Kent Health and Wellbeing Board

Pharmaceutical Needs Assessment for Kent

This is an overarching document to provide strategic information for the whole of Kent. Kent has a population of over 1.5 million people and it is difficult to assess the needs of this population within one document. Therefore the area has been divided up into 7 localities co-terminus with the current 7 Clinical Commission Groups.
For information about a specific area please consult the relevant locality document as well as this one. Locality documents are published alongside this overarching document.
The Medway Pharmaceutical Needs assessment is the responsibility of the Medway Health and Wellbeing Board. Medway Council will be publishing their Pharmaceutical Needs Assessment separately.

Contents

Executive Summary

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

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

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

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

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

The PNA is a key document 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. 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 Kent PNA consists of this overarching document explaining the details about pharmaceutical services and how needs are assessed, **accompanied by a separate locality document for each Clinical Commissioning Group area giving recommendations for that area.**

The current PNA published in 2015 is due to be reviewed and updated by 31st March 2018

A steering group, comprising of representatives of key stakeholders as well as representatives of the Clinical Commissioning Groups met in July 2017.

The PNA is mainly used by NHS England and the PSRC when an application is received to extend, revise or remove current pharmaceutical services. Opinion was sought as to the appropriateness of the 2015 PNA in the current format.

Clarification was given as to how the information was used and the group was informed that the PSRC felt that the PNA was both useful and informative.

It was agreed that the 2015 PNA needs to be reviewed and updated but with no major change to format.

Each stakeholder will be consulted on the data available for their area as documented in the supplementary maps.

In September 2017, a paper was taken to the Kent HWB seeking agreement for the Steering Group to oversee the production, consultation and publication of the PNA. There was concern from members of the HWB that "hard to reach" residents should be considered in both the assessment and the consultation process. It was also felt that the current changes to pharmacy funding may have a detrimental impact on Kent pharmacies and this should be reflected in the Assessment and subsequent updates. The HWB approved the process for updating the PNA and to proceed with the 60 day statutory consultation**.**

The consultation ran from 15 November 2017 to 22 January 2018 inclusive. All consultation information was held on the consultation directory on kent.gov.uk with its own weblink: www.kent.gov.uk/pharmaceuticalneeds.

Each stakeholder organisation was sent a personal invitation to take part in the consultation from the Deputy Director of Public Health (Chair of the Pharmaceutical Needs Assessment (PNA) Steering Group). The general public were informed of the consultation through:

- The website
- Healthwatch and local community groups
- KCC social media posts
- The CCGs were asked to consult through their patient participation groups
- 5500 email invites sent to registered users of KCC's consultation directory based on their selected interests ('general interest' and 'healthcare and public health')
- Press release: this wasn't picked up by the media but was stored on the Media Hub section of KCC's website.

Participants were asked to complete a questionnaire either using the online form or a paper copy. Access to alternative formats was promoted.

The results of the survey and relevant comments are in Appendices C - F

The PNA has been revised to reflect the consultation results where appropriate and the responses and the final recommendations were taken to the Kent Health and Wellbeing Board on 21st March 2018.
The PNA was subsequently approved for publication by this Board. Minutes can be found here

The key findings and recommendations of the PNA steering group are

1. **Overall there is good pharmaceutical service provision in the majority of Kent during the hours of 8am – 6.30pm from Monday to Friday.**
2. **Where the area is rural, there are dispensing practices to provide pharmaceutical services to the rural population from Monday to Friday. It is the responsibility of the relevant CCG to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area.**
3. **In urban areas there is good provision of pharmaceutical services on Saturdays and Sundays.**
4. **In rural areas, access to pharmaceutical services on Saturdays is good where there is a local village pharmacy. However where there is no local pharmacy access is poor and often results in residents having to travel to nearby towns. In rural areas, access to pharmaceutical services on Sundays is poor resulting in residents having to travel to nearby towns. This is similar to problems with access to medical services in rural areas.**
5. **There are proposed major housing developments across Kent, the main one being Ebbsfleet Garden City and Chilmington Green. This will mean that these areas will need to be reviewed on a regular basis to identify any increases in pharmaceutical need. Locality specific areas are listed within the locality documents.**
6. **The proposed London Resort (formerly Paramount) site plans in North Kent should be reviewed regularly to identify whether visitors and staff will have increased health needs including pharmaceutical.**
7. **The current provision of "standard 40 hour" pharmacies should be maintained especially in rural villages and areas such as Romney Marsh.**
8. **The current provision of "100 hour" pharmacies should be maintained**
9. **Any application must demonstrate that it can improve on the availability of services across the specific area.**
10. **Lack of parking and access for the disabled was a recurring comment by responders to the consultation. Therefore any new contract must also demonstrate that there is adequate parking available for the business and that access for the disabled is available**.

