

Health and Wellbeing Board
Hertfordshire

Hertfordshire Pharmaceutical Needs Assessment (PNA)

February 2015

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Glossary of Terms

A&E	Accident And Emergency
ACP	Anti-Viral Collection Points
AUR	Appliance Use Review
BP	Blood Pressure
Cambs	Cambridgeshire
CCG	Clinical Commissioning Group
CDATs	Community Drug And Alcohol Teams
CEO	Chief Executive Officer
CHD	Coronary Heart Disease
Community Pharmacy Contract	Contractual framework introduced in 2005 (and updated in 2013) outlines the terms of service for community pharmacies and the market entry requirements.
COPD	Chronic Obstructive Pulmonary Disease
CPs	Community Pharmacists
DAC	Dispensing Appliance Contractors
DRUM	Dispensing Review of the Use of Medicines (For Dispensing Doctors)
DTaP/IPV(or dTA/IPV)	Childhood vaccination protecting against diphtheria, tetanus, pertussis (whooping cough) and polio.
E&N Herts CCG	NHS East and North Hertfordshire CCG
EHC	Emergency Hormonal Contraception
EoE	East Of England
ePACT	Electronic Prescribing Analysis and Cost
EPS	Electronic Prescription Service
GPs	General Practitioners
HC	Health Centre
HCC	Hertfordshire County Council
HCT	Hertfordshire Community Trust
HC420	Local version of a medicines administration record
Health and Wellbeing Board (HWB)	HWB is responsible for joining up the commissioning of local NHS services, social care and health improvement.
Health in Herts	Hertfordshire County Council web-based resource includes reference to of services and healthy living advice http://www.hertsdirect.org/services/healthsoc/healthherts/
Hertfordshire Joint Strategic Needs Assessment (JSNA)	Web-based resource with data and intelligence designed to inform commissioning decisions. http://jsna.hertslis.org/
HMP	Her Majesty's Prison
HMP, The Mount	Her Majesty's Prison – The Mount in Bovingdon, Herts
HomeFirst	The E&N Herts CCG rapid response service which helps older people and others with long term or complex conditions to stay well and independent to remain at home.
HPfT	Hertfordshire Partnership Foundation Trust
HPV	Human Papilloma Virus
HUC	Herts Urgent Care (GP out of hours service)
HVCCG	NHS Herts Valleys CCG
IMD	Indices Of Multiple Deprivation
Index Multiple Deprivation	A measure of deprivation that includes a range of combined information relating to income, employment, education, health, skills and training barriers to housing and services and crime.
JSNA	Joint Strategic Needs Assessment
LAs	Local Authorities
LAT	Local Area Team (NHS England)
LES	Local Enhanced Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPN	Local Professional Network

Hertfordshire Pharmaceutical Needs Assessment (PNA)

LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
LTC	Long Term Conditions
MAR	Medicines Administration Record
MAS	Minor Ailments Service
MMR	Measles, Mumps, Rubella Vaccine
MP	Member Of Parliament
MSOAs	Middle Super Output Areas
MURs	Medicine Use Reviews
NE	Needle Exchange
New QEII	Modern new development of QEII Hospital , Welwyn Garden City
NHS	National Health Service
NHS Clinical Commissioning Groups (CCGs)	There are two Hertfordshire CCGs that look after the majority of Hertfordshire patients i) NHS East and North Herts CCG ii) NHS Herts Valleys CCG. In addition Royston town patients are looked after by NHS Cambridgeshire and Peterborough CCG.
NMS	New Medicines Service
ONS	Office Of National Statistics
OOH	Out Of Hours
PBC	Practice Based Commissioning
PCT	Primary Care Trust
PDU	Problem Drug User
PGD	Patient Group Direction
PH	Public Health
Pharmaceutical Services	In relation to the PNA these include: essential services, advanced services and locally commissioned services (known as enhanced services) commissioned by NHS England. These services are available from community pharmacy contractors (pharmacies), dispensing appliance contractors, dispensing GPs and local pharmaceutical services (LPS) contractors.
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
RD	Repeat Dispensing
Rota	A rota system for Community Pharmacy Contractors to provide services during bank holidays and public holidays.
SAM	Supervised Administration Of Methadone (And Buprenorphine)
SLA	Service Level Agreement
Stoptober	The 28-day challenge to stop smoking for most of the month of October
UCC	Urgent Care Centre
UH	University Of Hertfordshire
WTE	Whole Time Equivalent

1 EXECUTIVE SUMMARY

1.1 Introduction

Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA will help in the commissioning of pharmaceutical services in the context of local priorities.

The PNA is a key tool in achieving high quality accessible pharmaceutical services responsive to local needs. The purpose of the PNA is to assess local needs and provision of pharmaceutical services across Hertfordshire. It considers NHS pharmaceutical services provided by community pharmacy contractors and dispensing doctors, dispensing appliance contractors (DACs) and also pharmacy and medicines management /medicines optimisation services provided by local hospitals, GPs or other providers, where relevant, to identify any unmet needs of the local population and any service gaps. By doing so the PNA identifies services which community pharmacies could be asked to provide to address these needs.

This PNA describes the pharmaceutical needs for the population of Hertfordshire.

The PNA includes information on:

- Pharmacies in Hertfordshire and the services they currently provide
- Other local pharmaceutical services, such as dispensing GP surgeries and DACs
- Relevant maps relating to Hertfordshire and providers of pharmaceutical services in the area
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Hertfordshire (Appendix A)
- Potential gaps in service provision that could be met by providing more pharmacy services
- Likely future needs for pharmaceutical services

1.2 Context

1.2.1 NHS Reforms

The aim of the recent NHS reforms is to put patients at the heart of the NHS through information, choice and shared decision making.

The Health and Social Care Act 2012 made provisions for a number of changes to the NHS – these changes became operational on 1 April 2013.

Across Hertfordshire key changes include:-

- Establishing clinical commissioning groups.
In Hertfordshire there are two main CCGs, **NHS East and North Herts CCG**

and NHS Herts Valleys CCG. A third CCG, **NHS Cambridge and Peterborough CCG** is responsible for commissioning NHS services for Hertfordshire residents registered with Royston GPs.

- NHS England – a new politically independent NHS Commissioning Board which is divided into NHS England Area Teams. The Hertfordshire and South Midlands Area Team is aligning to become part of the Midlands Sub-region (from April 2015) which will be responsible for commissioning primary care services for people living in Hertfordshire, Luton, Bedfordshire, Milton Keynes and Northamptonshire Lincolnshire and Leicestershire.
- Local Authority Health and Wellbeing Boards - which are responsible for joining up the commissioning of local NHS services, social care and health improvement. **Hertfordshire Health and Wellbeing Board (HWB)** includes representatives from NHS England and the Hertfordshire clinical commissioning groups, Hertfordshire Healthwatch and County and District councils.

In October 2014 Simon Stevens Chief Executive NHS England published the Five Year Forward View for the NHS which sets out a clear direction for the way services need to change and improve. This includes recognition that people need to take their own health seriously, and that services need to change and improve. The report highlights the need to “Build the public’s understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit”.

The report heralds ways in which the NHS can improve services to patients by “Helping patients get the right care, at the right time, in the right place; making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacies, as well as the 379 urgent care centres throughout the country.” This will partly be achieved by a number of changes including “far greater use of pharmacists”.

1.2.2 Hertfordshire

Hertfordshire is situated to the north of London. It is a mixed rural /urban county with number of small to medium sized towns (eg Stevenage, Watford, Hemel Hempstead) and rural areas with small villages and hamlets. Overall Hertfordshire has a relatively healthy and affluent population with small pockets of deprivation and poor health.

There is good access to primary care and hospital services in Hertfordshire in, the surrounding counties and in London.

Hertfordshire has greater than the national average of pharmacies per head of population and also has more than the national average of GPs per head of population. Patient surveys locally and nationally indicate that patients are satisfied with the services they receive from community pharmacy. This PNA has sought to determine the pharmaceutical health needs of the population of Hertfordshire, their priority and the services in place to address these needs. Where gaps have been identified we have considered whether there are opportunities within the current contractual framework for community pharmacy to address these either through the essential or advanced services, or as a potential provider of an enhanced or locally commissioned service.

1.3 Process

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In the process of undertaking the PNA the Hertfordshire HWB sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services to meet local health needs and priorities.

A public consultation was undertaken from 7th October to 7th December 2014 to seek the views of members of the public and other stakeholders, on the draft PNA. A report of the consultation is included in the PNA in Appendix O.

In the development of the PNA, we have used learning from strategy groups and involved the LPC on behalf of contractors, partners and stakeholders through discussions and formal and informal meetings and membership of short term project groups. We have sought views from members of the public by questionnaire. We have surveyed current providers of pharmaceutical services.

To determine the pharmaceutical needs of the population we considered

- the needs of the population described in the Hertfordshire Joint Strategic Needs Assessment (JSNA), and the priorities and strategic plans of the:
- Hertfordshire Health & Wellbeing Board,
- Hertfordshire Public health team,
- Hertfordshire CCGs (East and North Herts CCG, Herts Valleys CCG and Cambridge and Peterborough CCG),
- NHS England - Hertfordshire and South Midlands Area Team.

This PNA does not duplicate these detailed descriptions of health needs and priorities which should be read alongside the JSNA.

1.4 Definition of Locality

In order to look at the county in more detail we have used “Middle Super Output Areas” (MSOA), a classification used for the publication of statistics. Much of the data used in this PNA are presented in this way and, as each MSOA has roughly the same population, better comparisons can be made between areas, than for example by using electoral wards

1.5 Key findings

1.5.1 Access to pharmaceutical services

Initially, we looked at the access to pharmaceutical services across the county both by location and opening times.

Number of Pharmacies

Hertfordshire is well provided for NHS Pharmaceutical Services, although there is variable distribution across the county. There are 247 community pharmacies across Hertfordshire (February 2015) - an increase of nine from 238 reported in the 2011 PNA and an increase of 25 (11%) compared to 2005. This includes double the number of 100 hour pharmacies from eight in 2011 to sixteen in 2015.

Additionally there is evidence to show that Hertfordshire patients regularly access over 26 community pharmacies located in neighbouring counties.

There are 15 dispensing doctor practices and two Dispensing Appliance Contractors (DACs) in Hertfordshire – no change since 2011.

On average there are 22 community pharmacies per 100,000 registered population which is higher than in 2011 and higher than the national and East of England averages of 21 per 100,000 population and represents an average of 4,545 patients per pharmacy.

Distribution of Pharmacies

Generally pharmacies in Hertfordshire are located in close proximity to GP practices, shopping centres or precincts or in areas which reflect the usual social flow of the population. In most areas pharmacies also provide non NHS prescription collection and delivery services to patients who have difficulty accessing the pharmacy. Additionally the population has access to all the national distance selling (mail order/internet pharmacies) who provide all the essential pharmaceutical services and who arrange delivery of medicines to patients.

Areas with less than the average number of pharmacies e.g. Dacorum, Welwyn and Hatfield, Lower Lea Valley, generally have sufficient access to pharmaceutical services in neighbouring localities in close proximity to the GP surgery, or there are dispensing doctors' services provided in the locality.

There are 30 localities without a community pharmacy. For 29 of these the area analysis demonstrates that overall there is adequate provision of NHS Pharmaceutical Services, from providers in neighbouring localities.

In the remaining locality MSOA East Hertfordshire 009 (Much Hadham and Hunsdon Wards;) whilst NHS dispensing services are available from the dispensing doctor practice in the locality there is a gap in provision of other essential NHS Pharmaceutical Services such as self-care.

In this respect therefore this locality may benefit from a community pharmacy in the area to provide the full range of essential and advanced NHS Pharmaceutical Services.

Opening hours

All community pharmacies are required to be open for a minimum of 40 hours per week. In Hertfordshire many pharmacies are open for longer than 40 hours per week and the 100 hour pharmacies are required to be open for at least 100 hours per week.

Community pharmacy opening hours have increased significantly since 2005 and 2011 with evening, late night and Sunday opening available across the county. Pharmacy opening hours cover or exceed the opening hours for GP practices, either in the vicinity or neighbouring areas.

The increase in the number of 100- hour pharmacies from 8 in 2011 to 16 in 2015 is an important component of this improved level of provision, particularly to support out of hours services. The sixteen, 100- hour pharmacies in Hertfordshire are an essential part of current service provision in order to maintain adequacy of pharmaceutical services across Hertfordshire.

Access to Appliance Services

Dispensing Appliance Contractors (DACs) provide a dispensing and advisory service for patients requiring a range of dressings and appliances. DACs are required to provide a delivery service to patients. There are two DACs in Hertfordshire (no change from 2011),

Appliances are also available from community pharmacies, dispensing GP practices and other DACs from outside the county.

The level of access to appliance services has increased since 2011 as a result of the increased number of community pharmacies across the county.

No issues relating to the accessibility of appliance services or number or location of DACs have been raised with commissioners.

The current level of provision of appliance services continues, therefore, to be sufficient to meet the current needs of the population.

Access to essential services and advanced services

Secondly we looked at the level of uptake of the essential service repeat dispensing service, the electronic prescription service and the advanced services Medicines Use Review (MUR) and New Medicines Service (NMS).

We found the uptake of the repeat dispensing services is very low across the county. There is significant capacity and opportunity to increase the levels of repeat dispensing across Hertfordshire. This would result in an increased capacity for GPs to care for more complex patients and lead to financial savings as a result of reduced medicines waste. The roll out of EPS is likely to facilitate the uptake of the repeat dispensing service.

With regard to the advanced service Medicine Use Reviews we found that there is capacity across Hertfordshire to increase the number of MURs undertaken and there is evidence that patients find MURs a positive experience (Hertfordshire MUR survey 2008/2009). Commissioners should work with community pharmacy contractors to aim to focus MURs to meet local priorities to address unmet health needs in Hertfordshire.

We also looked at the pharmaceutical needs of the population and mapped them against all the essential and advanced services available from community

pharmacies (such as support for self-care, repeat dispensing, promotion of healthy lifestyles, MURs etc.).

We found that there is capacity and opportunities for existing community pharmacy contractors to meet identified needs of their local population, or to increase access and choice, by targeting some of the essential and advanced services funded within the current contractual framework, to specific patient groups as appropriate.

We concluded that many of the identified “gaps” in provision could be met by current contractors of pharmaceutical services in Hertfordshire, through appropriate alignment of the essential and/or advanced services elements of the contract to meet patients’ needs.

Enhanced and locally commissioned pharmacy services

Thirdly we looked at enhanced and locally commissioned services and the potential for community pharmacy providers to support public health services.

Since the 2011 PNA two additional locally commissioned pharmacy services: the falls service and the immediate access to emergency medicines service have been commissioned by East and North Herts CCG and Herts Valleys CCG and these have met needs identified in the 2011 PNA.

In Hertfordshire the only additional service which comes within the definition of enhanced pharmaceutical services as set out in legislation is the ‘influenza vaccination’ service. This service was originally commissioned in 2013/14 by Public Health England (PHE), through NHS England. All suitably trained community pharmacy contractors in Hertfordshire were offered the opportunity to provide the service; 72 pharmacies were commissioned to provide the service and 21 actively provided the service during the 2013/14 season.

PHE have commissioned this service in 2014/15 and 89 pharmacies were commissioned. There is capacity across the current community pharmacy contractors to meet future needs for this service. In particular there are gaps in location and hours of access that suggest that commissioners may want to look at commissioning these services from contractors offering services in these localities and in areas where there is less access after 6pm and at weekends particularly from 100 hour pharmacies.

Public health services commissioned from community pharmacy contractors commissioned by the local authority do not come within the definition of enhanced services or pharmaceutical services as set out in legislation. We have, however, made reference to these services and identified potential opportunities for commissioners to consider the role of community pharmacies to provide these services.

For the key public health services which are currently supported by community pharmacy contractors i.e. –stop smoking, sexual health and substance misuse - there continues to be sufficient capacity across the current community pharmacy workforce in Hertfordshire to meet the needs for these services, either by improving

the current service delivery of individual contractors or by commissioning other existing Hertfordshire contractors to provide the service.

1.5.2 Future new developments

Services redesign

We then looked at future developments to consider if these may have an impact on the need for pharmaceutical services.

Future developments in national policy and local commissioners' strategic plans for health care in Hertfordshire signal an increase need to care for more complex patients in primary care, reduce the workload of accident and emergency departments and reduce inappropriate referrals to secondary care with focus on services redesign and encouraging people to take responsibility for their own health.

Hertfordshire commissioners are also reviewing options for further service redesign programmes and there may be opportunities for community pharmacy contractors to be considered as potential providers within these programmes. Commissioners are encouraged to refer to the range of enhanced services described in the NHS Pharmaceutical Services (Advanced and Enhanced) (England) Directions 2013, as these are examples where there is some evidence that community pharmacy has achieved good outcomes.

The development of the New QEII Hospital and the current planning intentions to develop an innovative integrated community/hospital pharmacy service on site is one development that reflects this strategy in Hertfordshire.

Population growth

Future population growth and housing developments suggest an increase in Hertfordshire population by 100,000 by 2021 (ie c 14,000 per year).

Hertfordshire housing plans suggest there may be up to 13,500 new residents by 2018. This will increase the average population per pharmacy in Hertfordshire from 4,545 in 2015 to 4,598 in 2018. While it is likely that this growth can be accommodated by the current pharmacy network using: innovative systems - including EPS and robotics; skill mix review and, medicines optimisation etc.; each development and population growth should be monitored and if necessary supplementary statements to the PNA produced by Hertfordshire HWB to determine whether additional pharmaceutical service contractors might be required.

1.5.3 Survey Responses

Community Pharmacy Contractors

55% of community pharmacy contractors responded to the survey and the majority of these indicated a willingness to provide a large range of additional services if these were to be commissioned locally.

Many are also providing additional non NHS non- regulated services such as ordering, collection and delivery of prescriptions and other private public health services e.g. travel vaccinations.

Service Users

51 members of the public responded to the patient survey. The results from the survey indicate satisfaction with the current level of service provided by community pharmacy contractors, and a willingness to access new services from community pharmacy.

1.6 Summary and Conclusions

Compared with 2011, in 2015 there are more pharmacies open for more hours on more days of the week than in 2011. There is double the number of 100 hour pharmacies compared to 2011 and it is the latter which have had the most impact on the increase in accessibility to pharmacy services since 2011. The sixteen, 100-hour pharmacies are an essential component of current service provision in Hertfordshire in order to maintain adequacy of pharmaceutical services across Hertfordshire

The range of services provided has also increased as a result of the roll out of the electronic prescription service and the introduction of the New Medicines Service, the influenza vaccination service, the falls service and the immediate access to emergency medicines service.

There are opportunities for community pharmacy contractors to support the delivery of other local priorities either through the current contractual framework for essential and/or advanced pharmaceutical services or through a locally commissioned service or an enhanced service where there is evidence in Hertfordshire or elsewhere of successful service delivery, patient outcomes and affordability.

