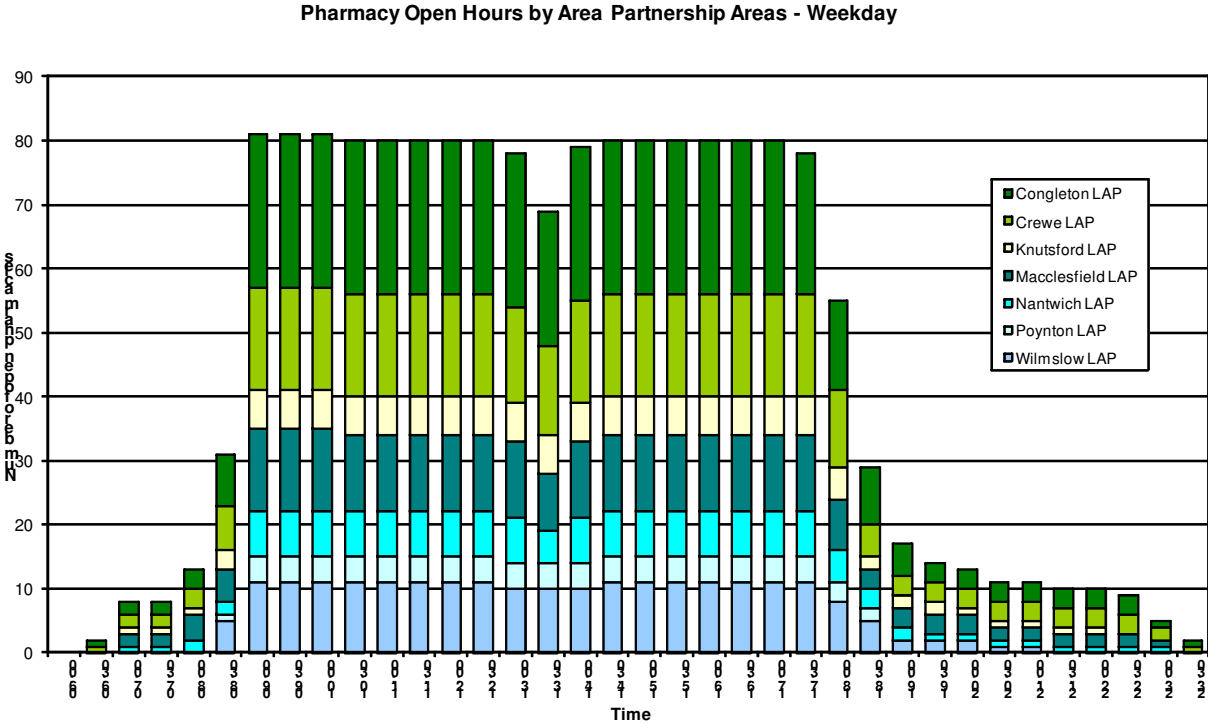
12.8 In 2012-13, the average number of prescription items dispensed per pharmacy in Central and Eastern Cheshire PCT was 7,293 per month, higher than the North West of 6,807 and England 6,628 per month. Central and Eastern Cheshire PCT had the sixth highest rate in the North West. Westminster PCT (London SHA) had the lowest average number of items per pharmacy per month (2,927). North Tyneside PCT (North East SHA) had the highest average

