Kent County Council Health and Wellbeing Board

Pharmaceutical Needs Assessment for Kent

Contents

Executive Summary

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

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

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

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

The main aim of the Kent Pharmaceutical Needs Assessment 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 Pharmaceutical Needs Assessment 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 Pharmaceutical Needs Assessment consists of this overarching document explaining the details about pharmaceutical services and how needs are assessed, accompanied by a separate document for each Clinical Commissioning Group area giving recommendations for that area.

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

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

Each stakeholder and each Clinical Commissioning Group has been consulted on the data available for their area as documented in the supplementary maps etc.

Recommendations for each individual area have been discussed in detail by the steering group and are documented in the CCG PNAs.

The key findings and recommendations of the PNA steering group are

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 basic 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. This 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.**

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), a committee of Kent County Council (KCC) in April 2013. The PCTs had published their last PNAs in February 2011. Copies of these PNAs can be found at **http://www.kmpho.nhs.uk/reports-and-strategies/pharmaceutical-needs-assessments/kent-draft-pharmaceutical-needs-assessments/**

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

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

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

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

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. An explanation of the application process is covered on page 17

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

Health and Wellbeing Boards

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

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

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

The Pharmaceutical Needs Assessment Steering Group

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

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

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

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

Information has been provided by NHS England, KCC Public Health Directorate and KMPHO.
KMPHO have collated this information and have 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 PNA which includes its own dataset.

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

Discussion was had as to what services should be included as part of the Pharmaceutical Needs Assessment. This varied from the representatives from NHS England only needing the national pharmaceutical services to be included, to the Local Pharmaceutical Committee requesting that all services that pharmacies provide to be looked at including non NHS ones. Guidance was sought from the DH and it was agreed that all services commissioned by NHS England should be used in the assessment and other NHS and Public Health services should be listed separately for completeness.
There was also discussions as to whether Healthy Living Pharmacies (see page 16) should be included and it was agreed that these would be identified in the datasets

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 and Medway Public Health Observatory website:
http://www.kmpho.nhs.uk/health-and-social-care-maps//

Information published in the Joint Strategic Needs Assessment (JSNA) and the CCG profiles within the JSNA, where available, was 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 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.
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 1,523,370 that there are 180,064 children aged 0-9 living in Kent (11.8%), 293,148 people who are over 65 in Kent (19.2%), 30.2% of whom are living alone and 3.3% of whom are living in Care homes.

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, Page 7). This is recognised as rural deprivation and access to pharmaceutical services for these patients needs to be reviewed regularly and maintained.

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

[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	27	126,697	21
NHS Canterbury and Coastal CCG	48	215,736	22
NHS Dartford, Gravesham and Swanley CCG	59	254,973	23
NHS South Kent Coast CCG	48	202,039	24
NHS Swale CCG	28	108,169	26
NHS Thanet CCG	32	142,987	22
NHS West Kent CCG	95	472,769	20
Kent	337	1.523,370	22
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. Most of our CCGs are near to the England average except NHS West Kent CCG which is predominantly rural and has the largest number of dispensing practices.

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 and appliance contractors

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

*"**advanced services**"* - services community 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 pharmacies provide essential services

Advanced Services
These can be provided by all contractors once accreditation requirements have been met. There are four 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 four Advanced Services are:
Medicines Use Review (MUR) and Prescription Intervention Service
New Medicines Service (NMS)
Appliance Use Review (AUR) Service
Stoma Appliance Customisation (SAC) Service

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

Most of Kent Pharmacies provide MURs and NMS (see maps in Appendix B).

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
Various enhanced services which were commissioned by the former PCTs are currently being managed and reviewed by NHS England. These services include rota services and various bespoke services such as warfarin monitoring and access to palliative care drugs. These are not being assessed as part of the PNA as they are not currently commissioned by NHS England.

Dispensing practices

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

Other services provided 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 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 where the information 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 delivery services, provision of medicines in multi-compartment aids, blood pressure checks and travel medicines. All of these services may attract an additional charge. Community Pharmacy also provides over the counter medicines including those on the 'general sales list' and 'pharmacy only medicines'. The provision of retail sales in community pharmacy is not part of this needs assessment since it is not contracted 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 277 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	277
Number of standard 40 hour pharmacies	240
Number of 100 hour pharmacies	33
Number of mail order/internet pharmacies	4
Number of pharmacies offering electronic prescription service (EPS)	270

A list of the relevant pharmacies along with those that provide MURs and NMS can be found in the CCG 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.