With respect to the enhanced/locally commissioned public health services: stop smoking, sexual health services, substance misuse services and vaccination services we have identified that there is likely to be sufficient capacity in the current community pharmacy workforce to meet any gaps in current service provision, either by improved service delivery by individual providers or by commissioning the services from the existing pharmacy workforce.

For new services proposed for example as part of redesign programmes eg for older people, long term conditions or self- care the current geography and number of community pharmacies in Hertfordshire suggest there is sufficient capacity to meet local needs. Additionally the results from the community pharmacy survey and the patient survey indicated that community pharmacy contractors are willing to provide additional services and patients are happy with the current services provided by community pharmacy and willing to access community pharmacy for new services. Commissioners are encouraged to refer to the range of enhanced services described in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, (<https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>) as these are examples where there is some evidence that community pharmacy has achieved good outcomes.

Hertfordshire Pharmaceutical Needs Assessment (PNA)

This PNA provides a comprehensive report on the needs, provision and gaps with respect to pharmaceutical services (as defined by legislation) in Hertfordshire. This reflects current intelligence on our population's needs, views and service provision.

Overall we have been able to reflect priorities in service provision which will help to inform commissioners and community pharmacy contractors with respect to provision and performance management of essential and advanced services elements of the pharmacy contractual framework and, where applicable, commissioning, provision and performance management of enhanced/locally commissioned services. (See Section 7.4, Table 32)

There is an ongoing programme of review of all health services in Hertfordshire, especially with respect to promoting care closer to home and changes in population size and age; it is likely that this will impact on the PNA. In view of this the Hertfordshire Health and Wellbeing board will maintain a review and revision programme for the PNA so that it remains fit for purpose.

2 Introduction

The pharmaceutical needs assessment (PNA) is a key tool in achieving high quality accessible pharmaceutical services responsive to local needs. The purpose of the PNA is to assess local needs and service provision of pharmaceutical services across Hertfordshire. It will consider pharmacy and medicines management services provided by local hospitals, GPs or other contractors, where relevant, as well as NHS pharmaceutical services provided by community pharmacy contractors and dispensing doctors in order to identify any unmet needs of the local population and any service gaps. It aims to identify services which community pharmacy contractors could be commissioned to provide to address these needs.

The PNA includes information on:

- Pharmacies in Hertfordshire and the services they currently provide
- Other local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to Hertfordshire and providers of pharmaceutical services in the area
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Hertfordshire
- Potential gaps in service provision that could be met by providing more pharmacy services,
- Likely future needs for pharmaceutical services.

The PNA will enable Hertfordshire CCGs, NHS England and the local authority to commission services from community pharmacy contractors that meet the needs of the local population. The commissioned pharmaceutical services need to be evidence-based and cost-effective. If these services offer value for money and good health outcomes then the NHS can align pharmacy as part of the fabric of a patient-centred NHS service

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied. The first PNAs were published by NHS Primary Care Trusts (PCTs) in line with the 2006 Act. NHS Hertfordshire published its first PNA in 2011.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in

Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent

duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The PNA must be published by the HWB by April 2015, and has a maximum lifetime of three years. As part of developing their first PNA, HWBs undertook a consultation of at least 60 days. The 2013 Regulations list those people and organisations HWBs must consult.

This list includes:

- relevant local pharmaceutical committee (LPC) for the HWB area. .
- local medical committee (LMC) for the HWB area.
- persons on the pharmaceutical lists
- dispensing GP practices in the HWB area.
- local Healthwatch organisation for the HWB area, and any other patient,
- consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- NHS trust or NHS foundation trust in the HWB area.
- neighbouring HWB and
- NHS England

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical contractors to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of "locally commissioned services" from pharmacies by the local authority and other local commissioners eg CCGs.

Ref: Health and Social Care Act 2012, The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013). <http://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/#pnas>

Hertfordshire Health and Wellbeing board (HWB) is responsible for the Hertfordshire PNA due to be published by 1st April 2015.

In line with 2013 Regulations the draft Hertfordshire PNA was made available for consultation over 60 days (7th October to 7th December 2014). The final PNA takes into consideration comments and feedback received from the consultation. Feedback from surveys of patient groups and pharmaceutical service contractors on local service provision is also included.

3 Context for the Pharmaceutical Needs Assessment

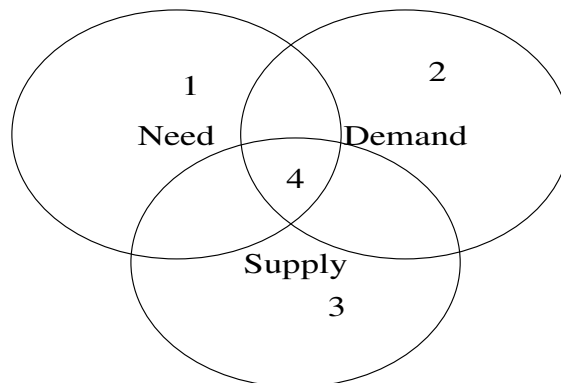
3.1 What is pharmaceutical need?

Need can be defined as “the ability to benefit from the (pharmaceutical) intervention” (Stevens and Gabby 1991). The availability of an intervention may not necessarily indicate a need, similarly a demand for an intervention may not indicate a need (see figure below). We have considered the responses from stakeholders in the context of the evidence of benefit (need) and inter-relationships between demand, supply and need in order to ensure that “supply induced demand” or an intervention wanted (demanded) by patients but which has no evidence to indicate benefit, are not misinterpreted as a need for a pharmaceutical service.

This is demonstrated in the figure below. Ideally need, demand, and supply for an intervention should all match so that demand reflects need and that there is neither an unmet need nor a surplus of supply.

Ref: Stevens A, Gabby J. 1991 Needs assessment needs assessment. Health Trends 23, 20-23

Need, demand, and supply: influences and overlaps (Stevens A & Gabby J 1991)



1. Need but no demand or supply
2. Demand but no supply or need
3. Supply but no need or demand
4. Need, supply and demand all match

3.2 NHS Reforms

The aim of the recent NHS reforms is to put patients at the heart of the NHS through information, choice and shared decision making.

The involvement of patient, carers and service users in the development of the Hertfordshire pharmaceutical needs assessment (via surveys) reflects this goal.

The Health and Social Care Act 2012 made provisions for a number of changes to the NHS – these changes became operational on 1 April 2013. Across Hertfordshire key changes include

<http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government%27s+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521>
<http://www.nuffieldtrust.org.uk/our-work/nhs-reform>
<http://www.england.nhs.uk/mids-east/hsm-at/>
<http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/>

- Establishing clinical commissioning groups (CCGs) i.e. groups of GP practices and other professionals with 'real' budgets to commission NHS services on behalf of their local communities. In Hertfordshire there are two main CCGs, **NHS East and North Herts CCG and NHS Herts Valleys CCG**. A third CCG, **NHS Cambridge and Peterborough CCG** is responsible for commissioning NHS services for Hertfordshire residents registered with Royston GPs.
- NHS England - a new politically independent NHS Commissioning Board which is divided into NHS England Area Teams – The Hertfordshire and South Midlands Area Team is aligning to become part of the Midlands Sub-region (from April 2015) which will be responsible for commissioning primary care services for people living in Hertfordshire, Luton, Bedfordshire, Milton Keynes and Northamptonshire, Lincolnshire & Leicestershire.
- Public Health England – who commission national public health services such as immunisation and screening services.(e.g. Seasonal Flu vaccination services).
- Local Authority Health and Wellbeing Boards - which are responsible for joining up the commissioning of local NHS services, social care and health improvement. Hertfordshire Health and Wellbeing Board (HWB) includes representatives from NHS England and Hertfordshire clinical commissioning groups, Hertfordshire Healthwatch and County and District councils.

Local Authorities (LAs) have acquired three new functions in relation to commissioning services;

- 1) Undertaking PNAs through the HWB.
- 2) Commissioning public health services from community pharmacy contractors (eg sexual health, stop smoking, drugs services,)
- 3) Together with the HWB, LAs will have a broader strategic role in supporting the development of community pharmacy contractors with an increased role in public health and health improvement.

In October 2014 Simon Stevens Chief Executive NHS England published the Five Year Forward View for the NHS which sets out a clear direction for the way services need to change and improve. This includes recognition that people need to take their

own health seriously, and that services need to change and improve. <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

3.3 Hertfordshire Overview

Hertfordshire is situated to the north of London and has a number of small to medium sized towns. Overall Hertfordshire has a relatively healthy and affluent population with pockets of deprivation and poor health spread across the county. (Health Profile July 2014)

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES
<http://jsna.hertslis.org/>

Population and Birth Rate

Hertfordshire has a population of just over one million people (n= 1,129,000, mid-2012 population estimate, ONS). The percentage of people aged 65 years and over in 2012 was 16.1% (compared with England 16.9%) and this is predicted to increase to 17.7% in 2021 and to 22.5% in 2037 (2012-based Subnational Population Projections, ONS, released June 2014). The Hertfordshire population (mid-year 2012) and the projections for 2021 by age group are shown in Tables 1 and 2 below comparing the expected increase in the elderly population locally with that for England.

Table 1. Hertfordshire population (2012 mid-year estimates, ONS)

Age Group	0-14 yrs (%)	15-64 yrs (%)	65+ yrs (%)	Total (100%)
NHS East & North Herts CCG	102,700 (18.4%)	365,200 (65.3%)	91,300 (16.3%)	559,200
NHS Herts Valleys CCG	110,300 (19.4%)	368,900 (64.7%)	90,700 (15.9%)	569,900
Hertfordshire	213,100 (18.9%)	734,100 (65%)	181,900 (16%)	1,129,100
England	17.7%	65.3%	16.9%	53,493,700

Table 2. Population Projections for 2021 (ONS)

Age group	0-14 yrs (%)	15-64 yrs (%)	65+ yrs (%)	Total (100%)
NHS East and North Herts CCG	112,400 (19.1%)	370,300 (62.9%)	105,500 (17.9%)	588,300
NHS Herts Valleys CCG	128,200 (20.5%)	389,000 (62.1%)	108,900 (17.4%)	626,000
Hertfordshire county	244,300 (19.8%)	772,000 (62.5%)	218,200 (17.7%)	1,234,500
England	(18.2%)	(62.7%)	(19.1%)	56,962,100

Over the next 20 years we expect the population to grow in size and the age make-up to change. By 2037 we expect the largest proportion of the local population to be in the 40 - 54 year old age group and the number of people living into their late 80's and 90's to increase significantly.

A number of areas are expecting significant population growth due to housing developments. In East & North Herts CCG this includes East Herts, Broxbourne, Stevenage, North Herts and Welwyn and Hatfield and in Herts Valleys CCG this includes Hertsmere, Dacorum, St Albans, Watford, Three Rivers – all of which need to be considered in future planning.

In 2012 the live birth rate in England was 64.9 per 1,000 women aged between 15 and 44 years, and 66.3 per 1,000 in Hertfordshire. This compares with a live birth rate in the local authority (LA) districts covering East and North Herts CCG of 63.8 per 1,000 (highest birth rates in Stevenage and North Hertfordshire LAs) and for the districts in Herts Valleys CCG a rate of 68.8 per 1,000 (highest birth rates in Watford and St. Albans LAs). (Compendium of Population Health Indicators, Health and Social Care Information Centre, Jan 2014)

Hertfordshire has a fairly affluent population, compared to England and the rest of East of England, and consists of mostly people from a white* ethnic origin. Recent migration of workers from Eastern Europe, particularly Poland, has been noted but actual numbers remain small.

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Black and other non-white ethnic minority groups comprise 10.2% of the population living in the local authority districts covering East and North Herts CCG and 14.6% of the local authority districts covering Herts Valleys CCG. This compares to 14.6% of the population in England (2011 Census, ONS). In both CCG areas, the largest ethnic minority population is Asian or Asian British. There are some areas (particularly in Watford) in which the proportion of non-white persons is much higher than others.

2012 population estimates and 2012-based Subnational Population Projections (SNPP), ONS, June 2014: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-335242> (file with workings attached)

2011 Census data - ethnicity: (file from Hertfordshire County Council attached)

2012 live birth rates: <https://indicators.ic.nhs.uk/webview/> (file with workings attached)

2013 Hertfordshire Health Profile:

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES (2014 profile available 8 July 2014)

Transport

Most households in Hertfordshire (83.07%) have access to at least one vehicle (compared to 81.5% in the East of England and 74.2% in England). Although there are some areas where there are a high percentage of people without access to a

vehicle, these tend to be in areas of deprivation and in town centres where people are less likely to need personal transport.

2012 population estimates and 2012-based Subnational Population Projections (SNPP), ONS, June 2014: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-335242> (file with workings attached)

2011 Census data - ethnicity: (file from Hertfordshire County Council attached)

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2013 Hertfordshire Health Profile:

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES (2014 profile available 8 July 2014)

Life Expectancy

Hertfordshire healthy life expectancy is above the England average for both men and women and tends to be lower in areas of deprivation. In general women have a longer total life expectancy and healthy life expectancy than men (83yrs vs. 80yrs).

In Watford and Stevenage, total life expectancy is lower than the England average for men, and Watford and North Herts have lower than the England average for women. St Albans has the highest life expectancy in Hertfordshire for both men and women.

Deprivation

In general the health of people in Hertfordshire is better than the England average. There are, however, health inequalities in Hertfordshire by location, gender, level of deprivation and ethnicity. All Local Authorities have areas of considerable deprivation within their boundaries. (See Table 3)

Deprivation is shown by the Indices of Multiple Deprivation (IMD) 2010, which brings together 38 separate indicators across seven domains (income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime). The table below shows the 15 MSOA/Wards with the highest deprivation in Hertfordshire and their IMD scores (higher is worst).

In West Herts, 24.2% of the population of Watford live in the two most deprived areas.

Table 3. Wards with high IMD scores (IMD 2010)

CCG	Locality	MSOA	Corresponding ward name	District	MSOA Average IMD 2010 score
			Hertfordshire		11.45
ENH CCG	Lower Lea Valley	Broxbourne 013	Waltham Cross Ward	Broxbourne	28.35
	Stevenage	Stevenage 008	Bedwell Ward	Stevenage	27.89
	Welwyn Hatfield Locality	Welwyn Hatfield 007	Peartree Ward	Welwyn Hatfield	23.81
	Welwyn Hatfield Locality	Welwyn Hatfield 012	Hatfield Central Ward	Welwyn Hatfield	21.44
	Lower Lea Valley	Broxbourne 011	Bury Green Ward	Broxbourne	20.44
	Stevenage	Stevenage 010	Shephall Ward	Stevenage	20.44
	Stevenage	Stevenage 001	St Nicholas Ward	Stevenage	19.41
	North Herts	North Hertfordshire 007	Letchworth Wilbury Ward	North Hertfordshire	19.00
HV CCG	Watford and Three Rivers	Three Rivers 012	Northwick Ward and Ashridge Ward (West)	Three Rivers	27.34
	Hertsmere	Hertsmere 006	Borehamwood Cowley Hill Ward	Hertsmere	27.26
	Watford and Three Rivers	Watford 009	Central Ward	Watford	26.76
	Dacorum Locality	Dacorum 008	Highfield & St Pauls Ward	Dacorum	22.30
	Watford and Three Rivers	Watford 003	Meriden Ward	Watford	20.53
	Dacorum Locality	Dacorum 007	Grove Hill Ward	Dacorum	20.18
	Watford and Three Rivers	Watford 011	Holywell Ward	Watford	19.79

3.4 Hertfordshire Strategic Vision

Two recent NHS England's publications 'The NHS belongs to the people - A Call to Action' (2013) and 'Putting Patients First: The NHS England business plan for 2014/15 – 2016/17' acknowledge that the NHS must change in order to survive and to continue to deliver better outcomes for patients. Both reports highlight that keeping people healthy and well in order to lead longer lives is important as well as preventing rather than treating illness.

http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

Hertfordshire strategic vision outlines the priorities for the county to help ensure that future health demands can be met.

3.4.1 Public health

Public Health Hertfordshire (part of Hertfordshire County Council) has the following vision for the next five years. *"A healthy and happy Hertfordshire: everyone in Hertfordshire is born as healthy as possible and lives a full, healthy and happy life. We compare well with England and similar counties, and health inequalities across Hertfordshire are reduced"*.

Hertfordshire County Council - Public health Strategy (2013-2017):

http://www.academia.edu/6002139/Healthier_Herts_A_Public_Health_Strategy_for_Hertfordshire_County_of_Opportunity

Priorities in Hertfordshire are to take a whole system approach to improving health and wellbeing, to support residents to make healthy lifestyle choices, and to help the expanding older population maintain their health.

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Public health priorities for Hertfordshire

- Longer, healthier lives
- Start healthy and stay healthy
- Narrowing the gap between most and least healthy
- Protect our communities from harm.

Hertfordshire County Council - Public health Strategy (2013-2017)

http://www.academia.edu/6002139/Healthier_Herts_A_Public_Health_Strategy_for_Hertfordshire_County_of_Opportunity

3.4.2 Hertfordshire Health and Wellbeing Board (HWB)

The key priorities for Hertfordshire's HWB are outlined in its three year strategy (2013-2016)

<http://www.hertsdirect.org/docs/pdf/h/hwbstrategy.pdf>

The key health priorities for the HWB are

Healthy Living

- Reducing the harm caused by alcohol
- Reducing the harm from tobacco
- Promoting healthy weight and increasing physical activity

Promoting Independence

- Fulfilling lives for people with learning disabilities
- Living well with dementia
- Enhancing quality of life for people with long term conditions

Flourishing Communities

- Supporting carers to care
- Helping all families to thrive
- Improving mental health and emotional wellbeing

NB. Hertfordshire local authority (public health) will lead on some of the areas within the HWB strategy (tobacco, healthy weight and alcohol) but there are a number of other areas where public health have additional responsibility eg sexual health, drugs and alcohol, school nursing, health checks.

3.4.3 Clinical Commissioning Groups (CCGs)

Hertfordshire CCGs have a statutory duty to reduce inequalities in health in their patient populations. The priorities of the HWB and public health and are reflected in the health priorities of the CCGs.

3.4.3.1 NHS East and North Herts CCG priorities

Ref: E & N Herts CCG Commissioning Framework 2014/15,
E & N Herts CCG Strategic Aims and Vision 2014/2019
E & N Herts Primary Care Strategy (draft December 2014)

- To reduce health inequality and achieve a stable and sustainable health economy by working together, sharing best practice and improving expertise and clinical outcomes
- Our aim is to work with patients, managers and clinical colleagues from all sectors to commission the best possible health care for our patients within the available resources

A key objective is to be facilitating self-management and promoting personal health planning for the frail elderly and patients with Long Term Conditions.