11. **Any application must demonstrate that it can improve on the availability of services across the specific area without destabilising the current provision. It is recommended that if a need is identified, whether foreseen or unforeseen, that the current providers are approached to establish whether they can meet the need, before a completely new contract is considered.**
12. **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 less pharmaceutical services being available at crucial times**
13. **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.**
14. **The Health and Wellbeing Board has the responsibility of publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is 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 particular 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 6 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the Public Health Observatory website alongside the PNA.**

Introduction

As a consequence of the Health and Social Care Act 2012 responsibility for the Kent Pharmaceutical Needs Assessment (PNAs) passed from the Kent Primary Care Trusts (PCTs) to the Kent Health and Wellbeing Board (HWB). The Kent PNA 2015 was published on 31st March 2015 and can be found here

Pharmaceutical Needs Assessments are intended to be refreshed every three years or earlier if necessary and therefore the Kent PNA is due to be reviewed by March 2018.
A steering group was set up in July 2017 to oversee the review, production, consultation and publication of the PNA.
A paper was taken to the September 2017 meeting of the Kent HWB, identifying the need to review and publish the 2015 PNA by 31st March 2018.

The PNA is an information document 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. It can also be used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through pharmacies.

Background

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 21

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 well as giving the Department of Health (DH) powers to make Regulations.

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

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 was required to publish its own PNA for its area by 1st April 2015 and to refresh the PNA every 3 years or more often if major changes in provision of services happened

The Pharmaceutical Needs Assessment Steering Group 2018

Members of the original PNA 2015 steering group were invited to help review, update and revise the 2015 PNA. The group comprises of representatives from Kent Public Health, KCC, Kent Public Health observatory (KPHO), Kent Local Pharmaceutical Committee (LPC) (representing community pharmacy), Kent Local Medical Committee (LMC) (representing dispensing doctors), Healthwatch Kent (representing the general public), NHS England and representatives from the Clinical Commissioning Groups (CCGs) in Kent. Terms of reference were agreed.

It was decided by the PNA Steering Group that, for Kent, the data should be presented at CCG locality level. A diagram of the CCGs and localities involved is in Appendix A

Information has been provided by NHS England, KCC Public Health Directorate and KPHO. KPHO has collated this information and has also produced a supplementary data set per CCG which informs the development of the assessment. The dataset for Kent can be found in Appendix B of this document. Each CCG has a separate locality document which includes its own dataset.

All members of the steering group were shown the first draft of these datasets.

Clarification was given as to how the information was used and the group was informed that the PSRC felt that the PNA was both useful and clear.

It was agreed that the 2015 PNA needs to be reviewed and updated but with no major change to format.

Structure of the Pharmaceutical Needs Assessment

The document is structured into an analysis of pharmaceutical need based on Clinical Commissioning Group (CCG) boundaries and local health and wellbeing boards. Individual CCGs are divided into localities, which reflect district local authority boundaries

The CCGs are

NHS Ashford CCG
NHS Canterbury and Coastal CCG (C4G)
NHS South Kent Coast CCG
NHS Thanet CCG
NHS Swale CCG
NHS Dartford, Gravesham and Swanley (DGS) CCG
NHS West Kent CCG

The CCGs have been chosen as they are the level at which public health information is available and are currently used as the basis for determining health and social care need. Please see diagram of CCGs and localities Appendix A