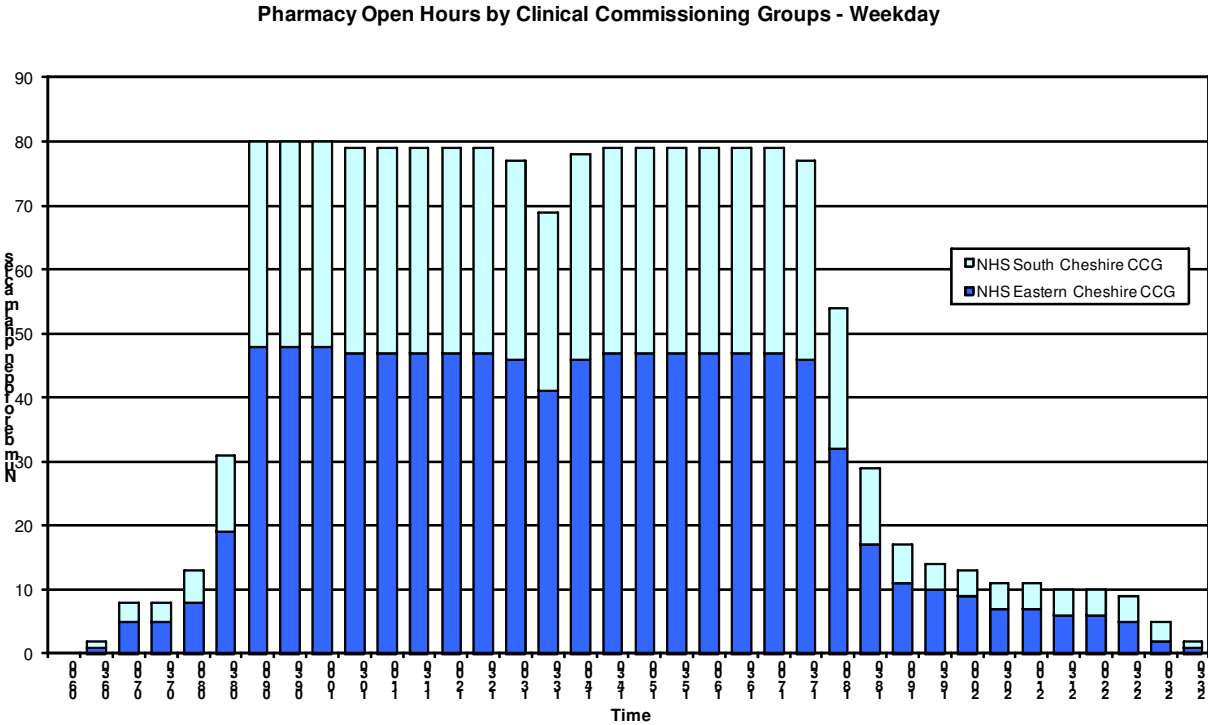
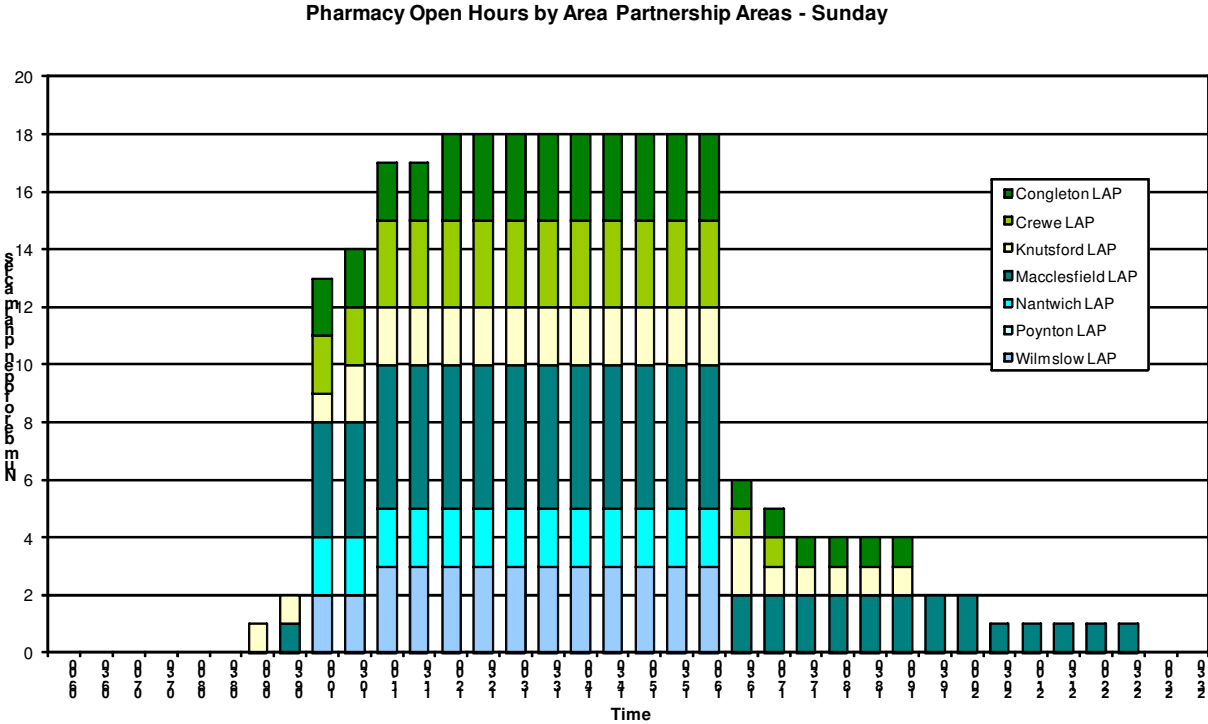
number of items per pharmacy per month (10,691). In 2013, community pharmacies in the South Cheshire CCG area dispensed over 1,000 items more per month than those in the Eastern Cheshire CCG area, which is consistent with having fewer pharmacies per 100,000 population.