This will be achieved by

- Developing proactive management of the frail elderly and patients with Long Term Conditions through risk stratification and multidisciplinary
- care planning
- Facilitating proactive End of Life Care to support patients decisions and choices
- Safe and appropriate prescribing to support adherence to broad spectrum antibiotic guidance.

3.4.3.2 NHS Herts Valleys CCG priorities

Ref: Herts Valleys CCG Operational Plan 2014/15 & 2015/16

1. To deliver clinically sustainable and affordable services that meet the changing needs of the population, address inequalities and deliver our guiding principles as outlined in the strategy Delivering a Healthy Herts Valleys:
 - Local people are supported to stay well, preventing ill health.
 - Patients and carers are empowered to take an active part in their own care.
 - Patients will receive their care in the right place - at home or as close to home as possible.
 - Patients will experience services which are joined up.
2. To improve the quality of services and deliver better patient outcomes and experience.
3. To work with our providers to transform health and social care through effective use of joint funding.
4. To improve engagement with our member practices, the public, patient and carers and to ensure this is embedded with the CCG Governance structure.

3.4.3.3 NHS Cambridgeshire and Peterborough CCG* priorities

NHS Cambridgeshire and Peterborough CCG priorities are included because Royston is now part of this CCG.

- 1) Integration of health and care services for people over 65 years of age.
- 2) Reduction in cardiovascular disease by addressing health inequalities.
- 3) Improving the quality of end of life care.

3.4.4 Primary Care Strategy

3.4.4.1 Improving care through community pharmacy – a call to action (NHS England) March 2014

Community pharmacy is recognised as a key, frontline health service that can and does provide healthcare and advice as an effective alternative to many over-subscribed primary care services in their communities, particularly those of local GP

practices. In addition to this they add value as an important triage to emergency services.

In the spring of 2014 NHS England published the Community Pharmacy Call to Action to stimulate debate in local communities, with everyone who works with community pharmacy, to find out the best way to develop an integral service.

NHS England aims to enable community pharmacy to play an even stronger role at the heart of more integrated out-of-hospital services that support better health outcomes for patients, provide more personalised care, deliver excellent patient experience, optimise the use of medicines and secure the most efficient possible use of NHS resources. This work forms part of the wider Call to Action that NHS England launched in July 2013.

Stakeholders were asked to comment on the following

- creating a 'pharmacy first' culture
- ensuring patients get the best from their medicines
- integrating community pharmacy into the patient pathway
- Increasing safety of dispensing

(<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>)

The results of nationwide responses are awaited from NHS England.

The key benefits of delivering a high quality pharmaceutical service include:

- Improved access, capacity and capability for addressing health needs in primary care.
- Fewer avoidable hospital admissions and reduced bed days.
- Support for the safe and effective use of medicines, especially in at risk vulnerable groups, including the elderly, and patients with long-term conditions.
- Improved access to health promotion and public health messages.
- Support to prescribers to make cost-effective use of resources (including for example, advice and action to reduce medicines waste and inappropriate use of unlicensed products)
- Medicines optimisation – ensuring that the right patients get the right choice of medicine at the right time. By improving safety, adherence to treatment and reducing waste this should support patients to get the best outcomes from their medicines.

3.4.4.2 Hertfordshire and the South Midlands Area Team

Hertfordshire and the South Midlands Area Team have developed a framework to support the strategic development of primary care across Hertfordshire and the South Midlands over the next five years (2014-2019). The strategic vision for the services commissioned is driven by three key objectives;

- Improving quality and access
- Improving health outcomes and reducing health inequalities

- Developing and implementing new integrated models of care.

(Primary Care Strategy 2014-19. Hertfordshire and South Midlands Area Team, June 2014)

The framework recognises that a transformation in primary care is necessary due to a number of nationally emerging issues i.e. an aging population, increasing patient demand, increasing patient expectation, economic constraints and new treatments and technologies.

The 5 year plan for community pharmacy services is outlined in this report;

Community Pharmacy Vision

- Recognition and integration of community pharmacy into care pathways and service redesign.
- Development of clinical skills in community pharmacy to manage care of patients with long term conditions
- Improved networking and collaboration between community pharmacy and hospital pharmacy to provide seamless transfers of care with respect to medicines across boundaries.
- Development of a network of community pharmacies as healthy living pharmacies to promote healthy lifestyles and provide accredited public health pharmacy services (eg stop smoking, sexual health services, vaccination, weight management, alcohol awareness).
- Use of community pharmacy as first port of call for self-care, to avoid inappropriate use of A&E.
- Promotion of community pharmacy as a first line option from 111.

Benefits to be realised for patients

- Improved medicines safety and better patient experience
- Improved transfer of care

Benefits to be realised for others

- Integration of pharmacy and medicines optimisation services into care pathways to avoid duplication of effort or omission of important service/information, and allow more patients to be cared for out of hospital.

The national objectives for medicines optimisation are to make better use of the significant investment in medicines to improve patient outcomes, safety and experience.

3.4.5 Herts County Council Scrutiny Committee

In 2012 the HCC Medicines Management Topic Group reviewed the medicines management arrangements in Hertfordshire. The focus was to review:

- the current arrangements in NHS Hertfordshire to support older people at home to use their medication safely and effectively

- the current arrangements in Hertfordshire with respect to reducing the amount of medicines wastage.

The recommendations from the group's report (link below) were:

- From immediate effect community pharmacy contractors to undertake New Medicines Service (NMS), Medicine Use Reviews (MURs) and targeted MURs to ensure that patients clearly understand how to take medicines as prescribed and to prevent wastage
- PCT to facilitate the roll out and lead on the evaluation of the New Medicines Service (NMS) over the next 12 months
- By summer 2012 PCT Primary Care Medicines Management Committee to have promoted to private care providers the adoption of HCC Home Care Medication Policy
- By April 2013 shadow Clinical Commissioning Groups (CCGs), supported by the PCT, to have put in place repeat prescribing services by GP practices to enable, and increase, the take up of NHS Repeat Dispensing service by community pharmacy contractors and reduce medicines waste.

Ref <http://www.hertsdirect.org/docs/pdf/t/topgrprept.pdf>

3.5 Public Health Analysis

A list of 30 top priority deprived areas has been developed (from the public health analysis) representing the most deprived MSOAs in each of the Hertfordshire CCG locality and district/ borough councils, the prison population and Hertfordshire's 16% most deprived MSOAs. See Table 4. This list of top priority areas provides a geographical focus for targeting and commissioning interventions, including pharmaceutical services, aimed at improving health to deliver the highest impact on reducing health inequalities.

[Health inequalities is the term that describes the unjust differences in health, illness and life expectancy experienced by people from different groups of society. Ref NHS 'The Call to Action 2013']

Table 4. The top 30 priority MSOA areas by CCG Locality (the 25 (16%) most deprived MSOAs are shown in yellow/ shaded)

CCG	MSOA	Code	Corresponding ward name	District	Locality	
ENHCCG	Broxbourne 005	E02004847	Wormley & Turnford Ward	Broxbourne	Lower Lea Valley	
	Broxbourne 009	E02004851	Rosedale Ward and Goffs Oak Ward (most Westerly tip)			
	Broxbourne 011	E02004853	Bury Green Ward			
	Broxbourne 013	E02004855	Waltham Cross Ward			
	North Hertfordshire 003	E02004911	Letchworth Grange Ward	North Hertfordshire	North Hertfordshire	
	North Hertfordshire 007	E02004915	Letchworth Wilbury Ward			
	Stevenage 001	E02004944	St Nicholas Ward	Stevenage	Stevenage	
	Stevenage 006	E02004949	Pin Green Ward and Old Town Ward (South)			
	Stevenage 007	E02004950	Chells Ward			
	Stevenage 008	E02004951	Bedwell Ward			
	Stevenage 009	E02004952	Bandley Hill Ward			
	Stevenage 010	E02004953	Shephall Ward			
	Stevenage 011	E02004954	Roebuck Ward			
	Welwyn Hatfield 007	E02004986	Peartree Ward	Welwyn Hatfield	Welwyn Hatfield	
	Welwyn Hatfield 011	E02004990	Hatfield East Ward			
	Welwyn Hatfield 012	E02004991	Hatfield Central Ward			
	HVCCG	Dacorum 007	E02004862	Grove Hill Ward	Dacorum	Dacorum
		Dacorum 008	E02004863	Highfield & St Pauls Ward		

	Dacorum 013	E02004868	Adeyfield East Ward		
	Hertsmere 003	E02004898	Potters Bar Oakmere Ward	Hertsmere	Hertsmere
	Hertsmere 006	E02004901	Borehamwood Cowley Hill Ward		
	Hertsmere 007	E02004902	Borehamwood Brookmeadow Ward		
	Hertsmere 009	E02004904	Borehamwood Kenilworth Ward		
	Hertsmere 011	E02004906	Borehamwood Hillside Ward		
	Three Rivers 012	E02004967	Northwick Ward and Ashridge Ward (West)	Three Rivers	Watford and Three Rivers
	Watford 001	E02004968	Woodside Ward	Watford	
	Watford 003	E02004970	Meriden Ward		
	Watford 004	E02004971	Leggatts Ward		
	Watford 009	E02004976	Central Ward		
	Watford 011	E02004978	Holywell Ward		

3.6 Medicines Optimisation

The NHS is focussed on patient experience, patient outcomes and inefficiencies. The focus on medicines, however, has remained largely around cost. Medicines optimisation work aims to shift the focus from looking solely at the spend on medicines toward a more balanced view of the value of medicines and a better understanding of the outcomes derived from using them.

<http://www.england.nhs.uk/wp-content/uploads/2014/06/mo-dash-supp-info.pdf>

Current use of medicines can be improved

- Up to 50% of medicines are not taken as intended by the prescriber.
- Between 5 and 8% of all unplanned hospital admissions are due to medication issues (this figure rises to 17% in the over 65s)¹
- Medicines waste is a significant issue (reported as £300 million in primary care alone, about half of which is avoidable)
- Medication safety data indicates that we could do much better at reporting and preventing avoidable harm from medicines
- Resistance to antimicrobial treatments presents a very real and significant threat to modern healthcare.

Hertfordshire Pharmaceutical Needs Assessment (PNA)

- Multi-morbidity and poly pharmacy increase clinical workload, so doctors, nurses and pharmacists need to work coherently as a team with a balanced clinical skill-mix.

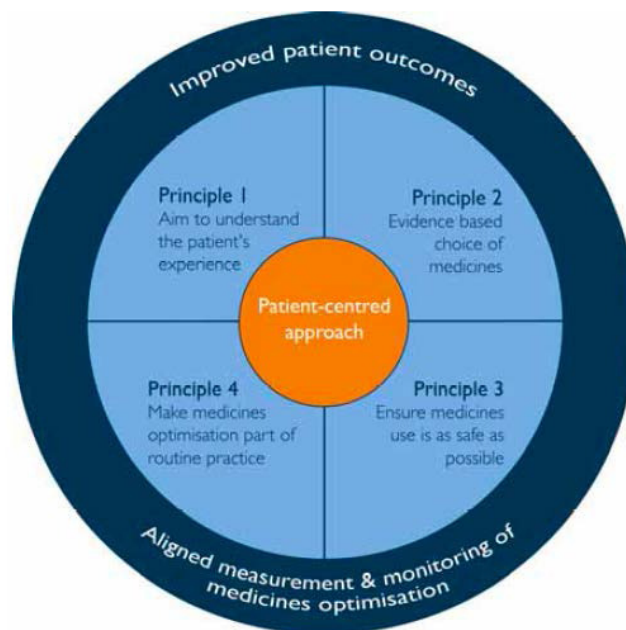
<http://www.england.nhs.uk/wp-content/uploads/2014/06/mo-dash-supp-info.pdf>

- Around 57 million GP consultations each year involve “minor ailments”, which could be dealt with at a pharmacy.
- More than 175,000 safety incidents involving medicines were reported between April 2013 and March 2014. 1,910 medication incidents were reported from Community Pharmacies in England & Wales during this time. Incident reporting to the NRLS from Community Pharmacy is low and processes and requirements are being reviewed in 2015-16

(WCC, Primary care and community services: Improving pharmaceutical services, 2009)

<http://www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries/?entryid45=135304>

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/polypharmacy-and-medicines-optimisation-kingsfund-nov13.pdf



It is now a priority for NHS England to implement these agreed principles within the NHS through its work on Medicines Optimisation.

<http://www.england.nhs.uk/wp-content/uploads/2014/06/mo-dash-supp-info.pdf>

3.7 Pharmaceutical Services

3.7.1 National Contractual Framework for Community Pharmacy

Most community pharmacies provide services under a national contractual framework, introduced in April 2005 and updated in 2013. This has three tiers of services; essential and, advanced and enhanced.

- a) **Essential services:** are services which each community pharmacy must provide. This includes dispensing medicines and appliances, repeat dispensing, health promotion and healthy lifestyle advice, signposting to other services, support for self-care and disposal of unwanted medicines and clinical governance.

<http://psnc.org.uk/services-commissioning/essential-services/>

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified.

- b) **Advanced services:** are services which can be provided if the pharmacist is suitably accredited against a competency framework and the pharmacy premises meets standards that facilitate the provision of these services in a suitable, confidential environment. Medicine Use Reviews (MURs), including prescription intervention MURs, Appliance Use Reviews (AURs), the New Medicine Service (NMS) and the provision of stoma and medical equipment are included.

<http://psnc.org.uk/services-commissioning/advanced-services/>

- c) **Enhanced services:** are commissioned directly by NHS England.

The list of enhanced services is stated in the NHS directions (see below).

<https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

The NHS England is authorised to arrange for the provision of the following additional pharmaceutical services with a pharmacy contractor:

- (a) an Anticoagulant Monitoring Service
- (b) a Care Home Service
- (c) a Disease Specific Medicines Management Service
- (d) a Gluten Free Food Supply Service
- (e) an Independent Prescribing Service
- (f) a Home Delivery Service
- (g) a Language Access Service
- (h) a Medication Review Service
- (i) a Medicines Assessment and Compliance Support Service
- (j) a Minor Ailment Scheme
- (k) a Needle and Syringe Exchange Service
- (l) an On Demand Availability of Specialist Drugs Service
- (m) Out of Hours Services
- (n) a Patient Group Direction Service
- (o) a Prescriber Support Service

- (p) a Schools Service
- (q) a Screening Service
- (r) a Stop Smoking Service
- (s) a Supervised Administration Service
- (t) a Supplementary Prescribing Service

Pharmacy services commissioned by NHS England or on behalf of other commissioners fall within the definition of enhanced NHS pharmaceutical services. However services commissioned by other commissioners (eg CCGs, LA etc.) and not NHS England are designated as locally commissioned pharmacy services and fall outside the definition of enhanced NHS pharmaceutical services in the directions.

<http://www.england.nhs.uk/wp-content/uploads/2014/04/pharm-services-qa-230414.pdf>

In Hertfordshire Public health England commissions the following enhanced service(s) from Community Pharmacy contractors.

Enhanced Pharmacy Services	Commissioning Responsibility
Seasonal Flu Vaccination Service	Public Health England (NHSE)

- d) **Locally commissioned pharmacy services** are those previously commissioned at the discretion of the Primary Care Trust according to local needs but since the NHS reforms these services may now be commissioned by the CCGs, the local authority(i.e. Public health) or NHS England (as NHS England or on behalf of LA or CCG).

Since April 2013, all of the public health services previously commissioned as ‘local enhanced services’ by PCTs, are now the responsibility of the local authority public health teams and funding has been transferred accordingly. These do not fall under the definition of enhanced NHS Pharmaceutical Services.

In Hertfordshire the commissioning responsibilities for the former “enhanced services” are shown below and are now locally commissioned.

Local Pharmacy Services	Commissioning Responsibility (Public health – Local Authority / Area Team/ CCG)
Stop Smoking Service	Public health – Local Authority
Alcohol advice and harm reduction (brief intervention)	Public health – Local Authority (Spectrum/CRI)
Needle and syringe exchange for people with drug addictions	Public health – Local Authority (Spectrum/CRI)
Supervised administration of methadone and other substitutes	Public health – Local Authority (Spectrum/CRI)
Sexual health services (Including Chlamydia screening and treatment, and emergency hormonal contraception)	Public health – Local Authority
Falls Service	E&N Herts CCG & Herts Valleys CCG

Immediate Access to Emergency Drugs	E&N Herts CCG & Herts Valleys CCG
Seasonal Flu vaccination services	Public Health England via NHS England

3.7.2 The role of pharmacy in improving the health and wellbeing of the local population

Pharmacists are health professions who are recognised as the experts in medicines.

Community pharmacies provide a convenient and informal environment for people to access readily available professional advice and help to deal with everyday health concerns and problems.

- There are over 11,200 community pharmacists in England (n=247 in Hertfordshire)
- 1.6 million people visit a pharmacy every day and 84% of adults visit a pharmacy at least once a year. Over 75% of adults always use the same pharmacy.
- Pharmacies in England dispensed more than one billion prescription items in 2012 (more than 2.7 million items per day)
- Over 90% of pharmacies now have a private consultation room (n=230 available in Hertfordshire). Pharmacists use these consultation rooms to undertake a range of services including medicine use reviews (MURs) and new medicine services (NMS). In Hertfordshire community pharmacy contractors will also use these facilities where they have been commissioned to provide Stop Smoking Services and influenza vaccinations.
- Many pharmacists have taken on a wider public health role across England eg running weekly clinics to help people lose weight, to monitor blood pressure or cholesterol or to provide private vaccination services.
- Pharmacies are increasingly seen as a referral mechanism to GPs for patients with possible symptoms of cancer.
- Healthy Living Pharmacies (HLPs), with their on-site health champions, can make a real difference to the health of the population. People walking into a HLP are twice as likely to set a quit date and stop smoking compared to a non-HLP. HLPs also offer advice on health issues eg sexual health, healthy eating and alcohol consumption and can provide signposting to other services.
- There are 17 HLP in Hertfordshire which play a key role in supporting councils to deliver public health services and improve the health and wellbeing of the population.

<http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government%27s+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521>

<http://www.instituteofhealthequity.org/projects/evaluation-of-the-healthy-living-pharmacy-pathfinder-work-programme-2011-2012>

<http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf>

In 2012/13 NHS Hertfordshire spent £30.9million on community pharmacy services; (latest available data). There were an estimated 120,000 visits each day to pharmacies and 13.7 million prescription items were dispensed. We also estimate

that over £7 million of unused medicines are returned to Hertfordshire pharmacies for disposal and between 5% and 8% of unplanned hospital admissions are medicine related.

Community pharmacy contractors in Hertfordshire are ideally located and have an important role to play in promoting the safe and effective use of medicines, in reducing inappropriate hospital admissions and ensuring that integrated care supports patients as they move between hospital and the community. Community pharmacy contractors can also use their expertise to tackle problems related to adverse effects and poor use of medicines.