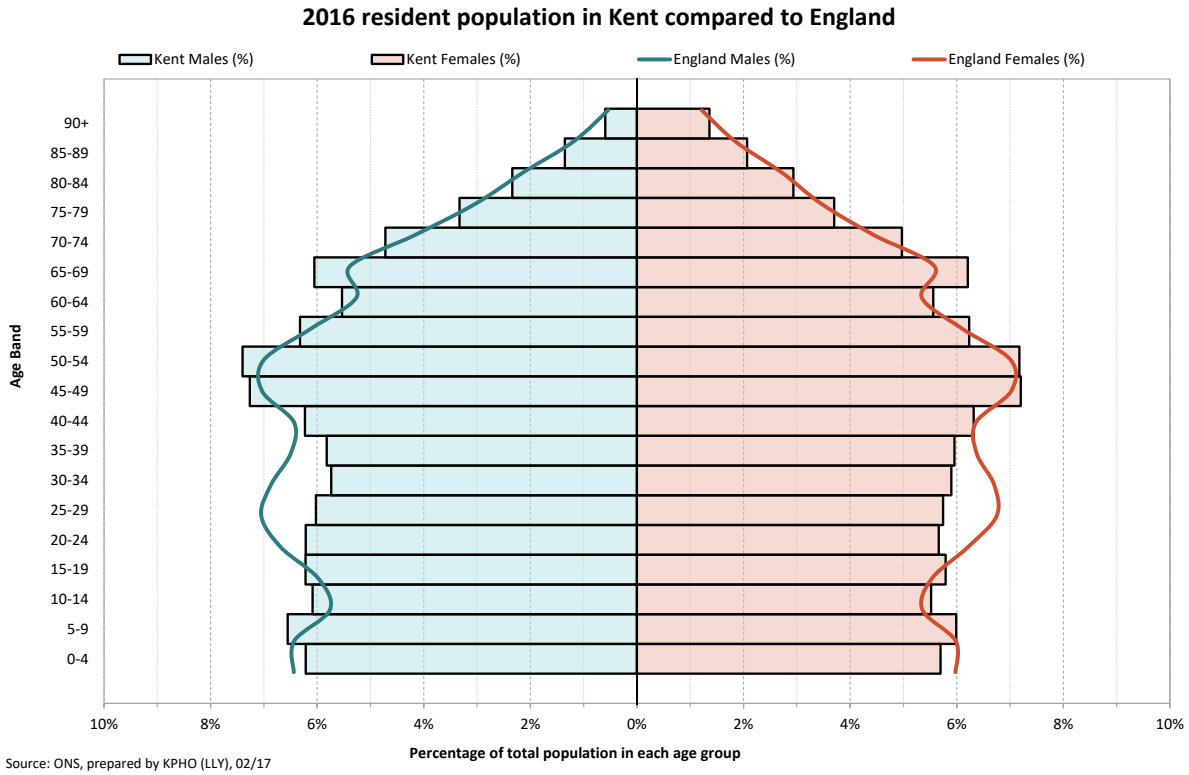
Information included in the Health and Social Care maps was reviewed to ascertain pharmaceutical need. Health and Social Care Maps give an overview of healthcare needs and service gaps for the locality, such as population mix, deprivation and health performance data. They pull together information from a range of sources across both health and social care
Further information on Health and Social care maps can be found on the Kent Public Health Observatory website:
https://www.kpho.org.uk/health-and-social-care-maps/pdf-social-care-maps

Information published in the Joint Strategic Needs Assessment (JSNA) and the CCG profiles within the JSNA, where available, were also used to determine pharmaceutical need.

An overall assessment has been carried out for Kent and relevant data and maps have been produced to accompany this document. Each CCG area has also been looked at individually and an individual assessment has been carried out for each CCG area which are also accompanied by the relevant data and maps for that CCG.

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.



Source: ONS, prepared by KPHO (LLY), 02/17

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 it is suggested that areas where there are a higher number than average of children 0-9 and elderly people over 65 living alone, especially female, will have need to access pharmaceutical services more often. However this need does not necessarily equate to needing more pharmacy premises as pharmacies are not restricted by list size and can readjust both staffing levels and premises size to manage the increased volume.

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. The nature of the care given in care homes means that

medicines are ordered and supplied by the care home and patients rarely need to access a pharmacy individually. Most care homes now have external contracts with 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.

Data shows out of a practice population of 1,570,448 that there are 186,243 children aged 0-9 living in Kent (11.9% (an increase of 0.1%)), 307,429 people who are over 65 in Kent (19.6% (an increase of 0.4%)).