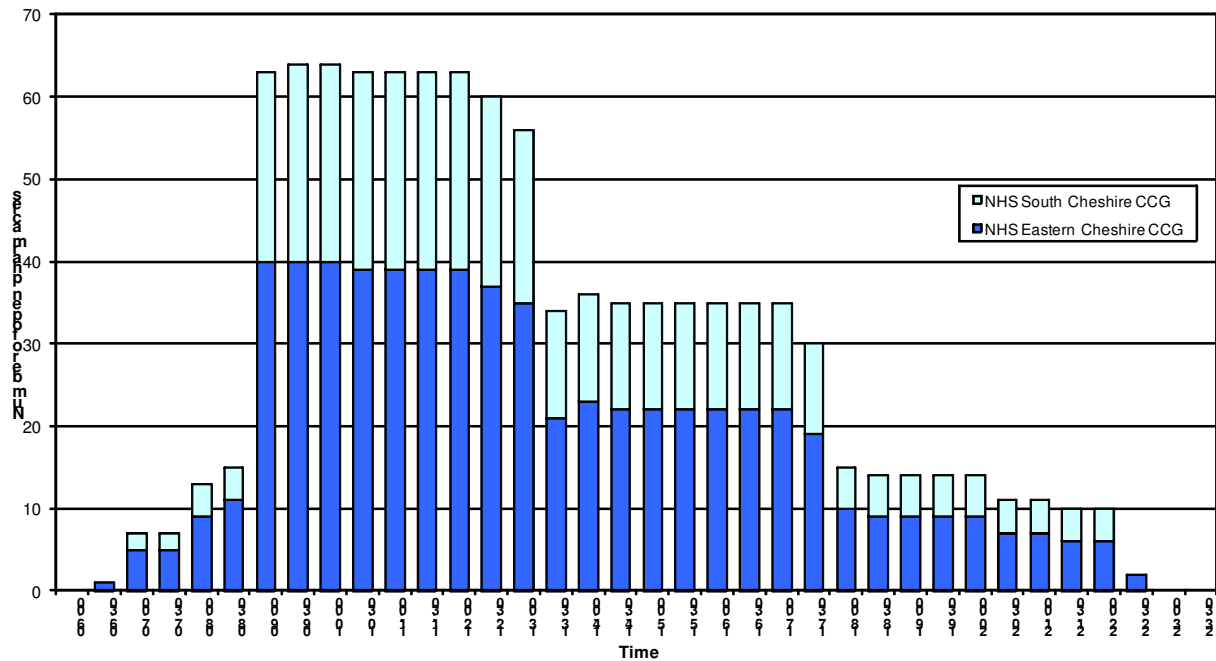
13.0 Community Pharmacy Opening Hours

13.1 Extended opening hours are a beneficial feature of pharmacy provision locally, and there is weekday access to community pharmacies from 6.30 in the morning and throughout the day up to midnight. There is some geographical difference in access on Sundays, with no community pharmacies open after 5.30pm in the South Cheshire CCG area.