A review of all opening times was carried in May 2014 using data provided by NHS England which is available on NHS Choices. It was considered that there is adequate provision of pharmaceutical services through pharmacies and dispensing surgeries for the majority of the day between 8am and 6.30pm. Services between 6am and 8 am and between 6.30pm and 11pm are provided at strategic points across the area. Out of Hours providers of medical services provide access to urgent medical care including urgent medicines between 11pm and 7am.

Subsequent changes to opening times since May have been taken into account and the opening times of all pharmacies along with the additional services that they offer can be found on NHS Choices. NHS England has the responsibility for maintaining 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	54
Total number of sites providing pharmaceutical services to their patients	60
Total no of population registered as a dispensing patients	136,160

A list of dispensing practices can be found in the relevant CCG 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 18), 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.
Dispensing practices do not have to provide all the 'essential' services. They mainly provide dispensing services and the advanced service of Dispensing review of the Use of Medicines (DRUMs).

Appliance Contractors

Appliance contractors provide appliances only, which are defined in Part IX of the Drug Tariff (e.g. ostomy, colostomy appliances) and these often require tailoring to meet the need of individual patients. There are 2 appliance contractors in Kent.

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

The ESP LPS scheme provided financial assistance to pharmacies which are deemed to be essential for the provision of pharmaceutical services to a local population, but would otherwise be unviable.
This scheme finished in 2011 but has been extended by the Department of Health for current ESPLPS contracts although this is due to finish completely on 31st March 2015.

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 Area 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.

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

Kent participated in the national pathfinder work and saw 46 pharmacies accredited. Evaluation has shown the results are cost-effective and have high levels of public approval. The Kent programme was revised in early 2014 with new conditions and support measures to help pharmacies develop sustainable business models and has been adapted for pharmacies to gain a Kent bespoke 'quality kitemark'. Of the 276 pharmacies in Kent, 146 are now participating in the HLP programme. Funding has been secured to train two 'champions' per pharmacy on the RSPH Level 2 Understanding Health Improvement programme which will commence in Autumn 2014. A HLP e-learning programme is also being offered for a limited period for Pharmacists, Pharmacy Managers and Pharmacy Technicians to support leadership skills. These training programmes form part of the HLP accreditation.

The HLP programme will ensure a consistent 'quality platform' across pharmacies and will form the basis to expand the types of services which may be commissioned in the future. It will also increase and improve the access of the public to Health and Wellbeing services across Kent.

Requirements for accreditation include the following:

1. Agree to meet eligibility criteria
2. Satisfactory pharmacy site assessment visit
3. Successfully complete training:
   i) The Kent Healthy Living Pharmacy e-learning course / leadership:
   ii) Evidence prior learning of leadership and / or undertake the e-learning programme. Should be a pharmacist or manager;
   iii) Champion training (x2) per pharmacy. Presently, two champion places are being funded per pharmacy.

HLP is a well-recognised, successful national programme which continues to evolve. The work being done in Kent has a high profile and is being integrated into existing and proposed commissioned services. It has the potential to substantially increase the capacity and access to Health and Wellbeing services, not only in pharmacies but has the potential to include dentistry and optical outlets also.

Current Principles of Pharmaceutical Contract applications – 'Market Entry'

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

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

Applications mainly now have to be submitted on the basis of

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

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

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

The area that NHS England is responsible for is designated for the purposes of the NHS (Pharmaceutical Services) Regulations 2013 as being either Controlled or Non-Controlled Localities. In Controlled Localities, as an exception to the general rule, it is possible for NHS patients to have their medicines both prescribed and dispensed by their GP practice. In Non-Controlled Localities, all NHS GP prescribing, with a few limited exceptions such as "Serious Difficulty" cases, has to be dispensed by Community Pharmacies.
GP practices serving patients resident in a Controlled Locality are required to either have been dispensing to their patients prior to 1982 ("Historic Rights") or to have obtained the consent of NHS England to dispense to their patients ("Outline Consent").
Pharmacies that wish to open and obtain a NHS contract to dispense prescribed medicines have to satisfy the "Market Entry" rules within these Regulations and these rules differ between Controlled and Non-Controlled Localities.

Definition of a Controlled Locality
The Regulations define a Controlled Locality as an area, or part of an area, which is "rural in character" The local Area Team of NHS England is required to determine, within the area it is responsible for, which parts are "rural in character", delineate precisely the boundaries of such areas and publish a map of such areas. They are also required to determine or re-determine any area for which they are responsible, if requested to do so by either the Local Medical Committee (LMC), or the Local

Pharmaceutical Committee (LPC), the local representative bodies of their respective professions. Such determination processes are often referred to as Rurality Reviews.
These Regulations first came into force in April 1983 and wherever an existing medical practice already dispensed to its patients within the area served by the practice (i.e. its Practice Area) then that practice area was deemed to be a Controlled Locality and the practice continued (unless and until the area was re determined as a Non-Controlled Locality) to be able to dispense to those of its patients who resided within the practice area more than one mile (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

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 Chilmington Green, near Ashford and Ebbsfleet Garden City may result in the PNA for those areas needing to be reassessed. Areas where we know that there is a large proposed development have been marked on the accompanying maps. Currently they are not expected to be in place in the next 3 years (the life of this PNA) but these areas will be reviewed regularly. 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 effect 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, 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.