Access

The 2008 White Paper '*Pharmacy in England: Building on strengths –delivering the future'* [2] states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population –even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. Moreover recent research carried out by Durham University (published in BMJ Open online on 12th August 2014 http://bmjopen.bmj.com/content/4/8/e005764.full) suggests that 99.8% of the people in deprived areas can walk to a pharmacy within 20 minutes (1 mile/1.6km).

Using simple "as the crow flies" parameters of one and five miles to represent the distance walked and driven respectively within 20 minutes, the majority of Kent 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 Kent, which may mean that there is not access to a car, are also able to access pharmaceutical services within 1 mile (1.6km) of their residence.

A map showing the 1 mile (1.6km) radius around community pharmacies and dispensing doctors is available in the supplementary datasets (Appendix B). In areas listed as a controlled locality and therefore mainly rural, the pharmaceutical services are provided by dispensing practices. Some residents living in controlled localities fall within the 1st & 2nd Quintile for the index of Multiple Deprivation (Appendix B). This is recognised as rural deprivation and access to pharmaceutical services for these patients needs to be reviewed regularly and maintained. Patients can now request to have their prescriptions (especially repeat prescriptions) sent electronically (EPS) to a pharmacy of their choice, such as one close to their work place or near their home. This means that positioning a pharmacy next to a GP practice is no longer as important.

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

Number of pharmaceutical service providers.

Ratio of number of service provider sites per 100,000 population (excluding appliance contractors)			
Locality	Number of service provider sites	Practice Population	Ratio/100,000 population
NHS Ashford CCG	25	131,959	19
NHS Canterbury and Coastal CCG	48	220,550	21
NHS Dartford, Gravesham and Swanley CCG	60	266,075	22
NHS South Kent Coast CCG	48	204,570	23
NHS Swale CCG	28	111,860	25
NHS Thanet CCG	32	145,057	22
NHS West Kent CCG	93	488,377	19
Kent	334	1,570,448	21
England	-	-	23

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

Community Pharmacy Funding Cuts

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 facing cuts of between 15 and 20%, threatening their livelihood.

The funding cuts have come in two ways; one is a cut in fees mentioned above. In addition, the reimbursement for the purchase of some medicines by pharmacies has been cut. This cut has also impacted 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. That 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.

Regulation 26A consolidations were introduced on 5th December 2016 through the National Health Service (Pharmaceutical Services, Charges and Prescribing)

(Amendment) Regulations 2016 (Consolidation Amendment Regulations) www.legislation.gov.uk/uksi/2016/1077/contents/made, which amended the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (2013 Regulations) (www.psnc.org.uk/contract-it/pharmacy-regulation).
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.

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.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561497/Pharmacy_access_scheme_A.pdf

Pharmacies are eligible for the extra payment if

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

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

However this is only a 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

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

Community Pharmacies provide

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

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

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

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

All of Kent community pharmacies provide 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 of Kent Pharmacies provide MURs, NMS and the NHS Flu Vaccination service (see maps in Appendix B).
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 Kent offer this service. Patients can only access this service by being referred by NHS 111.

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

Local services commissioned by NHS England
There are no longer any enhanced services managed by NHS England in the Kent area.

Dispensing practices
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 as following the same principles of clinical governance.
For a more detailed explanation of the regulations governing the dispensing of pharmaceutical services though a GP surgery please see page 18.
Surgeries must always give these patients the choice of obtaining their medicines through the GP dispensary or being allowed to take their prescription to a community pharmacy of choice.

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

Public Health services provided through pharmacies.
Many community pharmacies are also commissioned by local authorities to provide public health services on a ‘needs’ basis These are not classed as pharmaceutical services as they are provided by other healthcare providers as well.
Examples of these are smoking cessation, NHS Healthchecks, substance misuse and sexual health.
For completeness we have included maps showing where these services are available and published them alongside the PNA.

CCG services provided through community pharmacies.
These are also not necessarily pharmaceutical services and therefore not considered as part of the PNA. However for completeness we are including maps of such services within the locality information where the data is available.

Non-NHS and private services
The needs assessment is related to the provision of NHS pharmaceutical services. Pharmacies also provide many other services to the public which are not part of NHS pharmaceutical services and therefore not paid for by the NHS or Local Authority. 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. Community Pharmacy also provides over the counter medicines advice including those on the 'general sales list' and 'pharmacy only medicines'. The provision of retail sales in community pharmacy is not part of this needs assessment since it is not contracted for by the NHS.
These services are not included within the PNA.