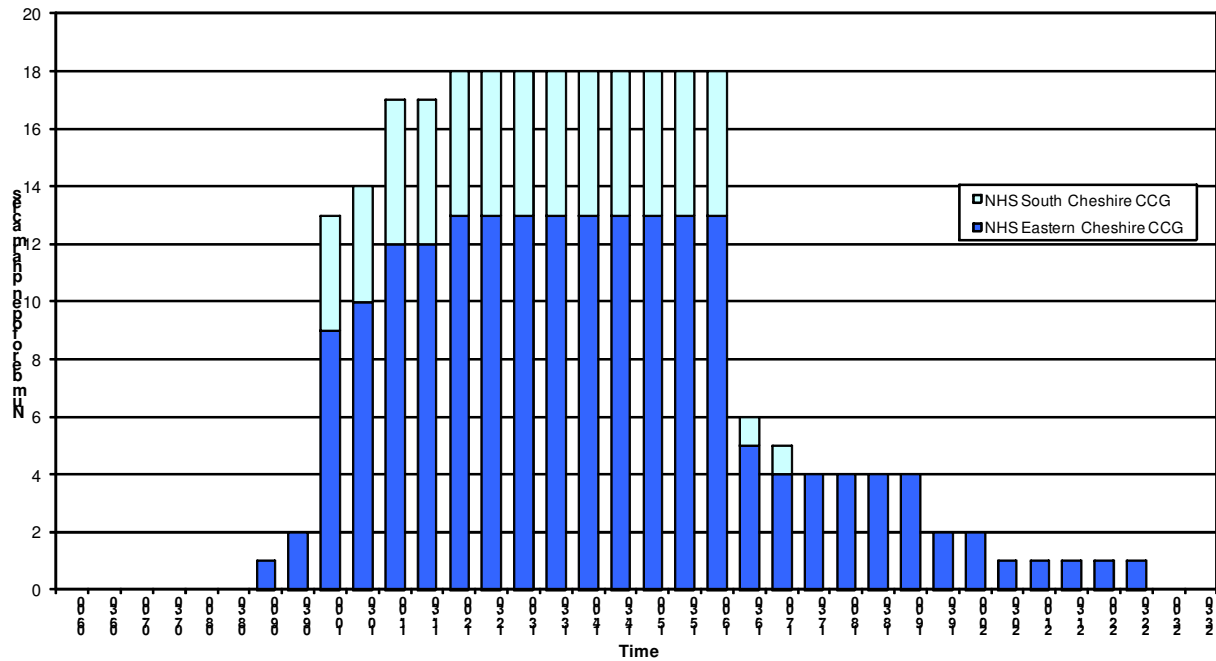




Pharmacy Open Hours by Clinical Commissioning Groups - Saturday



Pharmacy Open Hours by Clinical Commissioning Groups - Sunday



14.0 Prescription Items and Prescription Costs

14.1 Prescriptions written by General Medical Practitioners (GPs) and non-medical prescribers (nurses, pharmacists, dentists) comprise the vast majority of prescriptions dispensed in the community. In England in 2011, 98.3 per cent of prescriptions were written by GPs and 1.7 per cent by nurses and other non-medical prescribers.

14.2 A prescription item refers to a single item prescribed by a doctor or non-medical prescriber on a prescription form. If a prescription form includes three medicines, these are counted as three prescription items. The Net Ingredient Cost (NIC) of each medicine refers to the cost of each drug before discounts and does not include any dispensing costs or fees. Within this PNA the terms 'prescribing' and 'dispensing' are used interchangeably to mean 'the number of items' dispensed. The term 'cost' refers to 'net ingredient cost'.

14.3 In relation to the prescribing of items in Cheshire East in 2013:

- 7.39 million items were dispensed overall. The average number of items per head of the population in 2013 was 19.64, compared to 18.3 per head in England in 2011
- The total cost of prescriptions dispensed was £55.4 million. The average cost per head of the population was £147.16, compared to £167.22 per head in England in 2011. The average cost per item was £7.49, compared to £9.16 in England in 2011

14.4 Prescriptions are subject to a prescription charge but many people are eligible for free prescriptions. The groups that are eligible for free prescriptions are:

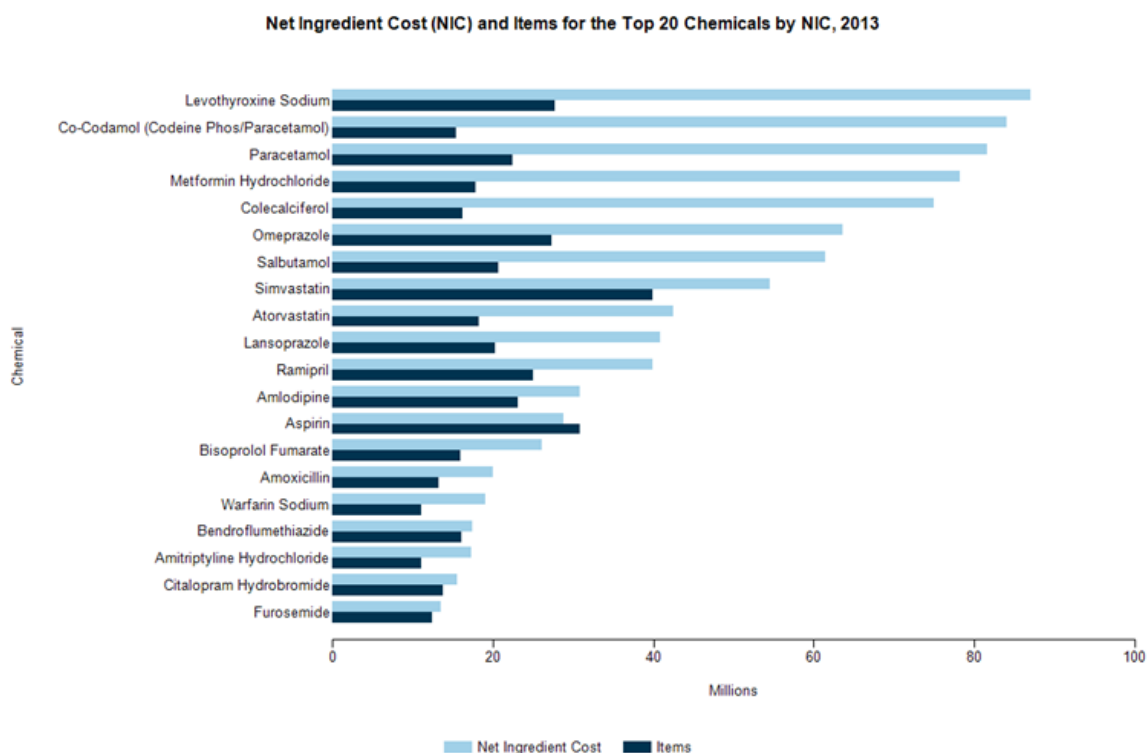
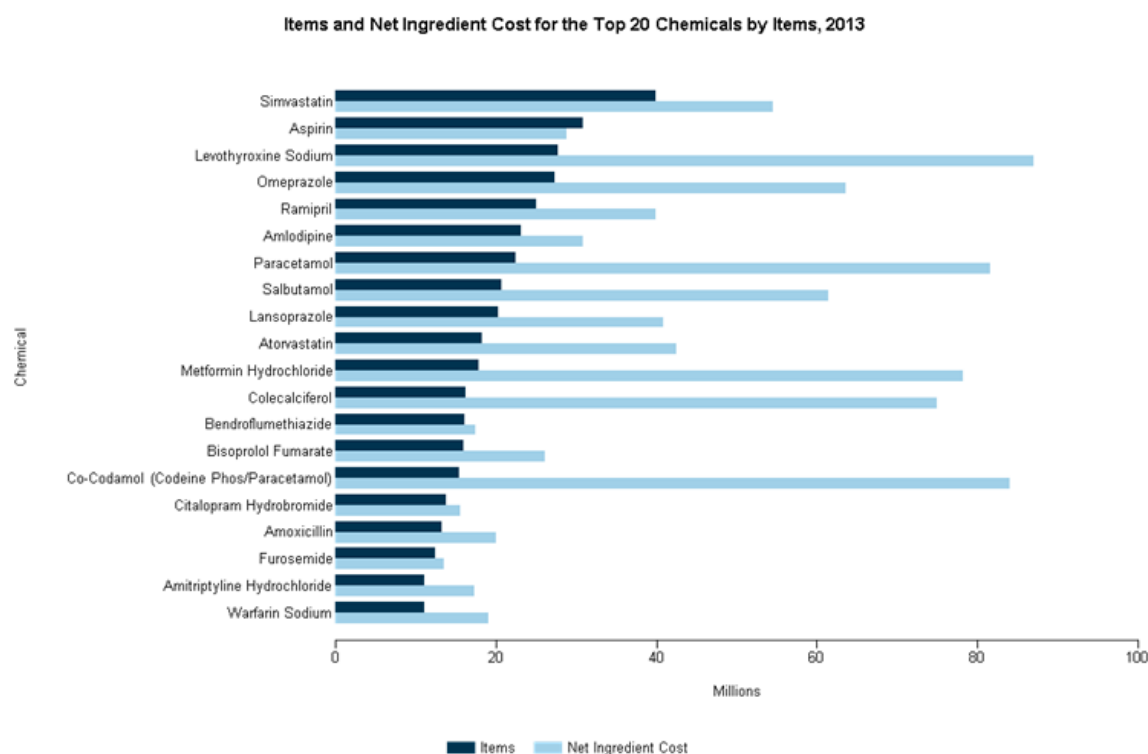
- where the patient holds a valid prescription pre-payment certificate
- men and women aged 60 and over
- children under age 16, and young people aged 16, 17 and 18 in full time education
- exemption certificate holders, these are: pregnant women, women who have given birth in the previous 12 months, and people with specified medical conditions
- war pensioners, but only in respect of prescriptions for their accepted disablement and an exemption certificate is held
- patients undergoing treatment for cancer
- NHS Low Income Scheme in respect of means tested entitlement
- all prescribed contraceptives are free and do not attract a prescription charge
- personally administered items

14.5 The majority of items are exempt from the prescription charge on the grounds of patients being aged 60 and over. In England, 94.6 per cent of prescription items were free in 2011, although this figure includes prescriptions purchased with pre-payment certificates.