Over all there are opportunities for community pharmacy to address some of the health needs identified in the PNA by;

- Ensuring patients receive relevant healthcare and lifestyle information or advice to enable people to take better care of themselves i.e. health promotion and health improvement.
- Encouraging and improving access opportunities for the population
- Targeting public health needs by providing appropriate pharmaceutical services, including essential, advanced and enhanced services, within the geographical areas defined by the pharmaceutical needs assessment.
- Ensuring that integrated care supports patients as they move between hospital and the community.
- Providing services outside GP opening hours.
- Providing advice and treatment for self-limiting conditions
- Supporting self-care
- Supporting people with long term conditions
- Providing access to urgently needed medicines.
- Reducing unplanned hospital admissions through tailored medicines management support

Examples of the range of additional services that are provided by community pharmacy across the country can be found on the websites of the:

Pharmaceutical Services Negotiating Committee (PSNC)

<http://psnc.org.uk/>

Royal Pharmaceutical Society

<http://www.rpharms.com/home/home.asp>

NHS Choices

<http://www.nhs.uk/aboutnhschoices/professionals/healthandcareprofessionals/your-pages/pages/service-descriptions.aspx>

NHS England Local Professional Networks (LPN)

<http://www.england.nhs.uk/wp-content/uploads/2014/08/lpn-newsletter-3.pdf>

Hertfordshire LPC

<http://www.hertslpc.org.uk/>

And at the following links:

[\(http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/](http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/)

<http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

http://www.rpharms.com/pressreleases/pr_show.asp?id=2342

<http://www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf>

http://www.communitypharmacyfuture.org.uk/pages/copd_229724.cfm

<https://www.diabetes.org.uk/upload/Professionals/Publications/Winter%202012/MedicineDigest-winter2012.pdf>

Examples of LPC audits of pharmacy services in Hertfordshire can also be found through the following links:

<http://www.hertslpc.org.uk/wp-content/uploads/sites/66/2013/10/Smoking-Practice-Audit-Report-2012-13.docx>

<http://www.hertslpc.org.uk/wp-content/uploads/sites/66/2013/10/Managed-Repeat-Audit-Report-2013-14.pdf>

<http://www.hertslpc.org.uk/wp-content/uploads/sites/66/2013/10/COPD-Baseline-Audit-Report-2013-14-Pharmacy-and-Patient.pdf>

Local commissioning organisations should consider community pharmacy contractors among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care and when reviewing and developing pathways and changing services.

Hertfordshire Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

Community pharmacy contractors in Hertfordshire have the opportunity to deliver more choice and a more modern, effective pharmaceutical service.

4 PNA Process

4.1 Summary of the process followed in developing the PNA

In developing the PNA for Hertfordshire, information from the JSNA and Public health sources were used to explore the characteristics of areas within the county and local health needs that may be addressed through pharmaceutical services. The current provision of such services is described and whether there are any gaps in service provision that could be met by providers NHS pharmaceutical services.

Need is identified as “the ability to benefit from an intervention” ” (Stevens and Gabby 1991). To determine the pharmaceutical needs of the population we considered:

Hertfordshire Pharmaceutical Needs Assessment (PNA)

- 1) The needs of the population described in the Hertfordshire Joint Strategic Needs Assessment (JSNA) (see link <http://jsna.hertslls.org/>)
- 2) The priorities and strategic plans of the following;
 - Hertfordshire Health & Wellbeing Board,
 - Hertfordshire Public health team,
 - Hertfordshire CCGs (East and North Herts CCG, Herts Valleys CCG and Cambridge and Peterborough CCG),
 - NHS England - Hertfordshire and South Midlands Area Team.

This PNA does not duplicate these detailed descriptions of health needs and priorities which should be read alongside the JSNA.

See also Hertfordshire County Council web based resource

Health in Herts <http://www.hertsdirect.org/services/healthsoc/healthherts/>

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

PNA Regs 2013:http://www.legislation.gov.uk/uksi/2013/349/pdfs/ukxi_20130349_en.pdf

In line with the 2013 NHS Regulations the PNA should address

- a) the demography of its area
- b) whether there is sufficient choice to obtain pharmaceutical services
- c) any different needs of different localities in its area
- d) the pharmaceutical services provided in the area of any neighbouring HWB which affect
 - i) the need for pharmaceutical services in its area, or
 - ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
- e) any other NHS services provided in or outside its area, or outside its area (which are not covered by subparagraph (d)) which affect:
 - i) the need for pharmaceutical services in its area, or
 - ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area

To do this we have considered local needs and priorities and have taken account of any likely future needs.

The list of 30 top priority deprived areas (Table 4) provides a geographical focus for targeting and commissioning interventions, including pharmaceutical services, aimed at improving health to deliver the highest impact on reducing health inequalities

4.2 How stakeholders were involved

In undertaking the PNA, the Hertfordshire HWB sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. (See Appendix O and Table 5).

Table 5

PNA Consultation (see also list of key stakeholders on page 5)	
Hertfordshire pharmacy and primary care contractors <ul style="list-style-type: none"> • Community Pharmacy contractors • Hospital Pharmacists • Dispensing Doctors • GP Practices • E&N Herts CCG • Herts Valleys CCG • Cambridgeshire & Peterborough CCG* *Inc. Royston population Hertfordshire NHS Trusts: <ul style="list-style-type: none"> • East & North Herts Trust (ENHT) • West Herts Trust (WHT) • Herts Partnership NHS Foundation Trust (HPFT) • Herts Community Trust (HCT) 	NHS England - Hertfordshire and the South Midlands Area Team Neighbouring Health and Wellbeing Boards (HWB): Buckinghamshire HWB, Cambridgeshire HWB, Bedfordshire HWB, Essex HWB, Luton HWB, Harrow HWB, Enfield HWB, Barnet HWB, Hillingdon HWB All HWB to review directly with the following neighbouring CCGs NHS Aylesbury Vale CCG, NHS Cambridgeshire & Peterborough CCG, NHS Chiltern CCG NHS Bedfordshire CCG, NHS West Essex CCG, NHS Luton CCG, NHS Harrow CCG, NHS Enfield CCG, NHS Barnet CCG, NHS Hillingdon CCG
Local Committees: <ul style="list-style-type: none"> • Hertfordshire Health and Wellbeing Board (HWB) • Local Pharmaceutical Committee (LPC) • Local Medical Committee (LMC) • Local MPs 	Patient Groups plus Voluntary & Community Groups via CCGs: Hertfordshire Healthwatch http://www.healthwatchhertfordshire.co.uk/ General Public

A “virtual” steering group was set up in April 2014 and members were invited to contribute and comment on the development of the PNA. Individual JSNA public health topic leads for eg stop smoking service, over weight and obesity, sexual health, prepared their specialist sections. The mapping steering group met regularly at the beginning of the process to establish the content and presentation for maps. Engagement with key stakeholders including the local authority public health team, pharmaceutical service providers, the Local Medical Committee, Local Pharmaceutical Committee (LPC), Hertfordshire CCGs and Medicines Optimisation team, and NHS England was undertaken in advance of the formal consultation. The project coordinator attended the LPC meeting in May 2014 to welcome LPC engagement. The LPC were asked by email for any local reports/audits that the LPC has to incorporate into the PNA to demonstrate local good practice and delivery, as well as the report on HLP progress in Hertfordshire.

A letter was sent out to these key stakeholders to inform them of the assessment being undertaken and contributions invited. Stakeholder views were gathered through feedback in meetings, via telephone or feedback online via email or by specific 1:1 meetings before, during and after the consultation between the project coordinator and stakeholder.

Questionnaires relating to service provision were sent out to all pharmacies and dispensing GP practices in Hertfordshire (see Appendix L). The LPC supported the promotion of the pharmacy contractor questionnaire by providing a link on their website and contributing to the accompanying letter.

A public consultation took place from 7th October to 7th December 2014, which sought the views of members of the public and other stakeholders, on whether they agree with the contents of the draft PNA and to confirm whether it addressed the issues that they consider relevant to the provision of pharmaceutical services. In line with NHS 2013 Regulations, there was a minimum period of 60 days for each of the stakeholder groups to respond to the consultation document (draft PNA).

The draft consultation document was made available on the Hertfordshire County Council website, the Herts CCG's websites and also the website of Hertfordshire Healthwatch during the consultation period and all of the key stakeholder groups were notified of the website address. An electronic or hard copy was also made available on request.

Additionally three stakeholder workshops/feedback sessions were convened between October – January 2015 to allow all contributors and stakeholders to comment on all sections of the draft PNA and also to respond to any feedback from the consultation or surveys.

The feedback gathered during the consultation is included in Appendix O.

4.3 Localities used for considering pharmaceutical services

The localities used for considering pharmaceutical services are the Middle Layer Super Output Areas (MSOA) which have an average population of 7,200 people. The localities were selected to aid local decision making that takes into account the needs for the population in these areas. Characteristics of localities are further described in Appendix A.

4.4 Methods used for identifying providers of pharmaceutical services

The methods used for identifying providers of pharmaceutical services and creation of maps are described in Appendix G.

4.5 Assessment of need for pharmaceutical services

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:-

- The size and demography of the population across Hertfordshire.
- Whether there is adequate access to pharmaceutical services across Hertfordshire.
- Different needs of different localities within Hertfordshire.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Hertfordshire.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Hertfordshire.
- Whether further provision of pharmaceutical services in Hertfordshire would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and
- Risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/ukSI/2013/349/made> (Accessed 19 Nov 2013)

We have applied the same benchmark for adequate provision of pharmacy services in an area as we did in the 2011 PNA, and have determined that generally a locality (ie MSOA) with a minimum one community pharmacy within its area will have adequate provision of pharmaceutical services.

In areas with less than the average number of pharmacy per head of population we also reviewed these to determine if there were any special characteristics that may justify the commissioning of a new NHS Pharmaceutical Services provider in the area.

In localities (MSOA) with no community pharmacy we have assessed if there is a need for a new NHS Pharmaceutical Service provider in the locality. These assessments are presented in Appendix A.

These assessments have been tested in the period between 2011-2015 through the contract appeals process where the majority of decisions made by NHS Hertfordshire and the Hertfordshire and South Midlands Area Team Pharmaceutical Services Regulations Committee, which went to appeal, were upheld by the NHS Litigation Authority.

4.6 Report on the Consultation

The report on the consultation is presented in Appendix O.

We have taken into consideration all the comments received and where applicable and relevant reflected these in the final PNA.

See also Appendix O

4.7 Future PNAs and supplementary statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB.

5 Localities definition and description

5.1 Locality definition

The Hertfordshire PNA describes the needs of the population in the Health and Wellbeing Board area which includes all of Hertfordshire. In considering how to define localities within Hertfordshire we considered using electoral wards, district council areas, CCG localities and super output areas.

Middle Super Output Areas (MSOAs) were selected as the localities to be used for the PNA. MSOAs were chosen by the Public Health Observatories for JSNAs because they are well established, durable, small enough to produce a range of results for almost every local authority (LA)/ unitary Authority (UA) and sufficiently large for many results to be reliable.

MSOAs have an average population of 7,200 people, which generally produces sufficient numbers to prevent disclosure of information about identifiable individuals. MSOAs have been used in the JSNA to determine health needs across Hertfordshire. The JSNA is a continually updated resource and so using MSOAs for the localities means that data for these localities are always available

The options considered were:

Electoral wards

These are key building blocks of UK administrative geography. However, they are not used in the JSNA or PNA, have limited relevance to commissioning of pharmaceutical services, and are subject to change. The population size can vary from 100 to 30,000 residents.

District council areas

District council areas are well understood by many people and could enable comparison of routine data, but were deemed too large to be sensitive to the issues involved for the PNA.

Super Output Area (SOA)

This is a way of collecting and publishing small area statistics developed by the Office of National Statistics (ONS). They are of a more consistent size than electoral wards, which facilitates an assessment of needs for the local populations. They are not subject to frequent boundary change, so may be more suitable for comparisons over time. In addition, they will build on the existing availability of data for census output areas. SOA data are increasingly used for health needs assessment, health planning and assessing health inequalities.

SOAs come in two levels. Lower Layer Super Output Areas (LSOAs) have a minimum population size of 1,000 people and the average size is 1,500 people. Additionally, LSOAs can be grouped into Middle Layer Super Output Areas (MSOA). The MSOAs population size is minimum 5,000 people and the average is 7,200 people. All MSOAs are contained within a local authority (LA) and do not cross LA boundaries.

CCG Localities

The CCGs have divided their areas into groups (localities) of practices to allow local decision making and service development. These groupings have no consistent size and have been subject to frequent changes of boundaries throughout NHS reforms additionally they were considered too large to be sensitive to the issues for consideration of local need for pharmaceutical services. However for the purposes of the PNA it is useful to refer to the CCG localities' priorities as they will influence the commissioning of NHS services in their area.

Figure 1a - Map of Hertfordshire

MSOAs (black boundaries) and CCG localities (shaded)(See Appendix F)

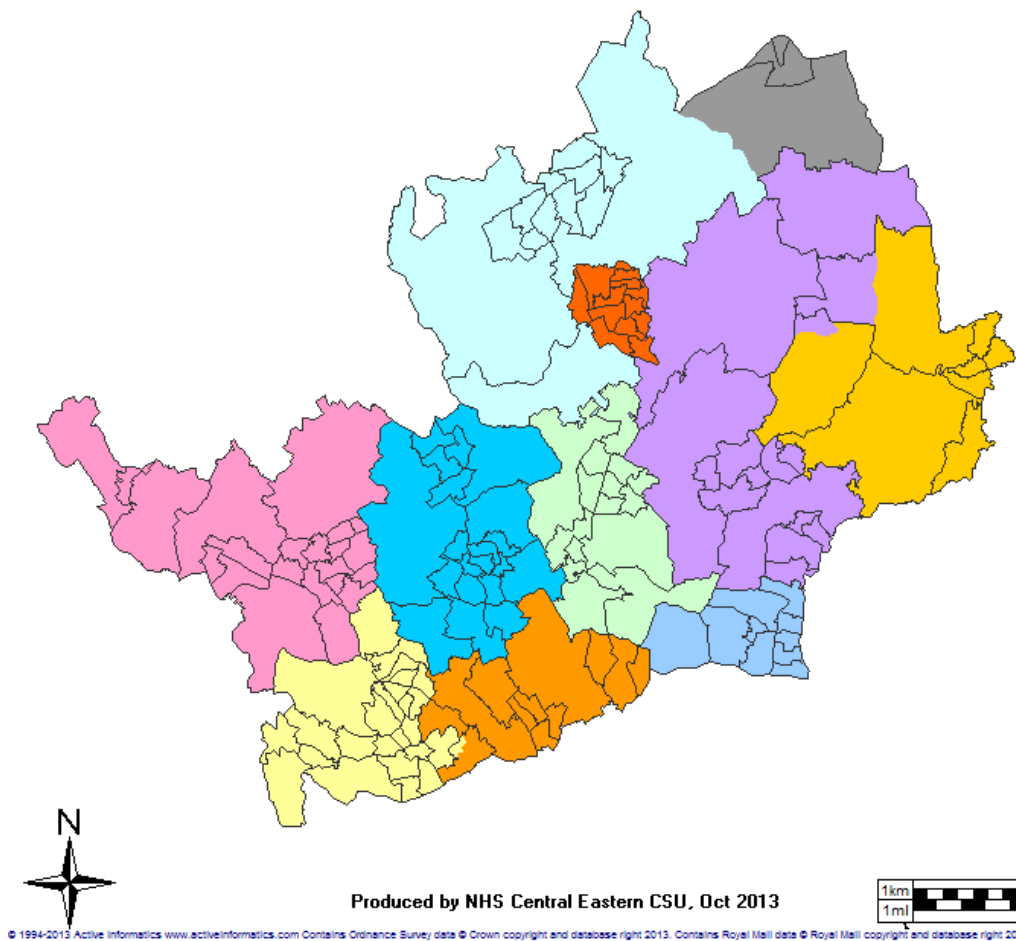
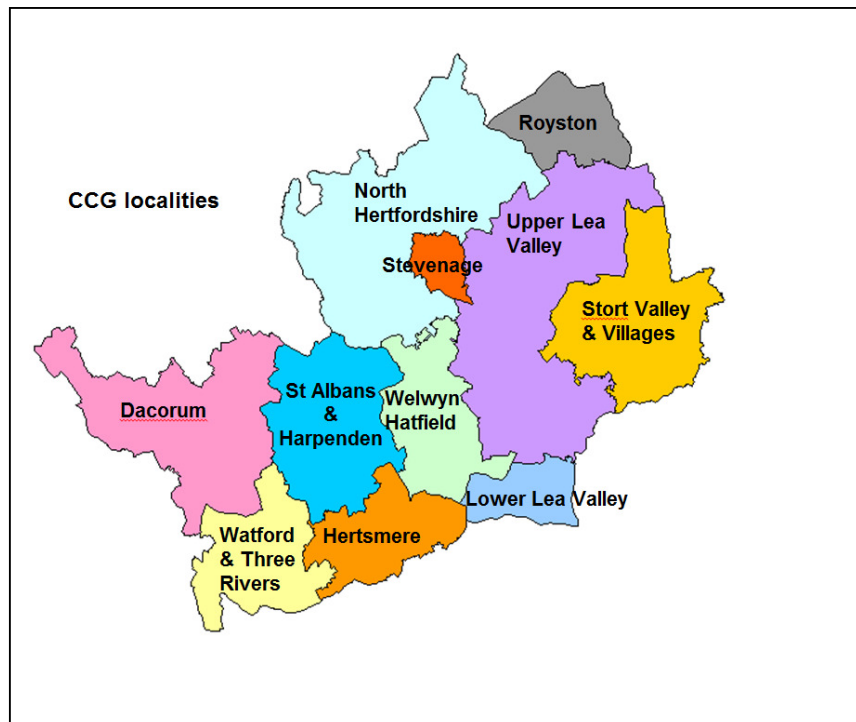


Table 6

NHS East and North Herts CCG	NHS Herts Valleys CCG
<ul style="list-style-type: none"> • Lower Lea Valley CCG locality • North Hertfordshire CCG locality • Stevenage CCG locality • Stort Valley and Villages CCG locality • Upper Lea Valley CCG locality • Welwyn Hatfield CCG locality 	<ul style="list-style-type: none"> • Dacorum CCG locality • Hertsmere CCG locality • St Albans and Harpenden CCG locality • Watford and Three Rivers CCG locality
NHS Cambridgeshire and Peterborough CCG	
<ul style="list-style-type: none"> • Royston 	

N.B. Royston town is part of a locality in Cambs and Peterborough CCG

Figure 1b CCG Localities



The MSOA localities used in the PNA have an average population of 7,200. The localities were selected to aid local decision making that takes into account the needs for the population in these areas.