Providers of Pharmaceutical services

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

Community Pharmacy

There are 278 pharmacies who are registered on the Kent NHS pharmaceutical list as providing the full range of NHS pharmaceutical services across the Kent area.

Kent - Community Pharmacies	
Total number of pharmacies providing NHS pharmaceutical services	278
Number of standard 40 hour pharmacies	242
Number of 100 hour pharmacies	33
Number of mail order/internet pharmacies	3
Number of appliance contractors	2
Number of pharmacies offering electronic prescription service (EPS)	278

A list of the relevant pharmacies along with those that provide Advanced Services can be found in the CCG area PNAs.

Standard 40 hour community pharmacies.
These are pharmacies which are registered as providing at least 40 'core' pharmacy hours per week. These hours are usually 8 hours daily, Mon – Fri but are agreed at the time of application to join the register.

Pharmacies cannot change their 'core' hours without prior agreement with NHS England.

Many of these pharmacies also provide supplementary opening hours, often opening slightly later in the evening and on Saturdays and Sundays.
Pharmacies can change their supplementary hours if they so desire, as long as NHS England receives the statutory 3 months' notice.

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

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

Opening times
A review of all opening times was carried in October 2017 using data provided by NHS England which is available on NHS Choices.

Overall there is good pharmaceutical service provision in the majority of Kent during the hours of 8am – 6.30pm from Monday to Friday.

Where the area is rural, there are dispensing practices to provide dispensing pharmaceutical services to the rural population from Monday to Friday. It is the responsibility of the relevant CCG to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area.

In urban areas there is good provision of pharmaceutical services on Saturdays and Sundays.

In rural areas, access to pharmaceutical services on Saturdays is good where there is a local village pharmacy. However where there is no local pharmacy, access is poor and often results in residents having to travel to nearby towns. In rural areas, access to pharmaceutical services on Sundays is poor resulting in residents having to travel to nearby towns. This is similar to problems with access to medical services in rural areas.

There are a few exceptions to these overall statements. Please see the individual locality area documents for more details.

Subsequent changes to opening times will be identified in supplementary statements which will be published at 6 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.
http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10

Dispensing practices.

A lot of Kent is still considered to be “rural” and therefore there are a considerable number of dispensing practices

Kent – Dispensing practices	
Total number of GP practices providing pharmaceutical services to their patients	50
Total number of sites providing pharmaceutical services to their patients	56
Total no of population registered as a dispensing patients	129,166
Total % of dispensing practice population	33.4%
Total % of all Kent practice population	8.22%

A list of dispensing practices can be found in the relevant CCG area PNAs

Dispensing doctors are only able to provide pharmaceutical services where registered patients reside in a controlled locality, (for an explanation of ‘controlled locality’ see page 22), live more than 1.6 km from a community pharmacy and to whom 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. Surgeries must always give these patients the choice of obtaining their medicines through the GP dispensary or being allowed to take their prescription to a community pharmacy of choice.

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 are 2 appliance contractors in Kent.

Essential Small Pharmacy Local Pharmaceutical Services (ESP LPS) scheme.

This scheme finished in March 2015 and all the ESPLPS pharmacies in the area have reverted to a standard 40 hour contract.

Pharmaceutical services out of hours

There are 33 ‘100’ hour pharmacies across Kent. These provide access to pharmacy services from early in the morning until late at night Monday to Saturday and, in most cases, some hours on a Sunday.

Access to medicines via 100 hour pharmacies is considered to be especially important in areas which are deprived, especially if there is a high number of children aged 0-9 and/or elderly people over 65 who are living alone with no family/carer support.

Our expectation is that those pharmacies granted 100 hour contracts will continue to provide the 100 hour provision in the future thus securing access to pharmaceutical services for longer periods than the 40 hour normal requirement.
Access to medicines outside these times, is commissioned from the local out-of-hours medical services provider, who has available essential and urgently needed medicines, as agreed in the *National Out of Hours Formulary* and are supplied where the need for them cannot wait until the 100 hour pharmacy opens.