15.0 The Top 20 Drugs used in Cheshire East, by Number of Items and Cost

15.1 Total community dispensing in Cheshire East covers all prescriptions dispensed by community pharmacies, appliance contractors and dispensing doctors, as well as prescriptions for items personally administered in general practices. This section of the PNA includes prescriptions dispensed by community pharmacies. It does not include prescriptions dispensed by distance selling pharmacies, or items personally administered in general practices, or dispensing by general practices that are registered as dispensing practices.

15.2 These charts illustrate the top 20 most commonly used drugs in 2013, in term of the number of prescribed items and the costs of the most expensive drugs.



16.0 Population Demography

16.1 From a base of 376,400 people in 2014, the population of Cheshire East is projected to grow by 10,500 (2.8%) over the next five years (to 386,900 people in 2019) and by a further 10,500 (2.8%) over the following five years (397,400 people in 2024). The majority of this growth will take place in the Crewe LAP (10.2%) and the Congleton LAP (6.9%). There will be relatively little population growth in the Knutsford LAP (1.8%), and a net fall in population is projected for the Poynton LAP (-1.2%).

16.2 People's need for prescribed medicines increase with age. Although Cheshire East is only growing moderately in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 65. Based on Item ASTRO-PU 2013 weighted populations there will be an 8.6% growth in medicines use by 2019 and a further 9.9% increase by 2024, a total increase in medicines use of 18.5% over the next ten years. This growth in prescribing will occur in all areas but will be highest in the Congleton LAP (22.1%), Nantwich LAP (19.4%) and Crewe LAP (18.5%), and lowest in the Knutsford LAP (16.1%), Poynton LAP (16.1%) and Wilmslow LAP (14.4%).

16.3 About 8% of the population of Cheshire East live in Lower Level Super Output Areas (LSOAs) that are among the 20% most deprived areas in England. Eleven of these LSOAs are in Crewe, two are in Macclesfield, two in Handforth and one in Congleton. The Annual Report of the Director of Public Health 2012-2013 found that these areas experienced higher rates of premature mortality from cancer, heart disease, stroke, lung disease and liver disease. People living in these areas will have higher levels of pharmaceutical need than in other areas.

16.4 According to the 2011 Census, 93.6% of the population of Cheshire East gave their ethnicity as 'White British'. Wilmslow LAP has the most ethnically diverse population, with 11% 'Non-White British' – 3.9% are Asian and 3.4% 'Other White'. Crewe LAP has the highest percentage classing themselves as 'Other White' (5.4%) – presumably Polish or East European.

17.0 Factors Affecting Future Prescribing

17.1 Factors which may influence the future growth in prescribing, and so the need for pharmaceutical services, include:

- the size of the population
- the age structure of the population, notably the proportion of the elderly, who generally receive more prescriptions than the young
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long term conditions, for example, diabetes
- shifts in prescribing practice in response to national policy, and new guidance and evidence, for example, in cardiovascular disease

18.0 The Six Statements required by Legislation

18.1 A statement of the pharmaceutical services that the HWB has identified as services that are provided:

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and**
- (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).**

18.1.1 Provisional Statement: There is currently an adequate level of community pharmacy provision in every major town in the Borough, although the level of provision is lower in the South Cheshire CCG area than in the Eastern Cheshire CCG area. The maps show that this provision is mostly located either in the town centres or close to GP surgeries. As pharmaceutical need is predicted to increase to a greater extent in South Cheshire than in Eastern Cheshire, additional community pharmacy provision is likely to be needed in the South Cheshire CCG area during the coming years. Additional pharmacies should where possible serve the needs of rural areas and/or the peripheral areas of towns, and should take into account the needs of people who will move into the new housing developments that are identified in the Cheshire East Local Plan.