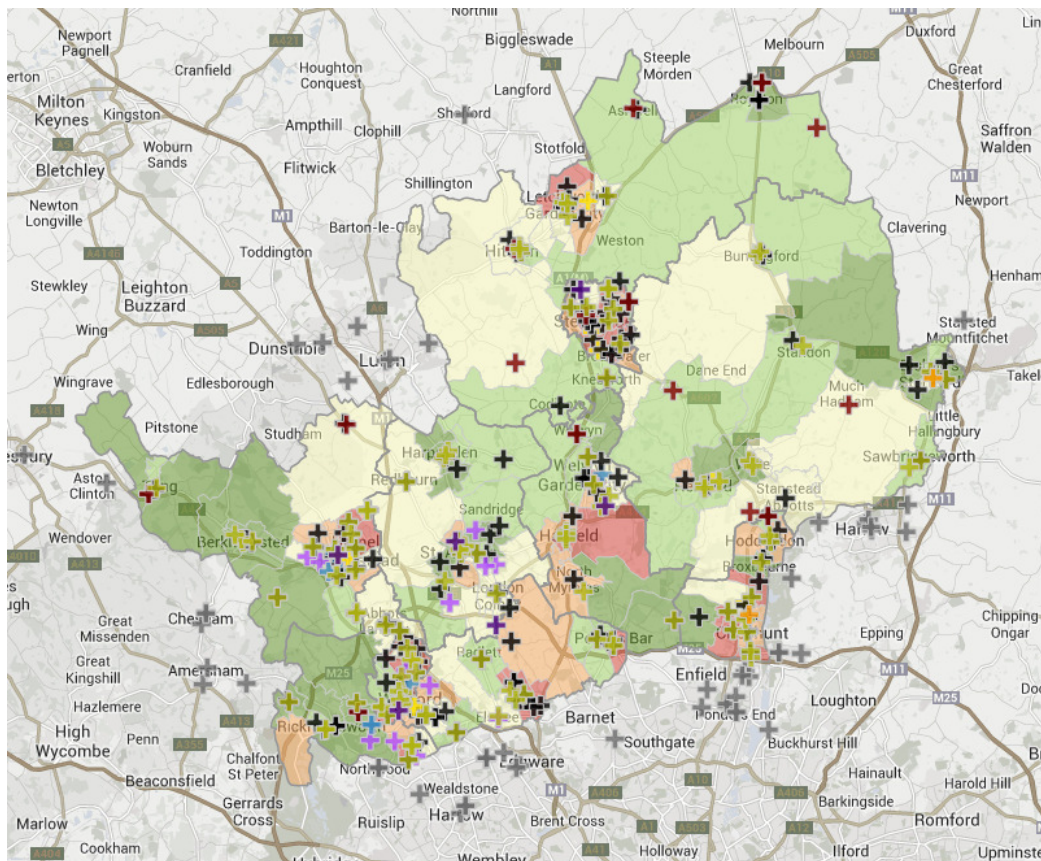
Figure 2 shows Hertfordshire CCG localities, the distribution of community pharmacies, appliance contractors, and GP surgeries (including dispensing doctors), acute trusts and community pharmacies in neighbouring CCGs.

Appendix A provides detailed maps for individual localities and MSOAs including the following details for each:















- The total population of the area and its distribution
- The relative level of deprivation
- The number of people over 65 years
- The number people under 5 years
- The number of people with limiting long term illness
- The number of households with access to a car/van particularly in rural areas with poor public transport links.
- The % of population living in low income families
- The estimated % of population aged 16+ with obesity
- The % of hospital admissions due to alcohol related harm

Other factors such as man-made or natural boundaries to access, such as rivers, motorways, railway lines may also be considered when assessing the need for pharmaceutical services.

Figure 2. Pharmacies and GPs in Hertfordshire and neighbouring counties (July 2014) (Please note that there is an interactive electronic link to all maps on the Herts County Council website available at:<http://atlas.hertsliis.org/IAS/dataviews/report/fullpage?viewId=1215&reportId=538&geold=595&geoReportId=6304>



KEY

Pharmacy Legend		Deprivation Legend	
Symbol	Pharmacy Type	Symbol	Deprivation Level
	100hr Pharmacy		Least Deprived
	Appliance Contractor		Less Deprived
	Dispensing GP Surgery		Average Deprivation
	Essential Small Pharmacy LPS		More Deprived
	Hospital with Pharmacy		Most Deprived
	Internet Pharmacy		
	Other GP Surgery (non-dispensing)		
	Pharmacy (not 100hr/ESPLPS/Internet)		
	Pharmacy outside Hertfordshire		

6 Access to Pharmaceutical Services - Current Provision

6.1 Access to Medicines and Pharmaceutical Services

Across Hertfordshire patients can access primary care services from a range of locations and providers. Some of these providers will supply medicines, if urgently needed, as well as issue prescriptions for dispensing at a community pharmacy, dispensing doctor or dispensing appliance contractor.

6.1.1 Primary Care Medical Services

GP Surgeries

There are 133 GP practices (including three Royston surgeries) in Hertfordshire (E&N Herts, n=60, Herts Valleys n=70, Royston, n=3). The location of these practices is shown in Figure 2 and Appendix A.

Dispensing Doctors

In areas where a community pharmacy is more than a mile away from the GP practice, dispensing practices may dispense prescriptions for these patients. In Hertfordshire there are 16 dispensing doctor practices (East and North Herts CCG n= 9, Herts Valleys CCG n=4, Cambs and Peterborough CCG ie. Royston town = 3). The locations of these practices are shown in Figure 2 and Appendix A.

Table 7.

<i>NHS East and North Herts CCG localities</i>	Dispensing Doctors (n=9)
Lower Lea Valley	
North Hertfordshire	<ul style="list-style-type: none"> • Ashwell Surgery, Ashwell • Courtenay House Surgery, Hitchin • Whitwell Surgery, Hitchin
Stevenage	<ul style="list-style-type: none"> • King George Surgery, Stevenage • Manor House Surgery, Stevenage
Stort Valley and Villages	<ul style="list-style-type: none"> • Much Hadham Health Centre, Much Hadham
Upper Lea Valley	<ul style="list-style-type: none"> • Haileybury College, Hertford • Watton Place Clinic, Watton-At-Stone
Welwyn Hatfield	<ul style="list-style-type: none"> • Bridge Cottage Surgery, Welwyn
<i>NHS Herts Valleys CCG localities</i>	Dispensing Doctors (n=4)
Dacorum	<ul style="list-style-type: none"> • Markyate Surgery - Dr. Sepai, Markyate • Rothschild House Surgery, Tring • The New Surgery, Tring
Hertsmere	<ul style="list-style-type: none"> •
St Albans and Harpenden	<ul style="list-style-type: none"> •
Watford and Three Rivers	<ul style="list-style-type: none"> • New Road Surgery, Rickmansworth
<i>NHS Cambridgeshire and Peterborough CCG</i>	Dispensing Doctors (n=3)
Royston (a town in Hertfordshire- not a locality)	<ul style="list-style-type: none"> • Barley Surgery, Royston • Roysia Surgery, Royston • The Health Centre Practice, Royston

Northwood Headquarters (MOD)

The medical and dental centre is based at the barracks. This also offers a dispensing doctors service which is funded by the Ministry of Defence. The population treated are military personnel (n= 1,600). The ratio of male to female is approximately 80:20, age range 35 to 55 years. The only primary care health services accessed by this population are antenatal support.

GP Led Health Centres (HC)

Two GP led health centres were introduced in 2009 in Welwyn Garden City and Hemel Hempstead (open from 8am until 8pm, seven days a week, 365 days a year, and accessed by registered and non-registered patients).

The Spring House Medical Centre in Welwyn Garden City has over 5,000 registered patients and the GP contract for these patients will continue (opening hours and number of days open to be reviewed in 2015). The future of the West Herts Medical Centre in Hemel Hempstead will also be reviewed.

GP Opening Hours

Apart from the GP led health centres (see above) GP surgery opening hours are from 8am-6.30pm Monday-Friday. Additionally, GP practices can offer extended opening hours as a Local Enhanced Service. In E&N HERTS CCG an acute in house visiting service is commissioned to support GP capacity to offer improved patient services

Extended opening hours

GP surgeries in Hertfordshire signed up to the extended opening hours scheme are presented in Appendix E. Table 8 below provides a summary of the extent GP practices have adopted extended hours.

Table 8. Summary of GP extended evening and weekend service* (NHS England data July 2014, NHS Choices - practice website for Royston data)

	East & North Herts CCG (inc 3 x Royston surgeries)	Herts Valleys CCG	Cambs & Peterborough' CCG (Royston only)
Total No. of GP surgeries in each area	60	70	3
No. of surgeries offering extended hours (daytime and evening)	50	64	0

Dispensing Doctor extended opening hours (Data from practice websites)

NHS East and North Herts CCG localities		Extended hours Mon- Frid	Extended hours Sat- Sun
North Hertfordshire	Ashwell Surgery, Ashwell	No	Closed Sun. Open last Sat of every month (8.00am – 11.30am)
	Courtenay House Surgery, Hitchin	Wed open (7.30-8.00am) Last Mon of every month (6.30pm-8.00pm)	Closed Sun. Open first Sat of every month (8.45am -12 noon)
	Whitwell Surgery, Hitchin	Wed open until 19.45 Hours	

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Stevenage	King George Surgery, Stevenage	Mon, Tues, Wed 6.30am -7.00pm	No
	Manor House Surgery, Stevenage	Thurs open 7am until 8am	Closed Sun Open first Sat of every month (9.30am-10.30am)
Stort Valley and Villages	Much Hadham Health Centre, Much Hadham	No	No
Upper Lea Valley	Haileybury College, Hertford		Closed Sun Open Sat (8.00am – 6.30pm)
	Watton Place Clinic, Watton-At-Stone	No	No
Welwyn Hatfield	Bridge Cottage Surgery, Welwyn	Mon- Friday open 8.00am-9.00am	
NHS Herts Valleys CCG localities		Extended hours Mon- Frid	Extended hours Sat- Sun
Dacorum	Markyate Surgery - Dr. Sepai, Markyate	No	No
	Rothschild House Surgery, Tring	No	No
Watford and Three Rivers	New Road Surgery, Rickmansworth	Thurs - open until 8.00pm	Closed Sun Open first and 3 rd Sat of every month (7.50am-10.00am)
NHS Cambridgeshire and Peterborough CCG		Extended hours Mon- Frid	Extended hours Sat- Sun
Royston	Barley Surgery, Royston	Mon –open until 8.15pm	Closed Sun Open Sat once a month (8.30am-10.30am)
	Roysia Surgery, Royston	No	No
	The Health Centre Practice, Royston	Mon - open 6.30pm-8.00pm Tues, Wed,Thurs 7.00am-8.00am	

Outside normal surgery hours patients are re-directed to an out-of-hours service. The out-of-hours period is from 6.30pm to 8.00am on weekdays and all day at

weekends and on bank holidays. Out-of-hours services (i.e. Herts Urgent Care (HUC)) can supply urgently needed medicines if clinically indicated.

Community pharmacy provision at times when GP surgeries are closed maintains public access to professional health care advice and access to medicines during these times.

Electronic Prescription Service (EPS)

Across Hertfordshire there are 133 GP practices (includes 3 x Royston practices) and as of February 2015 there are 51 practices with EPS enabled. The aim is for all Hertfordshire GP practices to be EPS live by 2015. In November 2014 14% of prescription items are transmitted electronically.

6.1.2 Other Primary Care Services

Tables 9 and 10 show other primary care services across Hertfordshire.

Hertfordshire is generally well provided for in terms of access to primary and community services, acute services and specialist care.

Urgent Care

Urgent, unplanned and emergency care accounts for almost a quarter of the commissioning budget. (HVCC Op Plan 2014/15)

Urgent Care Centres

Urgent Care Centres (UCC) supply patients with urgently needed medicines if clinically indicated. In Hertfordshire there are two Urgent Care Centres located at the New QEII hospital and at Hemel Hempstead General Hospital. The locations and opening times are shown in Tables 9 and 10.

NHS 111 service

NHS 111 is a national helpline service, introduced in 2012 to make it easier to access local NHS healthcare services in England. NHS 111 should be used when medical help is needed fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

<http://www.nhs.uk/nhsengland/aboutnhsservices/emergencyandurgentcareservices/pages/nhs-111.aspx>

Across Hertfordshire this service is working well, including reducing pressure on A&E services during winter months, and is providing vital information to CCGs about how urgent care services are being used.

(E&N Herts Strategic Plan 2014-2019)

Ambulance Service

Emergency 999 calls to the ambulance service are prioritised into two categories to ensure life-threatening cases receive the quickest response; immediately life threatening and other.

<http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/Ambulanceservices.aspx>

Minor Injuries Unit

If an injury is not serious, patients can access a minor injuries unit (MIU), rather than going to an A&E department. There are three MIUs in Hertfordshire. See Tables 9 and 10.

Table 9. Other primary care services in East and North Hertfordshire

East and North Herts	GP led Health Centre (HC)	Out of Hours Service (OOH)	Urgent Care Centres (UCC)/ A&E	Minor Injuries Unit (MIU)
Welwyn Garden City New QEII hospital	Spring House Medical Centre Open - 7 days a week inc. bank holidays (8.00am -8.00pm) N.B. Opening times/ days to be reviewed in 2015	✓ Mon-Frid 7.00pm -11pm Sat – Sun 7.00am-11.00pm	UCC – (Open 24 hours – 365 days)	
Stevenage Lister Hospital		✓ Mon-Frid 7.00pm -11.30pm Sat – Sun 7.00am-11.30pm	A&E (Open 24 hours – 365 days)	
Hertford County Hospital		✓ Mon-Frid 7.00pm -11pm Sat – Sun 7.00am-11.00pm		
Cheshunt Community Hospital		✓ Sat – Sun only 9.00am-1.00pm		Open 0.8.00am – 8.00pm 365 days
Bishops Stortford Herts & Essex		✓ Mon-Frid 8.00pm -11.30pm Sat – Sun 8.00am -11pm		Open Mon-Frid 9.00am – 4.30pm (Closed bank holidays and weekends)

Table 10. Other primary care services in West Hertfordshire

West Herts	GP led HC	Out of Hours Service (OOH)	UCC	MIU
Hemel Hempstead Hospital, Dacorum UCC	West Herts MC Open 8am - 8pm - 7 days a week inc. bank holidays (to be reviewed 2015)	✓ Mon – Sun 7.00pm - 8.00am	✓ UCC Open 24 hours - 365 days	
St Albans City Hospital		✓ Mon-Frid 7.00pm - 11.00pm Sat – Sun 7.00am- 11.00pm		Minor Injuries Unit in situ Open – 7 days a week* (8.00am– 8.00pm) *Closed Xmas day
Watford General Hospital		✓ Mon-Frid 7.00pm - 11.30pm Sat – Sun 7.00am- 11.30pm	A&E Open 24 hours – 365 days	
Potters Bar Community Hospital		✓ Sat – Sun only 9.00am - 1.00pm	-	
Borehamwood		✓ Mon-Frid 7.30pm - 11.30pm Sat – Sun 8.00am- 11.00pm	-	

6.1.3 NHS Community Pharmacies

6.1.3.1 Number and location of community pharmacies

There are 247 community pharmacy contractors in Hertfordshire (January 2015) (E&N Herts n=118 and West Herts n=129). This represents an increase of nine premises compared with four years ago (2010/11, total n=238, East and North Herts n=113, West Herts n=125) and an increase of 25 premises since 2005 (2005= 222)

Generally pharmacies in Hertfordshire are located in close proximity to GP practices, shopping centres or precincts or in areas which reflect the usual social flow of the population.

During 2013/14 there were 13 community pharmacies contracted to provide Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS). On 18th November 2014 there were 10 ESPLPS remaining.

The Local Pharmaceutical Services (Essential Small Pharmacies) Directions 2013 issued by the Secretary of State will be revoked with effect from 31 March 2015. On that date the Essential Small Pharmacies (ESP) scheme will come to an end. At that point the premises have the automatic right to return to the relevant pharmaceutical list and their terms of service will be those contained within Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) 2013. However, some pharmacies may not be viable without the ESPLPS funding and may decide close

There are also two dispensing appliance contractors both located in E&N Hertfordshire, and sixteen dispensing doctor practices.

The map in Figure 2 (Section **Error! Reference source not found.**) shows the location of community pharmacies across Hertfordshire and more detailed maps for each locality and MSOA are presented in Appendix A. All maps can be accessed electronically.

Overall data (Tables 11 and 12) show that Hertfordshire has more than the England average for number of pharmacies per 100,000 population (22 vs. 21 respectively) although there is a variable distribution across the county, with a lower concentration in East and North Hertfordshire compared to Herts Valleys. East and North Hertfordshire and Royston, however, have 12 of the 16 dispensing doctor practices in the county.

Watford and Three Rivers locality has the highest concentration of community pharmacies with 26 per 100,000 population and Stort Valley and Villages the least with 15 per 100,000 population.

Table 11

	No. Community pharmacies (March 2013*/ 1 st May'14**)	Prescription items dispensed per month (000)s	Population (000)s mid- 2012	Pharmacies per 100,000 population
England	11,495*	76,191	53,500	21
Hertfordshire	247**	1,482	1,129	22

<http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/mid-2011-and-mid-2012/index.html>

<http://www.hscic.gov.uk/catalogue/PUB12683>

Data from 2011-12 also shown below to compare counties

Table 12. Number of community pharmacies per 100,000 population, 2011/12

	Number of community pharmacies 2011-12	Prescription items dispensed per month (000)s, 2011-12	Population (000)s, Mid 2011	Pharmacies per 100,000 population (2011-12)	Mean items dispensed per pharmacy per month
England	11,236	73,568	53,107	21	6,548
East of England	1,119	7,290	5,862	19	6,515
Bedfordshire	69	452	413	17	6,551
Cambridgeshire	109	670	622	18	6,147
Great Yarmouth and Waveney	52	332	213	24	6,385
Hertfordshire	242	1,409	1,120	22	5,822
Luton Teaching	42	265	204	21	6,310
Mid Essex	61	447	375	16	7,328
Norfolk	130	913	762	17	7,023
North East Essex	56	514	312	18	9,179
Peterborough	42	261	184	23	6,214
South East Essex	75	453	346	22	6,040
South West Essex Teaching	83	538	407	20	6,482
Suffolk	110	686	615	18	6,236
West Essex	48	351	290	17	7,313

Source: NHS Prescription Service of the NHS Business Service Authority.
Population data- Office of National Statistics 2011-mid-year estimates based on 2011 Census.