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 provider's service so have not been included in list of providers for the purposes of the PNA.

The monitoring of providers of pharmaceutical services

Currently all providers of pharmaceutical services are monitored by NHS England with the local team, based at Horley, managing Kent, Medway, Surrey and Sussex. Community Pharmacies have to provide services according to the Community Pharmacy Contractual Framework (CPCF). The essential services are mandatory with the advanced services being voluntary. Pharmacies are monitored on a yearly basis and those that cannot meet their essential services are not expected to be allowed to go on to provide advanced and locally commissioned services. Pharmacy premises are now inspected by the General Pharmaceutical Council (GPhC) and all pharmacists and pharmacies have to be registered with the GPhC. This is an equivalent to a CQC inspection.

Dispensing practices are invited to take part in the Dispensing Services Quality Scheme (DSQS) which is part of the GMS contract and equivalent to the monitoring under the CPCF. This is voluntary and not all practices take part. GP dispensary premises are inspected as part of the CQC inspection of practices.

Kent Healthy Living Pharmacy Scheme

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

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

In September 2016 accreditation to achieve a HLP Level 1 became national and the training etc. for this was organised by Health Education England. As of April 2017 Kent had accredited 40 pharmacies to **HLP Level 2** status (see p16 of maps Appendix B) which means that they meet Public Health Commissioning standards for providing PH services. The rest of the Kent 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.

The achievement of HLP status has resulted in some of our Level 2 pharmacies being invited to work in partnership with District Councils in helping residents to achieve a healthy lifestyle not only through public health initiatives such as "One You" but also by working with the Housing team and Environment and local transport. This is in very early stages but is an exciting development for the community pharmacies.

Current Principles of Pharmaceutical Contract applications – 'Market Entry'

The opening of new community pharmacies is currently controlled by legislation and regulations. These can be found at
http://www.legislation.gov.uk/uksi/2013/349/contents/made

The Department of Health guidance can be found at
https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications

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 Kent.

Applications mainly now have to be submitted on the basis of

1) meeting a "current or future need" identified in the PNA or

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

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

Controlled and Non-Controlled Localities (“Rural” & “Urban”)

The area that NHS England is responsible for is designated for the purposes of the NHS (Pharmaceutical Services) Regulations 2013 as being either Controlled or Non-Controlled Localities. In Controlled Localities, as an exception to the general rule, it is possible for NHS patients to have their medicines both prescribed and dispensed by their GP practice. In Non-Controlled Localities, all NHS GP prescribing, with a few limited exceptions such as “Serious Difficulty” cases, has to be dispensed by Community Pharmacies.

GP practices serving patients resident in a Controlled Locality are required to either have been dispensing to their patients prior to 1982 (“Historic Rights”) or to have obtained the consent of NHS England to dispense to their patients (“Outline Consent”).

Pharmacies that wish to open and obtain a NHS contract to dispense prescribed medicines have to satisfy the “Market Entry” rules within these Regulations and these rules differ between Controlled and Non-Controlled Localities.

Definition of a Controlled Locality
The Regulations define a Controlled Locality as an area, or part of an area, which is “rural in character”. The local Area Team of NHS England is required to determine, within the area it is responsible for, which parts are “rural in character”, delineate precisely the boundaries of such areas and publish a map of such areas. They are also required to determine or re-determine any area for which they are responsible, if requested to do so by either the Local Medical Committee (LMC), or the Local Pharmaceutical Committee (LPC), the local representative bodies of their respective professions. Such determination processes are often referred to as Rurality Reviews.

These Regulations first came into force in April 1983 and wherever an existing medical practice already dispensed to its patients within the area served by the practice (i.e. its practice area) then that practice area was deemed to be a Controlled Locality and the practice continued (unless and until the area was re determined as a Non-Controlled Locality) to be able to dispense to those of its patients who resided

within the practice area more than one mile (1.6 km) from a pharmacy. Such dispensing medical practices are referred to as having “Historic Rights” to dispense. Medical practices that wished to commence dispensing to their patients after the 1st April 1983, or existing “Historic Rights” practices who added additional areas to their practice areas after 1st April 1983, have had to obtain permission to dispense to their patients (i.e. obtain “Outline Consent” for the areas they wished to provide dispensing services to). Where necessary an application for “Outline Consent” will have been, and will often continue to be, preceded by a “Rurality Review”.