18.2 A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;**
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.**

18.2.1 Provisional Statement:

The prescribing of medicines is predicted to grow by 8.6% by 2019 and then a further 9.9% increase by 2024, a total increase in medicines use of 18.5% over the next ten years. Existing pharmacies will either have to increase their capacity to meet this need, or additional pharmacies will be required. Extended opening hours are a beneficial feature of pharmacy provision locally, and there is weekday access to community pharmacies from 6.30 in the morning and throughout the day up to midnight. There is some geographical difference in access on Sundays, with no community pharmacies open after 5.30pm in the South Cheshire CCG area. There are seven dispensing practices in Cheshire East. Some of these dispensing practices cover very rural areas where the population may experience difficulty in accessing the wider range of essential and advanced services that community pharmacies can provide.

The town of Crewe has the greatest level of deprivation in the Borough and also has the highest levels of disease prevalence and premature mortality. The needs of the population of Crewe are described in the Annual Report of the Director of Public Health 2012-2013 and in the Cheshire East JSNA. Crewe would benefit from having a greater level of outreach provision of community pharmacy services by the current pharmacy services.

18.3 A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided-

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;**
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;**
- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.**

18.3.1 Provisional Statement:

18.4 A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-

- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area,**
- (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.**

18.4.1 Provisional Statement:

The Annual Report of the Director of Public Health 2012-2013 has highlighted the high numbers of people in the Borough who have undiagnosed risk factors for cardiovascular disease. There are believed to be 35,300 residents with undiagnosed high blood pressure, 20,300 with undiagnosed kidney disease, and over 3,300 with undiagnosed diabetes. There is a need to identify people with these risk factors using a wide range of community settings, which will include community pharmacies. New approaches to case-finding will need to be considered.

18.5 A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or**
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.**

18.5.1 Provisional Statement:

- 18.6 An explanation of how the assessment has been carried out, in particular –**
- (a) how it has determined what are the localities in its area;**
 - (b) how it has taken into account (where applicable)-**
 - (i) the different needs of different localities in its area, and**
 - (ii) the different needs of people in its area who share a protected characteristic; and**
 - (c) a report on the consultation that it has undertaken.**

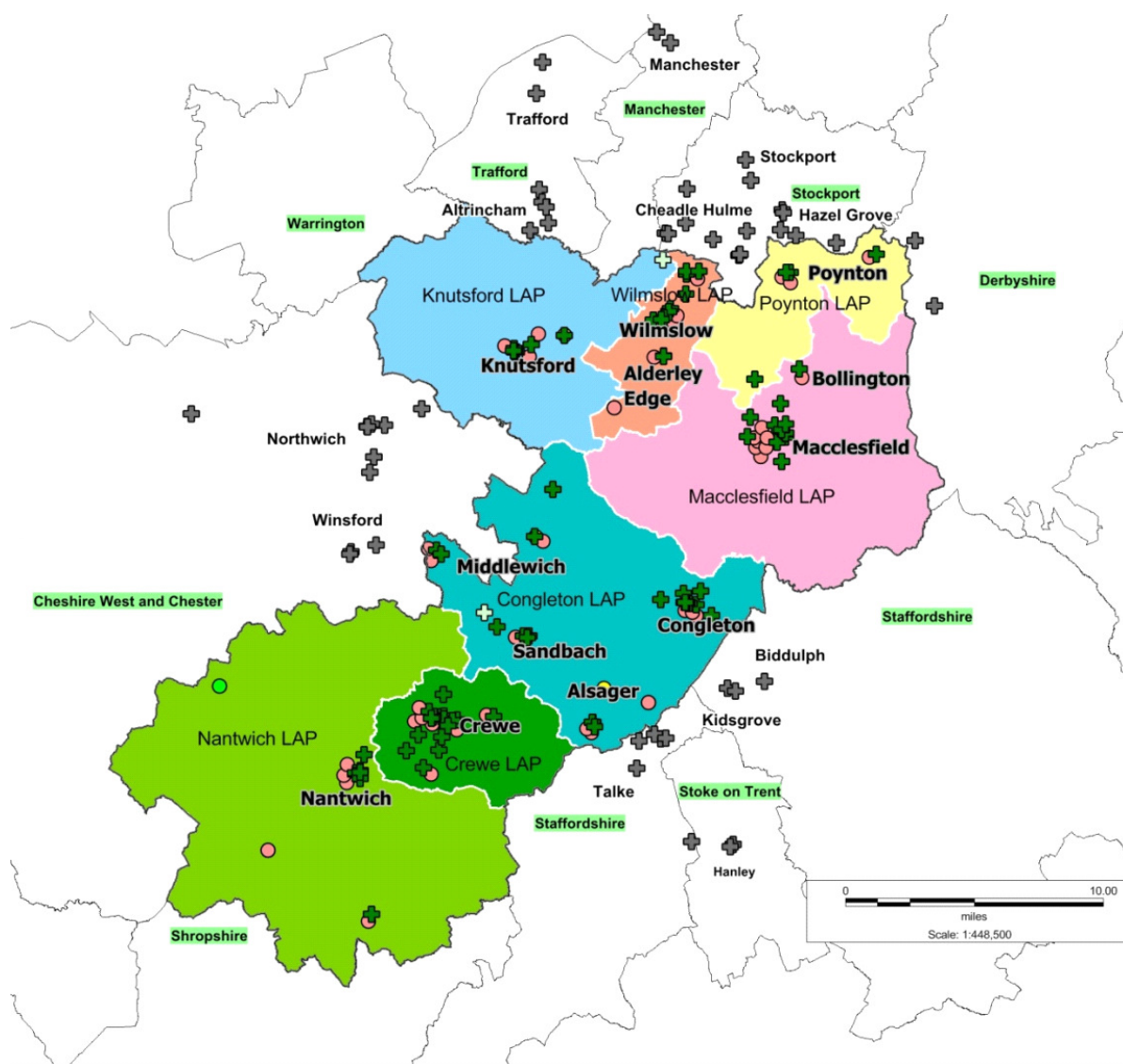
18.6.1 Provisional Statement:

Most of the analyses in this Pharmaceutical Needs Assessment have been based on the geography of Cheshire East's Local Area Partnerships. The advantage of using this geography is that it combines major towns with their surrounding rural populations, and so better fits general practice and community pharmacy patient flows. Another advantage of the LAP geography is that population projections have been prepared by the Local Authority. The key disadvantage is that one of the LAP areas (Congleton LAP) is particularly large and has internal variations. Congleton LAP contains five distinct towns and straddles both of the local Clinical Commissioning Groups.

Town groupings based on Middle Level Super Output Areas (MSOAs) have also been used in the Pharmaceutical Needs Assessment. These town groupings are better than LAPs for illustrating variations between communities. They also relate to the geography used in the JSNA.

NHS Eastern Cheshire CCG covers 52.5% of the population of Cheshire East and NHS South Cheshire CCG covers 47.5% (as per mid-2012 estimates). There are two general practices within the Borough that are aligned to CCGs in neighbouring HWB areas. Bunbury Medical Centre links to NHS Western Cheshire CCG but geographically sits within Cheshire East. In Handforth there is a branch surgery of Cheadle Hulme Health Centre which links to Stockport CCG.

19.0 Paragraph 7 of Schedule 1 of the 2013 Regulations specifies that HWBs are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided in the area of the HWB.



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KEY

- + Community pharmacy
- +. Distance selling pharmacy
- + Community pharmacy in neighbouring HWB dispensing >500 items per annum to Cheshire East residents
- Cheshire East GP practice
- Cheshire East dispensing practice
- Non- Cheshire East GP practice

Appendix F Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

Term or phrase	Definition as per regulation 2 of the 2012 Regulations	Explanation
Controlled localities/controlled locality	Means an area that is a controlled locality by virtue of regulation 36(1) or is determined to be so in accordance with regulation 36(2).	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore controlled localities, are not controlled localities unless and until NHS England determines them to be. Such areas may be considered as rural because they consist of open fields with few houses but they are not a controlled locality until they have been subject to a formal determination.
Core opening hours	Is to be construed, as the context requires, in accordance with paragraph 23(2) of Schedule 4 or paragraph 13(2) of Schedule 5, or both.	Pharmacies are required to be open for 40 hours per week, unless they were approved under Regulation 13(1)(b) of the 2005 Regulations in which case they are required to open for 100 hours per week. Dispensing appliance contractors (DACs) are required to be open for not less than 30 hours per week.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act.	These are advanced and enhanced services as set out in Directions.
Dispensing doctor(s)	Is to be construed in accordance with regulation 46(1).	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.
Distance selling premises	Listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide “essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.
Enhanced services	Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.	These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.
Essential services	Except in the context of the definition of “distance selling	These are services which every community pharmacy providing NHS pharmaceutical services must provide

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	premises”, is to be construed in accordance with paragraph 3 of Schedule 4.	and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
Neighbouring HWB	In relation to a HWB (HWB1), means the HWB of an area that borders any part of HWB1.	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.	