Table 13 . NHS Hertfordshire data by CCG and Locality
(data: NHS England data and ONS 2012/13)

NHS CCG - Local Authorities	No. Community Pharmacies (Feb 2015)	Prescription items dispensed per month (000)s	Population (000)s 2011/12 (ONS Sept'12)	Pharmacies per 100,000 population
East and North Herts	118	817	590	20
Lower Lea Valley	16		72	22
North Herts	22		113	20

Stevenage	23		85	26
Stort Valley and Villages	9		62	15
Upper Lea Valley	23		120	19
Welwyn Hatfield	20		107	17
Royston*	5		31	16
West Herts	129	666	579	23
Dacorum	30		147	22
Hertsmere	20		91	23
St. Albans and Harpenden	28		142	19
Watford and Three Rivers	51		199	26

NB. Royston town in Hertfordshire is part of a locality in NHS Cambs & Peterborough CCG

Key Finding

Hertfordshire is well provided for NHS Pharmaceutical Services, although there is variable distribution across the county. There are 247 community pharmacies across Hertfordshire an increase of nine from 238 reported in the 2011 PNA and an increase of 27 (11%) compared to 2005. This includes double the number of 100 hour pharmacies from eight in 2011 to sixteen in 2015.

Additionally there is evidence to show that Hertfordshire patients regularly access over 26 community pharmacies located in neighbouring counties.

There are 15 dispensing doctor practices and two Dispensing Appliance contractors in Hertfordshire – no change since 2011.

On average there are 22 community pharmacies per 100,000 registered population which is higher than in 2011 and higher than the national and East of England averages of 21 per 100,000 population and represents an average of 4,545 patients per pharmacy.

Distribution of Pharmacies

Generally pharmacies in Hertfordshire are located in close proximity to GP practices, shopping centres or precincts or in areas which reflect the usual social flow of the population. In most areas pharmacies also provide a non NHS prescription collection and delivery services to patients who have difficulty accessing the pharmacy. Additionally the population has access to all the national distance selling (mail order/internet pharmacies) who provide all the essential pharmaceutical services and who arrange delivery of medicines to patients.

Areas with less than the average number of pharmacies eg Dacorum, Welwyn and Hatfield, Lower Lea Valley, generally have sufficient access to pharmaceutical services either from pharmacies located in neighbouring localities or there are dispensing doctors in the locality .

There are 30 localities without a community pharmacy. For 29 of these the area analysis demonstrates that overall there is adequate provision of NHS Pharmaceutical Services, from providers in neighbouring localities.

In the remaining locality MSOA East Hertfordshire 009 (Much Hadham and Hunsdon Wards; ENH CCG- Stort Valley and Villages) whilst NHS dispensing services are available from the dispensing doctor practice in the locality there is a gap in provision of other essential NHS Pharmaceutical Services such as self-care signposting, promotion of healthy life styles.

In this respect therefore this locality may benefit from a community pharmacy in the area to provide the full range of essential NHS Pharmaceutical Services.

6.1.3.2 100 Hour Community Pharmacy Contractors

There are sixteen 100 hour pharmacy contactors in Hertfordshire (January 2015). This is double the number reported in November 2010 (n=8). However, following the removal of the exemption to market entry for 100 hour pharmacies in the Pharmaceutical Regulations in 2013 there have been no further applications. These pharmacies, because of their extended opening hours and improved access in and out-of-hours to patients for essential, advanced and enhanced services, continue to be essential to maintain the adequacy of pharmaceutical services in Hertfordshire to meet the needs of the population.

They also provide improved access to local authority and CCG locally commissioned services.

The following table provides a summary of the location and services provided by 100 hour contractors:

Table 14. No. of 100 hour pharmacies and locations

<i>NHS East and North Herts CCG localities</i>	100-hour Pharmacies Locations and numbers (n= 8)
Lower Lea Valley	Cheshunt (1)
North Hertfordshire	Letchworth (1)
Stevenage	Stevenage (2)
Stort Valley and Villages	
Upper Lea Valley	Hertford (1)
Welwyn Hatfield	Hatfield (1), Welwyn Garden City (2)
<i>NHS Herts Valleys CCG localities</i>	100-hour Pharmacies (n= 8)
Dacorum	Hemel (3)

Hertsmere	
St Albans and Harpenden	St Albans (1)
Watford and Three Rivers	Abbots Langley (1), Watford (3)

Services provided by 100 Hour pharmacies

As well as the essential and advanced services the 100 hour pharmacies in Hertfordshire meet a range of identified needs. These are summarised in Table 15

Table15 - 100 hour pharmacies across East & North Herts (N=8)

Location	100 hr Pharmacy	Opening Times	Details of identified needs being met
Hatfield	Asda AL10 0JP	Mon 8.00am - 11.00pm, Tues to Fri 7am - 11.00pm Sat 7.00am - 10pm Sun 10.00am - 4.00pm	Provision of extended hours of essential and advanced pharmaceutical services to some of the most deprived communities in Hertfordshire Extended hours opening to meet needs of local University student population Provision of extended hours of stop smoking services Provision of extended hours of Sexual Health Services and Chlamydia Screening services
Stevenage	Asda SG1 1LA	Mon 8.00am - 11.00pm, Tues - Fri 7am- 11.00pm Sat 7.00am - 10pm Sun 10.00am - 4.00pm	Provision of extended hours of essential and advanced pharmaceutical services to some of the most deprived communities in Hertfordshire Provision of extended hours of stop smoking services Provision of extended hours of Sexual Health Services and Chlamydia Screening services
Stevenage	Tesco SG2 8DT	Mon 8am – 10:30pm, Tues to Fri 6:30am - 10:30pm Sat 6:30am – 10pm Sun 12noon – 6pm	As above
Hertford/Ware	Tesco SG12 9EE	Mon to Sat 8.00am – 7.00pm Sun 11.00am - 5.00pm	As Above but NO Sexual Health Services (i.e. EHC) offered.
Cheshunt	Boots EN8 0NN	Mon - Sat 8.00am - midnight Sun 10.00am - 2.00pm (supplementary	Provision of extended hours of essential and advanced pharmaceutical services to some of the most deprived communities

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		2.00pm - 4.00pm)	in Hertfordshire Provision of extended hours of stop smoking services Provision of extended hours of Sexual Health Services and Chlamydia Screening services
Letchworth	Sainsbury's SG6 2HX	Mon to Fri 7.00am - 11.00pm Sat 7.00am -10.00pm Sun 10.00am - 4.00pm	As above
Welwyn Garden City	Peartree Pharmacy AL7 3UJ	Mon to Thurs 7.00am – 10pm Frid 7.00am – 11.00pm Sat 8.00am-11.00pm Sun 8.00am - 5.00pm	As above
Welwyn Garden City	Bridge Cottage Pharmacy AL6 9EF	Mon to Sat 7.00am – 10pm Sun 10.00am - 8.00pm	As above

Table 16. 100 hour pharmacies across West Hertfordshire (N=8)

Location	100 hr Pharmacy	Opening Times	Details of identified needs being met
Watford	Boots WD17 2EU	Mon to Fri 8.00am - midnight Sat 8.00 - 10.00pm (Supplementary 10.00pm - 12.00pm Sun 11.00 - 5.00pm)	<ul style="list-style-type: none"> • Provision of extended hours of essential and advanced pharmaceutical services to communities in Hertfordshire • Provision of extended hours of stop smoking services • Provision of extended hours of Sexual Health Services and Chlamydia Screening services • Seasonal Flu vaccination (Abbots Langley Pharmacy only).
Watford	Sainsbury's WD25 9JS	Mon to Fri 7.00am - 11.00pm Sat 7.00am -10.00pm Sun 10.00am - 4.00pm	
Watford	Tesco's WD17 2BD	Mon 8.00am - 10.30pm Tues to Fri 6.30am -10.30pm Sat 6.30am - 10.00pm Sun 10.00am - 4.00pm	
Abbots Langley	Abbots Langley - WD5 0AW	Mon to Fri 8.00am - midnight Sat 9.00am - 11.00pm Sun 10.00am -4.00pm	
Hemel	Bennetts End	Mon to Fri 8.30am – 11.00pm	

Hempstead	HP3 9LY	Sat and Sun 8.30am - 9.00pm	
	Medicx Pharmacy HP3 9SQ	Mon to Fri 7.30am – 10.00pm Sat 8.00am - 10.00pm Sun 8.30am -10.00pm	
	Tesco's HP2 4JS	Mon 8.00am-11.00pm Tues to Fri 7.00am – 11.00pm Sat 7.00am - 10.00pm Sun 10.00am - 4.00pm	
St Albans	Lloyds AL1 3HD	Mon to Fri 7.00am – 10.00pm Sat 9.00am - 10.00pm Sun 9.00am -9.00pm	

The increase in the number of 100- hour pharmacies from eight in 2011 to sixteen in 2015 is an important component of this improved level of provision particularly to support out of hours services. The sixteen 100- hour pharmacies in Hertfordshire are therefore an essential component of current service provision in order to maintain adequacy of pharmaceutical services across Hertfordshire.

6.1.3.3 Distance Selling Pharmacies

In January 2015 there are five distance selling (internet) pharmacies in Hertfordshire (see table below). Patients have the right to access pharmaceutical services from any community pharmacy including mail order/ wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

Table 17. Distance selling (internet) pharmacy locations (Sept 2014)

	Internet Pharmacies	Location
E&N Herts	Eurobay Pharma	Welwyn Garden City
West Herts	Careplus Pharmacy	Borehamwood
	eChemist	Watford
	Zoom Chemist	Hemel Hempstead
	Sigcare	Watford
Total	n = 5	

6.1.3.4 Localities (MSOAs) with no community pharmacy

The 2011 PNA concluded that Hertfordshire is well provided for NHS Pharmaceutical Services although there is variability of distribution across the county. By 2015 the number of community pharmacy contractors has increased as has the range of opening hours and services provided.

There remain, however, 30 MSOA localities which do not have a community pharmacy (excluding distance selling pharmacies) in the locality. Each of these areas is analysed separately to assess the adequacy of provision (see Appendix A).

For 29 of these areas the detailed analysis has shown that there is sufficient provision of pharmaceutical services for the population, from community pharmacy contractors or other providers located in neighbouring localities in Hertfordshire or in neighbouring counties.

In the remaining locality assessed - **MSOA East Hertfordshire 009** Much Hadham and Hunsdon Wards (ENH CCG- Stort Valley and Villages) there is no community pharmacy but there is a dispensing doctor service which dispenses prescriptions for the majority of patients. It is a small, rural, relatively deprived population (i.e. deprivation above the Hertfordshire average but within the upper national quintile), widely dispersed across a comparatively large geographic area and, as, referred to in the 2011 PNA may have the possibility of benefitting from a community pharmacy in the locality to provide the full range of essential pharmaceutical services .

6.1.3.5 Community Pharmacies' opening hours

Access to community pharmacies across Hertfordshire is well provided for during core and supplementary opening hours, and has increased significantly since the introduction of the new pharmacy contract in 2005.

Pharmacy opening hours (core and supplementary) are shown in Appendix C

Core hours: All community pharmacy contractors are required to be open for a minimum of 40 hours a week. Contractors cannot change core hours without prior approval from the Area Team.

Supplementary hours: Pharmacies may open for more than the minimum 40 hours per week. The extra hours are termed "supplementary" hours. Contractors can alter their supplementary hours by giving 90 days' notice of the change to the Area Team.

100 hour pharmacies: Are required to be open for at least 100 hours per week. A 100-hour pharmacy cannot reduce its core 100 hours without Area Team approval

Rota services

Due to changes in shopping habits a number of pharmacies are now open on many Bank Holidays although they are not all contractually obliged to do so. Hertfordshire and the South Midlands Area Team (NHS England) works with community pharmacies to ensure that adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday. Pharmacies participating in the service are required to open as stipulated by NHS England during these periods (usually for four hours). Other out-of-hours providers ensure that patients are able to access pharmaceutical services when the pharmacies are closed. These arrangements are renewed every year.

Key Finding

Community pharmacy opening hours have increased significantly since 2005 and 2011 with evening, late night and Sunday opening available across the county. Pharmacy opening hours cover or exceed the opening hours for GP practices, either in the vicinity or neighbouring areas.

The increase in the number of 100- hour pharmacies from 8 in 2011 to 16 in 2015 is an important component of this improved level of provision particularly to support out of hours services. The sixteen 100- hour pharmacies in Hertfordshire are therefore an essential component of current service provision in order to maintain adequacy of pharmaceutical services across Hertfordshire.

6.1.3.6 Provision of essential services

All community pharmacy contractors are required to provide essential services as set out in the Pharmaceutical Services Regulations 2005 (updated 2013).

Section 6 describes the current *location and opening times* of pharmaceutical services and overall there is adequate provision of these services across Hertfordshire. See also Appendix A.

This section of the PNA aims to identify the opportunities currently available in the contractual framework for community pharmacy to meet the public health needs of the population and improve patient outcomes. Table 32 provides an indication which specific services in the contractual framework for community pharmacy - essential, advanced or enhanced or locally commissioned – could be utilised to address the identified needs. This PNA aims to support commissioners and community pharmacy contractors in ensuring that community pharmacy services are directed as and where appropriate to improve patient outcomes.

The following are examples of essential services which could be promoted more to patients, GPs and other stakeholders in order to increase patient access and choice; increase the capacity in GP practices and reduce the amount of waste medicines.

Repeat Dispensing

Repeat dispensing is an alternative arrangement for patients who have regular repeat prescriptions, for example for a long term condition, but who do not need to see the GP every time a repeat prescription is needed. On the repeat dispensing scheme the GP can authorise a pharmacy, nominated by the patient, to issue repeats of medicines for up to one year. The patient has the medicines dispensed, at their convenience, from the community pharmacy of their choice without returning to the GP for every repeat prescription. The pharmacist is required to check with the patient, each time the medicine is dispensed, that the medicine is still required and the patient is not experiencing any problems.

Every community pharmacy is paid to provide this service (whether or not it is used). Every community pharmacy is paid to provide this service under the community pharmacy contractual framework (CPCF)(whether or not it is used). Feedback from

Hertfordshire GP practices that have promoted a high uptake of repeat dispensing (e.g. 5% of prescriptions) indicates a significant reduction in workload.

The original pilots of repeat dispensing conducted by the Department of Health demonstrated that a properly implemented repeat dispensing scheme can reduce medicines waste.

The current level of uptake of repeat dispensing across Hertfordshire is shown in Tables 18 and 19 and ranges from zero to up to 52% of all dispensed items.

There is therefore significant capacity and opportunity to increase the levels of repeat dispensing across Hertfordshire. This would result in an increased capacity for GPs to care for more complex patients and lead to financial savings as a result of reduced medicines waste.

Increasing the use of the repeat dispensing service

From 1 March 2015 there will be a new requirement in the CPCF for community pharmacy contractors to give advice to appropriate patients about the benefits of the repeat dispensing service. This is part of a broader programme to increase use of the service, which will also engage GP practices and other stakeholders such as Clinical Commissioning Groups (CCGs).

All community pharmacy contractors will be encouraged to work with their LPN, LPC and other local partners to support activities to increase uptake of repeat dispensing by prescribers in their area. These could include:

- identifying and notifying prescribers of suitable patients; and
- seeking to transfer patients already using managed repeats to repeat dispensing.

The terms of service will be amended from 1 March 2015 to require community pharmacy contractors to give advice to appropriate patients about the benefits of the repeat dispensing service (appropriate is defined as 'patients with long-term, stable conditions who require regular medicines and whose condition is unlikely to change in the short- to medium term'). This may be undertaken in a number of ways such as:

- verbally explaining about the service and its benefits to patients; and
- providing patients with a leaflet describing the service when they are collecting a prescription.

Table 18 Uptake of Repeat Dispensing across East and North Herts

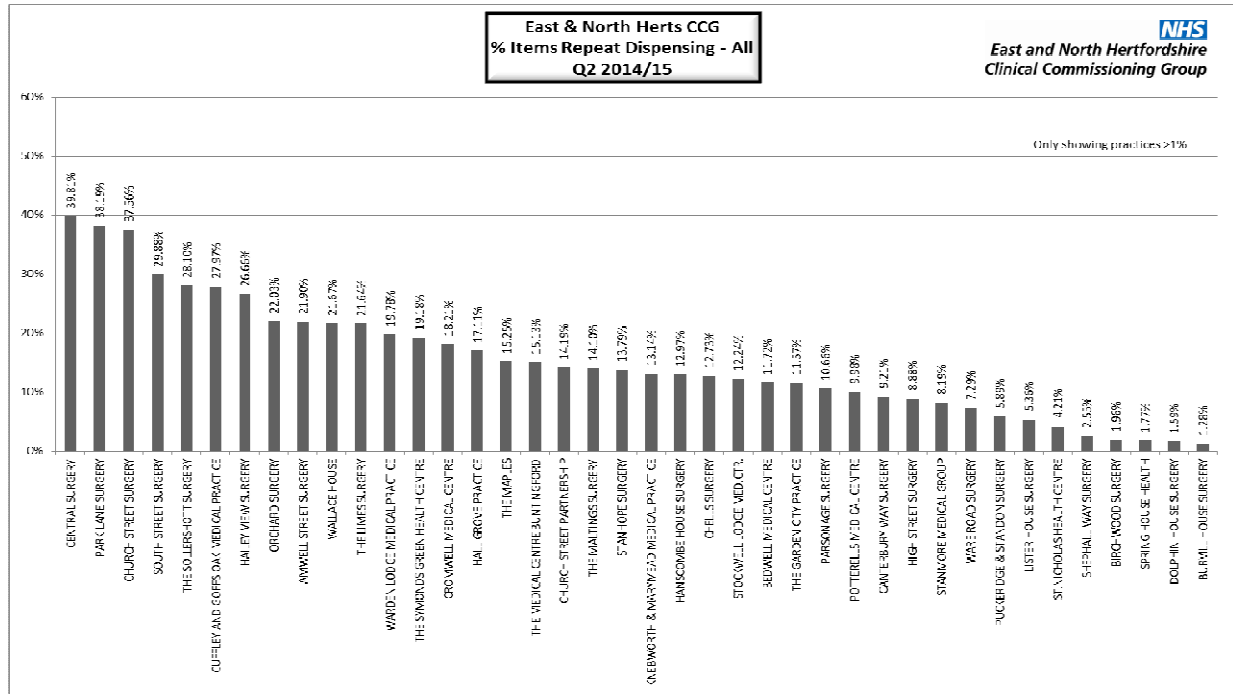
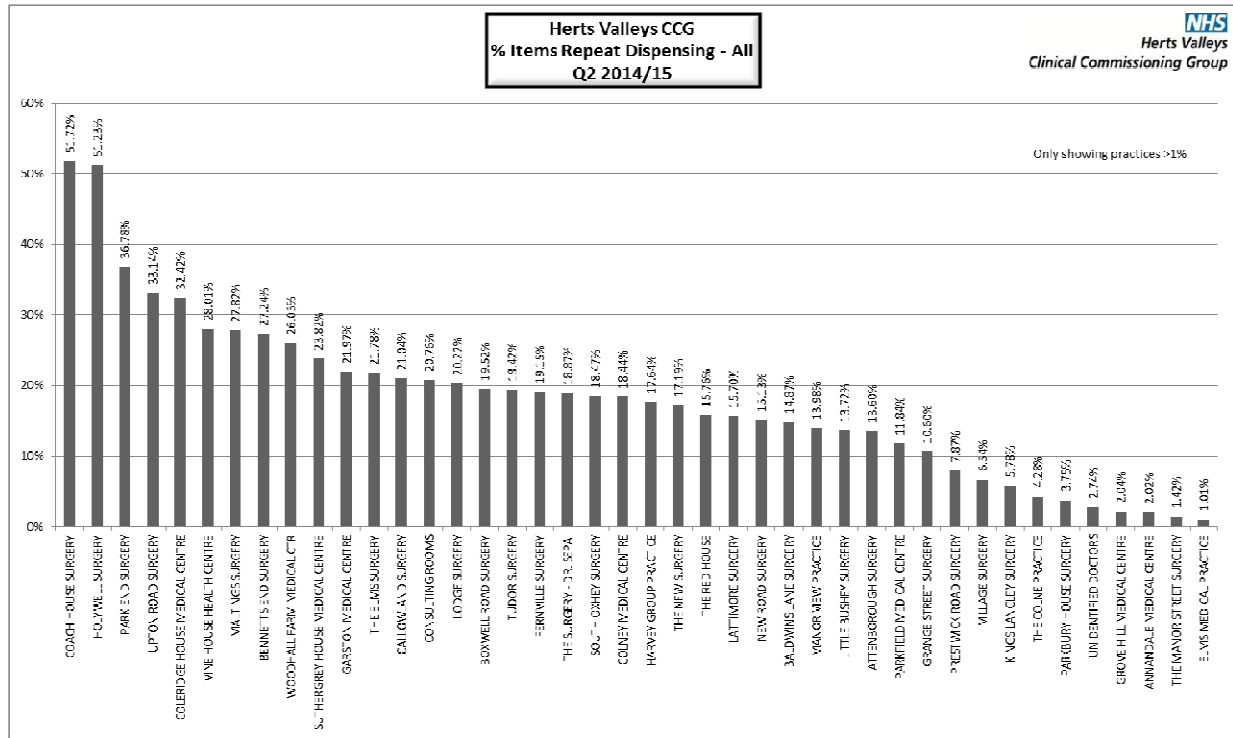