The closure of such major industrial sites such as Pfizer and Sheerness Steel can often mean a transfer of the population away from that area, resulting in a decreased health need. Although currently NHS England cannot close pharmacies (unless they do not meet certain standards) reduction in pharmaceutical need will be taken into account when pharmacies wish to relocate or change services.

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 2014 Health and Wellbeing Board endorsed proceeding to statutory consultation on the Pharmaceutical Needs Assessment with the key stakeholders and any other identified interested parties.

Those being consulted were directed to a website address containing the draft PNA but could, if they request, be sent an electronic or hard copy version.

Results of the Consultation

The Council consulted with key stakeholders, as defined above, from 5th November 2014 until 5th Jan 2015 using the Kent County Council website http://consultations.kent.gov.uk/consult.ti/pnaconsultation/consultationHome

Also all key stakeholders were sent an individual letter by e mail from the then Interim Director of Public Health with an invitation to consult and a link to the website.

Patients were notified of the consultation through Healthwatch Kent, via the website, via the CCG Patient participation groups and via various patient voluntary groups through Healthwatch.

The results of the survey and relevant comments are in Appendix C

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 18th March 2015. The PNA was subsequently approved for publication by this Board. Minutes can be found at https://democracy.kent.gov.uk/ieListMeetings.aspx?CId=790&Year=0

Final Key Findings and Recommendations

The key findings and recommendations of the PNA steering group were

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.**

Acknowledgements

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

Membership of the group consisted of

Name	Position	Organisation
Andrew Scott-Clark	Director of Public Health	Kent County Council
Dr Alison Barnard	Director of Public Health	Medway Council
Felicity Cox	Chief Exec	NHS England Area team Kent and Medway *
Michael Ridgwell	Director	NHS England Area team Kent and Medway**
Dr Mike Parks	GP	Kent LMC
Michael Keen	CEO	Kent LPC
David Onuoha	LPC Committee Member	Kent LPC
Bal Minhas	Lead Pharmacist	NHS Swale CCG
Jabeen Egan	Lead Pharmacist	NHS DGS CCG **
Priscilla Kankam	Lead Pharmacist	NHS West Kent CCG**
Onevefu Odelade	Lead Pharmacist	NHS Medway CCG**
Christopher Bridge	Pharmacist	NHS Thanet CCG*
Nicky Scott	Comms	Healthwatch Kent
Steve Inett	CEO	Healthwatch Kent
Riyad Karim		Healthwatch Medway*
Sarah Russell	Manager	Healthwatch Medway*
Linda Barnard	Contracts Manager	NHS England Area team Kent and Medway
Juliet Glanfield	Contracts Manager	NHS England Area team Kent and Medway**
Linda Todman	Contracts Manager	NHS England Area team Kent and Medway**
Lynda Longhurst	Policy Manager	Kent County Council
Deborah Smith	Public Health Specialist	Kent County Council
Cheryl Clennett	Public health pharmacist	Kent County Council
Kerry Oakton	Senior Public Health Intelligence Analyst	Kent & Medway Public Health Observatory
Jack Baxter	Public Health Information Officer	Kent & Medway Public Health Observatory
Catherine Barrett	Minute taker	Kent County Council

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

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

List of Abbreviations and Acronyms

AUR	Appliance Use Review
C4G	Canterbury and Coastal CCG
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
KCC	Kent County Council
KMPHO	Kent and Medway Public Health Observatory
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
MUR	Medicines Use Review
NHS	National Health Service
NMS	New Medicines Service
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
PSRC	Pharmaceutical Services Regulation Committee
RSPH	Royal Society for Public Health
SAC	Stoma Appliance Customisation

Document Version Control

Version	Date	Author(s)	Comments
Draft 1	25/08/14	Cheryl Clennett	1st draft
Draft 2	27/08/14	PNA Steering group	Minor amendments made after meeting of PNA SG
Draft 3	17/09/14	KCC HWB	Changes after HWB meeting
Draft 4	28/09/14	K&M LAT	Minor changes by K&M LAT
Draft 5	18/2/15	PNA Steering group	Changes post consultation
Final version	20/03/15	PNA Steering Group	Final checks prior to publication after approval from HWB