However once an area has been determined by a Rurality Review no part of this area can be the subject of a further Rurality Review for 5 years, unless NHS England is satisfied that there has been a substantial change in the circumstances of the area since the previous Rurality Review was determined.

The definition “rural in character” is augmented in the Guidance issued by the Department of Health. The relevant sections of this guidance read as follows:-

What makes an area rural?
The factors that might be considered include, for example:
• environmental – the balance between different types of land use;
• employment patterns (bearing in mind that those who live in rural areas may not work there);
• the size of the community and distance between settlements;
• the overall population density;
• transportation – the availability or otherwise of public transport and the frequency of such provision including access to services such as shopping facilities;
• the provision of other facilities, such as recreational and entertainment facilities. A rural area is normally characterised by a limited range of local services.

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

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

Implications of a Determination of Rurality

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

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

Where an area had previously been designated as a controlled locality but has now been re-determined following a rurality review as non-controlled, any existing patients being dispensed for by their GP will have (other than those with approved serious difficulty status) to be transferred to their GP's "prescribing list". They will then be issued with FP 10 prescription forms in future by their GP, and they will need to present these prescriptions for dispensing 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 2750 registered NHS patients residing within 1.6 km of the pharmacy's site.

This document does not purport to give a full and authoritative account of the Regulations and of all their possible implications and effects. It is intended solely as a summary document to assist those interested parties (such as Parish Councils) who are requested by NHS England to make representations on applications and rurality issues under the consultation procedures laid down in these Regulations.

Maps showing the controlled areas and the 1.6km boundaries around pharmacies in the relevant CCG area are included in the CCG datasets. Part of the recommendations from the previous PNAs were to ensure the rurality reviews were carried out on these areas as soon as possible and this is ongoing. NHS England has the responsibility carrying out rurality reviews, making rurality decisions and for keeping the relevant maps up to date.

NHS England is currently digitising all of their Controlled locality maps and therefore they have not been able to update the information on the 2015 maps until this has been completed.

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

Housing

Kent is recognised as an area of where the housing stock is likely to increase considerably in the next 20 years. Consultation with Kent County Council planners and the local district planning offices has highlighted some areas where large increases in both new housing and leisure facilities will affect the pharmaceutical needs of the population. Planned large housing developments in areas such as Ebbsfleet Garden City and Chilmington Green may result in the PNA for those areas needing to be reassessed. Plans affecting individual localities are mentioned in the relevant locality documents.

Most of the district areas have produced their long term plans and planners will inform the HWB of any long term projects which could have an impact on the health needs of a district. The district maps also show many areas where infilling is proposed which could affect the health needs of an area. These will be reviewed regularly.

Retail, leisure and industrial

Although increases in housing are markers to increased health needs, the development of large retail parks such as Westwood Cross and Bluewater are also markers for increased health needs, both from staff and visitors.

Specifically the proposal to build a large leisure complex on the North Kent coast near Swanscombe (The London Resort) will result in increased need for health provision for the many tourists expected to visit such a complex. These proposals will be reviewed regularly and the PNA in that area reassessed if necessary.

Although currently NHS England cannot close pharmacies (unless they do not meet certain standards) reduction in pharmaceutical need will be taken into account when pharmacies wish to relocate or change services.

Kent PNA 2015

As part of this assessment, reference was made to the previous one carried out in 2015. http://www.kpho.org.uk/health-intelligence/service-provision/pharmacy/pharmaceutical-needs-assessments

Within that document it was noted that

1) *Overall there is good pharmaceutical service provision in the majority of Kent.*
2) *Where the area is rural, there are enough dispensing practices to provide essential dispensing pharmaceutical services to the rural population.*
3) *There are proposed major housing developments across Kent, the main ones being Chilmington Green near Ashford and Ebbsfleet Garden City, which will mean that these areas will need to be reviewed on a regular basis to identify any increases in pharmaceutical need.*
4) *The proposed Paramount leisure site plans in North Kent should be reviewed regularly to identify whether visitors and staff will have increased health needs including pharmaceutical.*
5) *The current provision of "standard 40 hour" pharmacies should be maintained especially in rural villages and areas such as Romney Marsh.*
6) *The current provision of "100 hour" pharmacies should be maintained*
7) *The Health and Wellbeing Board has the responsibility of publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is proposed that these are issued every 6 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the Council website alongside the PNA.*

Consultation

Each Health and Wellbeing Board has a duty to consult with key stakeholders as defined in Regulation 8 of the above regulations. Key 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 NHSCB 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 September 2017 Health and Wellbeing Board endorsed proceeding to statutory consultation on the Pharmaceutical Needs Assessment with the key stakeholders and any other identified interested parties.