Table 19. Uptake of Repeat Dispensing across West Herts



Electronic Prescription Service (EPS)

The new EPS allows the transfer of a prescription from the prescriber to the pharmacy (or other dispensing contractor) by electronic means rather than the traditional paper form. In Hertfordshire the majority of community pharmacies (83% - NHSE Area Team data) are enabled and ready to receive electronic prescriptions. The aim is for all Hertfordshire GP practices to be live for EPS by 2015 (51/130 GPs currently enabled as of 23rd July 2014).

GP practices that have implemented EPS are reporting less difficulty with introducing the repeat dispensing service and are achieving higher uptake of the service

Key Finding

There is significant capacity and opportunity to increase the levels of repeat dispensing across Hertfordshire. This would result in an increased capacity for GPs to care for more complex patients and lead to financial savings as a result of reduced medicines waste. The roll out of EPS is likely to facilitate the uptake of the Repeat dispensing service.

6.1.3.7 Access to advanced pharmaceutical services

Medicine Use Reviews (MURs) including prescription intervention MURs, Appliance Use Reviews (AURs), the New Medicine Service (NMS) and the provision of stoma and medical equipment are all advanced services that can be provided by community pharmacy contractors provided they meet the national criteria.

Commissioners (Hertfordshire and the South Midlands Area Team) have limited opportunities to monitor, appraise or direct these services in relation to local need, however, in 2011 national changes were introduced to ensure that some of these services are now more targeted (see below).

Medicine Use Reviews (MURs)

The national target groups are:

- 1) patients taking high risk medicines;
- 2) patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge;
- 3) patients with respiratory disease; and
- 4) patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines within specific BNF sections.

From 1st April 2015 community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the agreed target groups.

<http://psnc.org.uk/services-commissioning/advanced-services/murs/national-target-groups-for-murs/>

Each pharmacy can provide a maximum of 400 MURs a year at a cost of £28 per MUR (2014 fees), potentially representing around £2.7 million local investment annually.

MUR data for Hertfordshire are shown in Table 20. A total of 230 pharmacies in Hertfordshire were claiming MUR payments at the end of March 2013 and a total of 64,678 MURs out of a possible maximum of 92,000 were carried out over the same 12 month period.

We are keen to ensure that this investment provides significant health gain for our population and is targeted to areas of local need.

Data indicate that there is capacity across Hertfordshire to increase the number of MURs undertaken and there is evidence that patients find MURs a positive experience (Hertfordshire LPC MUR survey). There are, however, limited data, either locally or nationally to demonstrate that MURs generally, improve health outcomes for patients or are a cost-effective investment.

This PNA aims to identify where use of MURs may address unmet health needs in Hertfordshire.

Table 20. Hertfordshire Medicines Use Reviews (MUR)(Apr 2012- Mar 2013)

Percentage of Pharmacies conducting MUR			No. of MUR per 1,000 dispensed items			
	No. Pharmacies with MUR claims	Total No. Pharmacies	% of Pharmacies with MUR claims	No. of MUR claims	No. of items	No. of MUR claims per 1,000 items
E&N Herts CCG	116	116	97%	34,574		
HV CCG	114	131	86%	30,104		
Herts	230	247	91%	64,678		
Hertfordshire and The South Midlands Area Team	444	539	82.4	146,291	44,091,207	3.3
England	9,414	11,555	81.5	3,081,487	946,126,657	3.3

Ref source <http://www.england.nhs.uk/ourwork/pe/mo-dash/>

NHS England Local Data.

New Medicines Service (NMS)

This service was introduced in October 2011, and provides support for patients with long term conditions (LTC) who are newly prescribed a medicine, to help them improve medicine adherence. In January 2012 this service also included patients recently discharged from hospital on a new medicine to help improve the transfer of care between the hospital and the community setting. The service is split into three stages; patient engagement, intervention and follow-up.

Eligible patients are those prescribed a new medicine for asthma/ COPD, type 2 diabetes, hypertension or antiplatelet / anticoagulant therapy

N.B. For each therapy area a list of medicines has been published.

NHS England has agreed to continuation of the NMS following a positive evaluation report published in August 2014 (researchers concluded that the NMS delivered better patient outcomes for a reduced cost to the NHS).

http://psnc.org.uk/wp-content/uploads/2013/06/NMS-service-spec-Aug-2013-changes_FINAL.pdf

<http://psnc.org.uk/services-commissioning/advanced-services/nms/>

NMS Evaluation report: <http://www.nottingham.ac.uk/~pazmjb/nms/>

It is envisaged that successful implementation of this service should deliver the following benefits to patients;

- improve patients adherence (thus improving patient outcomes)
- increase patient engagement with their condition and medicines
- reduce medicines wastage
- reduce hospital admissions due to adverse events from medicines
- lead to increased Yellow Card reporting of adverse reactions
- receive positive assessment from patients
- improve the evidence base of the effectiveness of the service
- support the development of the outcome and/or quality measures for community pharmacy.

Data for Herts & East Midlands Area Team shows that for one month (April 2014) a total of 3,576 NMS claims were made from 325/ 539 contractors resulting in a payment of £90,877. See also table below.

<http://www.nhsbsa.nhs.uk/PrescriptionServices/3545.aspx>

Table 21. Hertfordshire NMS data

Percentage of Pharmacies conducting NMS			No. of NMS per 1,000 dispensed items			
	No. Pharmacies with NMS claims	Total No. Pharmacies	% of Pharmacies with NMS claims	No. of NMS claims	No. of items	No. of NMS claims per 1,000 items

E&N Herts CCG	103	116	88.8	9,576		
HV CCG	94	131	71.8	8,353		
Herts	197	247	79.8	17,927		
Hertfordshire and The South Midlands Area Team	323	539	59.9	41,546	44,091	0.9
England	6,744	11,555	58.4	763,761	946,126,657	0.8

Ref source: <http://www.england.nhs.uk/ourwork/pe/mo-dash/>

NHS England Local Data.

Key finding

Data indicate that there is capacity across Hertfordshire to increase the number of MURs undertaken and there is evidence that patients find MURs a positive experience (Hertfordshire LPC MUR survey).

Commissioners should work with community pharmacy contractors to aim to focus MURs to meet local priorities to address unmet health needs in Hertfordshire.

There are insufficient data to make an assessment regarding NMS although it is likely that there is capacity for providers to increase the numbers of NMS provided.

6.1.3.8 Provision of locally commissioned services and enhanced services)

In addition to the range of essential and advanced services provided as part of the national community pharmacy contractual framework, community pharmacy contractors may be commissioned to provide a range of additional “enhanced services” or “locally commissioned” services to meet patient need (see section 3.7.1 for the definition of these services)

Enhanced services:

The only enhanced service currently commissioned in Hertfordshire by NHS England Herts & South Midlands Area team is the influenza vaccination service.

Locally commissioned pharmacy services:

Originally commissioned at the discretion of the PCT according to local needs but since the NHS reforms these services may now be commissioned by the CCGs or the local authority i.e. Public health, or NHS England (as NHS England or on behalf of the local authority or CCG).

Since April 2013, all of the public health services previously commissioned as ‘local enhanced services’ by PCTs, are now the responsibility of the local authority public health teams, and funding has been transferred accordingly. These do not fall within

the definition of enhanced services or NHS Pharmaceutical Services as set out in legislation.

In Hertfordshire the commissioning responsibilities for the services previously described as “enhanced services” are shown below. A summary of service provision and needs assessment for each of these services is provided in the relevant public health topic in section 7.

Table 32 at the end of section 7 summarises any gaps in service provision and opportunities for community pharmacy to provide relevant services – subject to commissioners’ assessment of priority and clinical and cost-effectiveness and affordability of the service offered.

Table 22

Local Pharmacy Services	Commissioning Responsibility (Public health – Local Authority / Area Team/ CCG)
Stop Smoking Service	Public health – Local Authority
Alcohol advice and harm reduction (brief intervention)	Public health – Local Authority (CRI)
Needle and syringe exchange for people with drug addictions	Public health – Local Authority (CRI)
Supervised administration of methadone and other substitutes	Public health – Local Authority (CRI)
Sexual health services (Including Chlamydia screening and treatment, and emergency hormonal contraception) and Patient Group Directions	Public health – Local Authority
Falls Service	E&N Herts CCG & Herts Valleys CCG
Immediate Access to Emergency Drugs	E&N Herts CCG & Herts Valleys CCG
Seasonal Flu vaccinations	NHS England (PHE)

Key findings (see also section 7)

In Hertfordshire the only additional service which comes within the definition of enhanced pharmaceutical services as set out in legislation is the ‘influenza vaccination’ service.

Public Health England has commissioned this service in 2014/15 and there is capacity across the current community pharmacy contractors to meet future needs for this service in particular there are some gaps in location and hours of access that suggest that commissioners may want look at commissioning these services from contractors offering services in these localities, and in areas where there is less access after 6pm and at weekends.

Public health services commissioned from community pharmacy contractors are commissioned by the local authority and so do not come within the definition of

enhanced services or pharmaceutical services as set out in legislation. We have, however, made reference to these services and identified potential opportunities for commissioners to consider the role of community pharmacies to provide these services.

For the key public health services which are currently supported by community pharmacy contractors ie –stop smoking, sexual health and substance misuse - there continues to be sufficient capacity across the current community pharmacy workforce in Hertfordshire to meet the needs for these services, either by improving the current service delivery of individual contractors or by commissioning other Hertfordshire community pharmacy contractors to provide the service

6.1.3.9 Healthy Living Pharmacies

A healthy living pharmacy (HLP) is one which consistently delivers a range of health and wellbeing services to a high quality.

http://www.npa.co.uk/Documents/HLP/HLP_overview_12.11.pdf

Evaluation of the Healthy Living Pharmacy Pathfinder Work Programme 2011-2012.

<http://psnc.org.uk/wp-content/uploads/2013/08/HLP-evaluation.pdf>

There are 17 pharmacies in Hertfordshire that have been accredited as healthy living pharmacies. (See table 23)

Hertfordshire LPC aims to develop more HLPs across Hertfordshire and offers training workshops to develop both healthy living pharmacy champions and leaders.
<http://www.hertsipc.org.uk/healthy-living-pharmacy/>

Table 23 Healthy Living Pharmacy Locations within each CCG (total n=17)

NHS East and North Herts CCG	Healthy Living Pharmacies (n=5)
Lower Lea Valley CCG locality	
North Hertfordshire CCG locality	<ul style="list-style-type: none"> • Manor Pharmacy, Letchworth • Morrisons Pharmacy, Letchworth
Stevenage CCG locality	<ul style="list-style-type: none"> • Boots Pharmacy, Stevenage
Stort Valley and Villages CCG locality	
Upper Lea Valley CCG locality	<ul style="list-style-type: none"> • Lloyds Pharmacy, Hoddesdon
Welwyn Hatfield CCG locality	<ul style="list-style-type: none"> • Johns & Kelynack Pharmacy
NHS Herts Valleys CCG localities	Healthy Living Pharmacies (n=12)
Dacorum CCG locality	<ul style="list-style-type: none"> • Manor Pharmacy, Bovington • Lloyds Pharmacy (Chapel Street), Tring • Lloyds Pharmacy (High Street), Tring
Hertsmere CCG locality	<ul style="list-style-type: none"> • Parade Pharmacy, Chorleywood • Manor Pharmacy, Radlett • Crown Pharmacy, Shenley
St Albans and Harpenden CCG locality	<ul style="list-style-type: none"> • Manor Pharmacy (Leyton Green), Harpenden • Manor Pharmacy (Southdown Road), Harpenden • Crown Pharmacy, Redbourn • Quadrant Pharmacy, St Albans • St Albans Pharmacy, St Albans
Watford and Three Rivers CCG locality	<ul style="list-style-type: none"> • One Stop Pharmacy, Watford

6.1.4 Dispensing Appliance Contractors (DAC)

Dispensing Appliance Contractors (DACs) provide a dispensing and advisory service for patients requiring a range of dressings and appliances. DACs are required to provide delivery service to patients. There are two DACs in Hertfordshire, and their locations are shown in Figure 2 and Appendix A. Additionally, analysis of where Hertfordshire prescriptions are dispensed indicates that patients use DACs in other counties in England.

Dispensing Appliance contractors who meet national criteria can also now provide the advanced service of Appliance Use Review

Table 24: Dispensing Appliance Contractor details

Name	Area
Fittleworth Medical Ltd	Cheshunt
Seemus Ltd (Speed Service Appliance contractor)	Bishops Stortford

Appliances are also available from community pharmacies, dispensing GP practices and other DACs from outside the county.

The level of access to appliance services has increased since 2011 as a result of the increased number of community pharmacies across the county.

No issues relating to the accessibility, number or location of appliance services have been raised with commissioners.

The current level of provision of appliance services continues therefore to be sufficient to meet the current needs of the population.

Key Finding

The current level of provision of appliance services in Hertfordshire continues to be sufficient to meet the current needs of the population.

6.1.5 Out of area Pharmaceutical Services.

The PNA is required to identify services provided outside Hertfordshire but which none the less achieve the same results for their area (Regulations Paragraph 3(b) Schedule 3A). This may include pharmacies just across the borders.

There are nine other HWB with borders close to Hertfordshire (Buckinghamshire HWB, Cambridgeshire HWB, Bedfordshire HWB, Essex HWB, Luton HWB, Harrow HWB, Enfield HWB, Barnet HWB, and Hillingdon HWB). These areas have community pharmacies that are accessible to the residents who live near the borders of the county.

Out of area pharmacies located in neighbouring areas are identified on the maps in Appendix A. Pharmacies frequently used by Hertfordshire patients for dispensing prescriptions are presented in Appendix D. There are 26 out of area pharmacies which dispense more than 500 items per year per month for Hertfordshire patients.

It is likely that as well as dispensing prescriptions for Hertfordshire residents these pharmacies are also used by Hertfordshire residents for other essential and advanced pharmaceutical services. Additional services provided by the out of area pharmacies are presented in Appendix D.

Key finding

There are over 26 out of area pharmacies which are used regularly by Hertfordshire patients. When these are considered with the number of pharmacies located within Hertfordshire it demonstrates that Hertfordshire patients have a high level of choice and access to pharmacy services

6.1.6 Other Relevant Services: current provision

6.1.6.1 Pharmacy service at Her Majesty's Prison, The Mount

Since 2013 responsibility for commissioning health services at Her Majesty's Prison (HMP), The Mount has transferred from the PCT to NHS England East Anglia Area Team.

A pharmacy service is provided at HMP, The Mount, Bovingdon. This service is currently included in a tendering exercise for new health care providers at the prison. The new services are planned to be in place from 1 April 2015.

6.1.6.2 University of Hertfordshire

The University of Hertfordshire in Hatfield has a non- NHS pharmacy on the university College Road campus. This pharmacy is open daily 10am-2pm and sells over-the-counter medicines, provides pharmaceutical advice and is commissioned by Local Authority public health to provide some locally commissioned services – sexual health, stop smoking and seasonal flu vaccination services.

As a registered pharmacy it is also able to dispense private prescriptions.

6.1.7 Other Services

6.1.7.1 Pharmacy Medicines and Optimisation Team (PMOT)

East and North Herts CCG and Herts Valleys CCG Pharmacy and Medicines Optimisation teams provide professional pharmaceutical and prescribing advice and support to commissioners, GPs, practices, community pharmacies, community medical and nursing staff across Hertfordshire and the local area team. Details of pharmacy services provided by the pharmacy teams are presented in Appendix H and includes, for example:

- professional, clinical pharmaceutical advice to prescribers and health care practitioners on prescribing policies,
- managed entry of new drugs
- choice of treatments for individual patients
- co-ordination of medicines required in outbreaks (eg anti-viral medication, swine flu (H1N1) vaccine, antibiotics for meningitis)
- development of local medicines and prescribing policies and guidelines
- professional, clinical pharmaceutical advice and support to intermediate care facilities, and on an ad-hoc basis to local Care Homes

Pharmaceutical advisers liaise with individual GP practices to provide expert clinical pharmaceutical advice and support on a day to day basis.

6.1.7.2 Secondary Care Services

The locations of NHS acute hospitals and GP surgeries are also shown on the map (Figure 4). More detailed maps of localities can be seen in Appendix A.