The consultation ran from 15 November 2017 to 22 January 2018 inclusive. All consultation information was held on the consultation directory on kent.gov.uk with its own weblink: www.kent.gov.uk/pharmaceuticalneeds.

Each stakeholder organisation was sent a personal invitation to take part in the consultation from the Deputy Director of Public Health (Chair of the Pharmaceutical Needs Assessment (PNA) Steering Group). The general public were informed of the consultation through:

- The website
- Healthwatch and local community groups
- KCC social media posts
- The CCGs were asked to consult through their patient participation groups
- 5500 email invites sent to registered users of KCC's consultation directory based on their selected interests ('general interest' and 'healthcare and public health')
- Press release: this wasn't picked up by the media but was stored on the Media Hub section of KCC's website.

Participants were asked to complete a questionnaire either using the online form or a paper copy. Access to alternative formats was promoted.

The results of the survey and relevant comments are in Appendices C - F

The PNA has been revised to reflect the consultation results where appropriate and the responses and the final recommendations were taken to the Kent Health and Wellbeing Board on 21st March 2018.
The PNA was subsequently approved for publication by this Board. Minutes can be found here .

Conclusions and recommendations Kent PNA 2018

- Overall there is good pharmaceutical service provision in the majority of Kent during the hours of 8am – 6.30pm from Monday to Friday.
- Where the area is rural, there are dispensing practices to provide pharmaceutical services to the rural population from Monday to Friday. It is the responsibility of the relevant CCG to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area.
- In urban areas there is good provision of pharmaceutical services on Saturdays and Sundays.
- In rural areas, access to pharmaceutical services on Saturdays is good where there is a local village pharmacy. However where there is no local pharmacy access is poor and often results in residents having to travel to nearby towns. In rural areas, access to pharmaceutical services on Sundays is poor resulting in residents having to travel to nearby towns. This is similar to problems with access to medical services in rural areas.
- There are proposed major housing developments across Kent, the main one being Ebbsfleet Garden City and Chilmington Green. This will mean that these areas will need to be reviewed on a regular basis to identify any increases in pharmaceutical need. Locality specific areas are listed within the locality documents.
- The proposed London Resort (formerly Paramount) site plans in North Kent should be reviewed regularly to identify whether visitors and staff will have increased health needs including pharmaceutical.
- The current provision of “standard 40 hour” pharmacies should be maintained especially in rural villages and areas such as Romney Marsh.
- The current provision of “100 hour” pharmacies should be maintained
- Any application must demonstrate that it can improve on the availability of services across the specific area
- Lack of parking and access for the disabled was a recurring comment by responders to the consultation. Therefore any new contract must also demonstrate that there is adequate parking available for the business and that access for the disabled is available.
- Any application must demonstrate that it can improve on the availability of services across the specific area without destabilising the current provision. It is recommended that if a need is identified, whether foreseen or unforeseen, that the current providers are approached to establish whether they can meet the need, before a completely new contract is considered.
- 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 less pharmaceutical services being available at crucial times

- 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.
- The Health and Wellbeing Board has the responsibility of publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is 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 particular 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 6 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the Public Health Observatory website alongside the PNA.

Acknowledgements

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Catherine Barrett	Minute taker	Kent County Council

List of Abbreviations and Acronyms

AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DH	Department of Health
DRUM	Dispensing review of the Use of Medicines
DSQS	Dispensing services Quality Scheme
EPS	Electronic Prescription Service
GP	General Practitioner
GPhC	General Pharmaceutical Council
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
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
NUMSAS	NHS Urgent Medicine Supply Advanced Service
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
PSRC	Pharmaceutical Services Regulation Committee
SAC	Stoma Appliance Customisation

Document Version Control

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