Hospital Pharmacies: There are a number of hospital pharmacies providing services to Hertfordshire patients at the following main sites

East & North Herts Trust

- Lister Hospital
- New QEII Hospital

West Herts Trust

- Watford
- St Albans City
- Hemel Hempstead

Hertfordshire Partnership Foundation Trust

- Kingsley Green

Other hospitals on the border which also provide pharmacy services include

- Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
- The Princess Alexandra NHS Hospital Trust
- Royal Free London NHS Foundation Trust (Barnet Hospital and Chase Farm Hospitals)

6.1.7.3 Services to minority groups

The proportion of people from minority ethnic groups living in Hertfordshire has increased over the past decade. Numbers vary considerably across different areas and this has implications for the design and delivery of services according to various communication and cultural needs.

In Hertfordshire, 6% of people do not have English as a first language, the highest proportion being in Watford (13%) and the lowest in East Herts (3%).

- Although Watford, Welwyn Hatfield and Hertsmere have some of the highest proportions of people from other ethnic groups, there are also relatively high proportions of “White Other” in Three Rivers, Stevenage and Broxbourne (ie non UK European Union).
- In Broxbourne, Stevenage, Welwyn Hatfield, Hertsmere and Watford, over 2% of the population is African; St. Albans district has the highest proportion of Bangladeshi people in Hertfordshire (1.9%).
- 23% of school age children in Hertfordshire identify themselves as being from non White British ethnic groups

<http://atlas.hertslis.org/IAS/Custom/Resources/JSNASummaryPDF.pdf>

While there is insufficient information in the JSNA to assess the need for pharmacy services specifically related to minority groups identified in the Regulation (part 1A, 3G (1) (b) other than that already identified for the general population, Hertfordshire CCGs and the Local Authority are keen to ensure that minority needs are appropriately addressed where practicable and will work with community pharmacies in this respect.

6.1.8 Services not necessary to meet local need but which secure improvements or better access to services

In addition to providing NHS funded services (essential, advanced, enhanced, local) many community pharmacies in Hertfordshire choose to provide additional non-NHS funded services such as collection and delivery of prescriptions, blood pressure testing, diabetes screening etc. (Appendix M)

The non-NHS services currently provided are at the discretion of the pharmacy, may be withdrawn at any time and may require payment from patients. They are not routinely funded or quality assured by the Area Team. While these services do not meet an identified unmet health need, they may, however, be valued by patients.

Results of from the community pharmacy survey provide details of the range of services provided by contractors across Hertfordshire and also the services which pharmacies may be willing to provide in future.

6.1.9 Survey Responses

6.1.9.1 Community Pharmacy Survey

Questionnaires were circulated to all community pharmacy contractors in July 2014 (return deadline 18th August 2014). Data from this survey has been used to inform the final PNA. Contractors were invited to provide information on their current provision of NHS and non- NHS services, and willingness to provide additional services. The results are detailed in Appendix M.

In summary, 137/247 (55%) community pharmacy contractors responded to the survey. The findings from this survey show

- Availability at the weekends: the majority of responders (120/137 = 88%) are open on Saturdays and some (41/137 = 30%) are also open on Sundays.
- Consultation facilities: are available in the majority i.e. 132/137 (96%) pharmacies
- Diversity: A wide range of different languages are spoken by community pharmacy contractors.
- IT and advanced services: The majority of responders (125/137 = 91%) are EPS 2 enabled and provide advanced services (MURs 97%, NMS 96%, AUR 18%).
- Enhanced or Locally Commissioned Services:
- In some cases there is some confusion regarding who holds the contract for these services. Some are not even commissioned. This is reflected in the range of different answers regarding Area Team, CCG or Local Authority and may possibly be due to recent changes in contract holders.
- There is a willingness to provide a wide range of other health services. This includes NHS Health Checks. See Appendix M for full list).
- Some commissioned services may be underutilised. Eg Sharps Disposal Service – a large number of contractors (n=91) not providing this service are willing.

Key Findings

55% of community pharmacy contractors responded to the survey and the majority of these indicated a willingness to provide a large range of additional services if these were to be commissioned locally.

6.1.9.2 Patient Surveys

Two patient surveys were undertaken during September 2014 regarding (a) community pharmacy services and (b) dispensing doctor services. The results are detailed in Appendix M.

In summary, a total of 51 members of the public responded to the surveys (a) n=48 and (b) n=3.

The community pharmacy services survey (total n=48 responders which included 38 females and 10 men, age range 19-74 years, majority aged 30-59 years) shows that

- Location and travel: The majority of people (38/48 = 79%) visit a pharmacy close to their surgery or home (this was similar to preference). Travel to the pharmacy was mainly by car (n=29) or foot (n=24)
- Access: Most people visit their pharmacy between 9am and 6pm and during weekdays. Preference included weekdays, Saturday and Sundays.
- Reasons for visit: The majority use their pharmacy to get medicines on prescription (n=41) or to buy over the counter medicines (n=28). Other reasons included advice from the pharmacy (n=15), shopping for non-medical goods (n=3) or for urgent care (n=2).
- Experience: Overall this was positive in terms of access, location, advice, stock availability and service. In one case there was difficulty locating a pharmacy close by at night or on Saturday afternoon for lactose free formula milk.
- Services: There was interest expressed in a range of services used or would use if offered including; health checks eg blood pressure or cholesterol checks and chlamydia screening service.
- Positive feedback included location, convenience, parking, opening hours, knowledge and advice and service offered.
- Improvements suggested: communication (more engagement with pharmacist), expanding service (health checks, STD screening), waiting (improved prescription turnaround time, more space to queue), privacy, access (longer hours, open at weekends), advertising (promoting range of services on offer), other (provision of PILs, advice on minor issues and medicine disposal).

The dispensing doctor survey (total n=3, responders all female, 2 aged 30-59 years and 1 aged 60-74 years). The summary below is brief since conclusions cannot be drawn from such a small sample. **The results are detailed in Appendix M.**

- Access: during 9am to 6pm, weekdays by car or on foot.
- Positives highlighted: friendly staff, convenience, car parking and having medication on site.

- Improvements suggested: Not enough room for patients to wait, privacy and no discreet service.

Key Finding

Patients are generally happy with the current level of service provided by community pharmacy, and are supportive of community pharmacies providing other additional services.

6.2 Future New Developments

6.2.1 Service Redesign:

Future developments in national policy and local commissioners' strategic plans for health care in Hertfordshire signal an increase need to care for more complex patients in primary care, reduce the workload of accident and emergency departments and reduce inappropriate referrals to secondary care with focus on services redesign and encouraging people to take responsibility for their own health.

Hertfordshire commissioners are also reviewing options for further service redesign programmes and there may be opportunities for community pharmacy contractors to be considered as potential providers within these programmes. Commissioners are encouraged to refer to the range of enhanced services described the NHS Pharmaceutical Services advanced and enhanced services England Directions 2013, as these are examples where there is some evidence that community pharmacy has achieved good outcomes.

Hertfordshire CCGs (NHS E&N Herts CCG and NHS Herts Valleys CCG) are aware that more needs to be done to achieve the right level of out of hospital service provision; more needs to be done in terms of prevention; and more needs to be done to encourage people to make appropriate use of non-emergency services. The primary care strategy and the review of community services will be integral to addressing these issues.

(Ref: Operational Plan NHS East and North Herts CCG and NHS Herts Valleys CCG, Primary Care Strategy 2014-19)

Hertfordshire County Council (2013) Healthier Herts: A Public health Strategy for Hertfordshire 2013- 2017 Available at:

<http://www.hertspublichealth.co.uk/files/Healthier%20Herts%20Public%20Health%20Strategy%202013-2017.pdf>

New QEII Hospital

East and North Herts CCG have embarked on a major service redesign programme which includes the New QEII Hospital in Welwyn Garden City scheduled to open in spring 2015.

The New QEII hospital will have:

- an Urgent Care Centre - open 24 hours a day, which will treat adults and children with a wide range of minor illnesses and injuries, in line with new government recommendations

- general outpatient services – including the vast majority of those that happen now
- diagnostics (MRI, CT scans and X-rays)
- rapid assessment for patients whose health needs to be urgently assessed, but who don't need to be admitted to hospital
- a purpose-built area for outpatient children's services, providing an integrated model of assessment, diagnosis, treatment and support for children with a range of medical, psychological and social needs
- therapy services, such as physiotherapy and other rehabilitation treatments
- endoscopy and other procedures
- a breast unit
- ante-natal care
- routine blood treatments, such as warfarin
- an integrated hospital and community pharmacy.

The commissioner's intentions for the site include provision of an integrated NHS pharmacy service with the ability to dispense medicines for both hospital out-patients and GP patients and meet the more complex clinical pharmaceutical needs of patients in primary care. It will aim to support the development of the capability and capacity of the local primary care pharmacy workforce to support more complex patients with long term conditions and multiple morbidities who are being cared for at home.

There is currently an application for a community pharmacy on site which has been approved by NHS England (November 2014) and appeals to the NHS LA are pending.

6.2.2 Population Growth and Housing Developments

Over the next 20 years the population in Hertfordshire is expected to grow in size and the age make-up to change. By 2037 we expect the largest proportion of the local population to be in the 40 - 54 year old age group and the number of people living into their late 80's and 90's to increase significantly.

Predictions for 2021 suggest an increase in population of 100,000.

A number of areas have started to experience or are expecting significant population growth due to large scale housing developments. In E&N Herts CCG this includes East Herts, Stevenage, and Welwyn and Hatfield in Herts Valleys CCG this includes Hertsmere, Dacorum, St Albans, Watford, Three Rivers – all of which need to be considered in future planning.

Stevenage: There are areas of deprivation which would benefit from enhanced primary care. The E&N Herts CCG is working with HCC, the Borough Council and NHS providers to develop the right commissioning model for health and social care that will meet the needs of the local population and the planned housing growth.

Bishops Stortford: NHS England has identified some issues with service delivery and target achievement in this area. Access is a problem and has been highlighted as a

priority for the LA. The Hertfordshire & Essex community hospital is currently underutilised and there is a significant population growth.

Ware: Significant population growth and the planned development of new nursing homes will impact primary care services. There will be an opportunity to look at the development of these services going forward.

Current planning suggests that there is likely to be development in the following areas within the next three years

Table 25

	Locality/ District	Approximate Number of Dwellings
E&NHerts	Broxbourne (Cheshunt)	250
	East Herts (Watton at Stone)	100
	East Herts (Hertford, Eastwick, Buntingford))	700
	Welwyn Hatfield (WGC, Howlands, Broadwater, Digswell Hill, Hatfield)	650
	North Herts (Letchworth Garden City, Royston)	200
	Stevenage (Wedgewood Way)	400
West Herts	Dacorum (Hemel Hempstead)	1200
	Hertsmere (Bushey, Borehamwood)	900
	St Albans (Harpenden, St Albans)	700
	Watford & Three Rivers (Abbots Langley, Watford)	300
Total		5,200

An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service contractors required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

We are not aware of any robust evidence to suggest a generic 'population trigger point' for when a housing development in a location might need a pharmaceutical service contractor or any measure of the extent to which existing local pharmaceutical service contractors can accommodate the increase in need for pharmaceutical services created by an increase in local population size.

In the 2005 contractual framework for community pharmacy, however, there was an expectation that efficiencies in pharmacy operations and improved use of skill mix would lead to greater overall operational efficiencies and capacity of individual

pharmacies. This increase in efficiency and capacity should be considered by commissioners when making market entry decisions

It is likely that this growth can be accommodated by the current pharmacy network using for example through: innovative systems - including EPS and robotics; skill mix review and, medicines optimisation strategies etc. However each development should be monitored and if necessary supplementary statements to the PNA published to ensure that appropriate information is available to determine whether additional pharmaceutical services and contractors might be required.

The 2011 Census found that the average number of people per household in East of England was 2.3 – 2.4, a more local analysis in Cambridge by CCC Research Group suggests that the average household size in Cambridge is around 2.5 people. Applying these estimates to Hertfordshire assume 2.5 people per new dwelling and that all residents in the planned new housing are new to Hertfordshire there may be up to 13,000 new residents across the county in the next three years.

On this basis, taking the top estimate that all residents in the planned new housing are new to Hertfordshire and there are 2.5 people per new dwelling, there may be up to 13,000 new residents across the county in the three years 2015-2018, ie an average of 18 new patients per pharmacy per year.

This will increase the average population per pharmacy in Hertfordshire from 4,545 in 2015 to 4,598 in 2018. While it is likely that this growth can be accommodated by the current pharmacy network using: innovative systems - including EPS and robotics; skill mix review and, medicines optimisation etc.; each development should be monitored and if necessary supplementary statements to the PNA produced by the HWB to ensure that appropriate information is available to determine whether additional pharmaceutical service contractors might be required.

In Hertfordshire there is currently approximately one community pharmacy per 4,545 people. The highest concentration of pharmacies in England is one pharmacy per 4,000 people (in the Northwest) and the lowest concentration is one pharmacy per 5,555 people (South Central).

Considerations, when assessing needs for local pharmaceutical service providers a new housing development, should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, ie the proportion of affordable housing at the development.
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision;
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.

- Developments in pharmaceutical supply models (eg delivery services, robotic dispensing, centralised hub dispensing and electronic prescription service) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities in Hertfordshire.

Key Finding

Future developments in national policy and local commissioners' strategic plans for health care in Hertfordshire signal an increase need to care for more complex patients in primary care, and reduce the workload of accident and emergency departments to reduce inappropriate referrals with focus on services redesign and local population responsibility of care for own health.

Commissioners are also reviewing options for further service redesign programmes and should consider the potential for community pharmacy contractors to be considered as potential providers within these programmes.

Future population growth and housing developments suggest an increase in Hertfordshire population by 100,000 by 2021 (i.e. c 14,000 per year).

This will increase the average population per pharmacy in Hertfordshire from 4,545 in 2015 to 4,598 in 2018. While it is likely that this growth can be accommodated by the current community pharmacy workforce each development and changes population growth should be monitored and if necessary supplementary statements to the PNA produced by the HWB to determine whether additional pharmaceutical service contractors might be required.

6.3 Summary and Conclusions

Hertfordshire is well provided for NHS Pharmaceutical services although there is variable distribution across the county. There are 247 community pharmacies across Hertfordshire an increase of nine from 238 reported in the 2011 PNA and an increase of 25 (11%) compared to 2005. This includes double the number of 100 hour pharmacies from eight in 2011 to sixteen in 2014.

Additionally there is evidence to show that Hertfordshire patients regularly access over 26 community pharmacies located in neighbouring counties.

There are 15 dispensing doctor practices and two Dispensing Appliance contractors in Hertfordshire – no change since 2011.

On average there are 22 community pharmacies per 100,000 registered population which is higher than in 2011 and higher than the national and East of England averages of 21 per 100,000 population and represents an average of 4,545 patients per pharmacy.

Compared with 2011, in 2014 this PNA has found there are more pharmacies open for more hours on more days of the week than in 2011. Additionally the convenience and range of services provided has increased as a result of the roll out of the Electronic Prescription Service and the introduction of the New Medicines Service, and the locally commissioned services to ensure in and out of hours access to urgently needed specialist medicines; the falls service and the influenza vaccination service.

Generally pharmacies in Hertfordshire are located in close proximity to GP practices, shopping centres or precincts or in areas which reflect the usual social flow of the population. In most areas pharmacies provide a non NHS prescription collection and delivery services to patients who have difficulty accessing the pharmacy. Additionally the population has access to distance selling /mail order/internet pharmacies who provide all the essential pharmaceutical services and who arrange delivery of medicines to patients.

The increase in the number of 100 hour pharmacies from eight in 2011 to sixteen in 2014 has significantly increased access to pharmacy services outside usual working hours (9am-5pm) and at weekends

The sixteen 100- hour pharmacies in Hertfordshire are, therefore, essential to the current service provision in order to maintain adequacy of pharmaceutical services across Hertfordshire.

Areas with less than the average number of pharmacies eg Dacorum, Welwyn and Hatfield and Lower Lea Valley, either have no GP surgeries and the pharmacies are located in neighbouring localities in close proximity to the GP surgery or there are dispensing doctors in the locality. There is therefore adequate provision of pharmaceutical services in these areas.

There remain, however, 30 localities which do not have a community pharmacy in the locality. For 29 of these the area analysis demonstrates that overall there is sufficient provision of NHS Pharmaceutical services for each of these areas to meet current need.

In the remaining locality MSOA East Hertfordshire 009 Much Hadham and Hunsdon Wards (E&N Herts CCG- Stort Valley and Villages) while NHS dispensing services are available from the dispensing doctor practice in the locality there is a gap in provision of other NHS Pharmaceutical Services such as self-care.

In this respect therefore this locality may benefit from a community pharmacy in the area to provide the full range of essential NHS pharmaceutical services.

The current level of provision of appliance services has increased since 2011. No issues relating to the accessibility of appliance services or number or location of

DACs have been raised with commissioners and the level of provision of appliance services continues to be sufficient to meet the current needs of the population.

Future developments in local commissioners' strategic plans for health care in Hertfordshire signal an increase need to care for more complex patients in primary care. The development of the New QEII Hospital, and the current planning intentions to develop an innovative integrated community/hospital pharmacy service is one development that reflects this plan.

Future population growth and housing developments suggest an increase in Herts population by 100,000 by 2021 (ie c 14,000 per year).

Current housing plans suggest there may be up to 13,500 new residents by 2018. This will increase the average population per pharmacy in Hertfordshire from 4,545 in 2015 to 4,598 in 2018. While it is likely that this growth can be accommodated by the current pharmacy network each development and population growth should be monitored and if necessary supplementary statements to the PNA produced to determine whether additional pharmaceutical service contractors might be required.

There is significant capacity and opportunity to increase the levels of repeat dispensing across Hertfordshire. This would result in an increased capacity for GPs to care for more complex patients and lead to financial savings as a result of reduced medicines waste. The roll out of EPS is likely to facilitate the uptake of the repeat dispensing service

There is capacity across Hertfordshire to increase the number of MURs undertaken. Commissioners should work with community pharmacy contractors to aim to focus MURs to meet local priorities to address unmet health needs in Hertfordshire.

When the identified gaps in services are mapped against the essential and advanced services available from community pharmacies (such as support for self-care, repeat dispensing, promotion of healthy lifestyles, medicines use reviews etc.) (See Table 32). We found that there capacity and opportunity for existing community pharmacy contractors to meet some of these gaps or to increase access and choice, by targeting some of the essential and advanced services to specific patient groups as appropriate.

With regard to enhanced and locally commissioned services, in Hertfordshire the only additional service which comes within the definition of enhanced pharmaceutical services as set out in legislation is the 'influenza vaccination' service commissioned by Public Health England (PHE). All accredited community pharmacy contractors in Hertfordshire were offered the opportunity to provide the service and there is capacity across the current community pharmacy workforce to meet future needs for this service.

For the key public health services which are currently supported by community pharmacy contractors ie –stop smoking, sexual health and substance misuse - there continues to be sufficient capacity across the current community pharmacy workforce in Hertfordshire to meet the needs for these services, either by improving the current service delivery of individual contractors or by commissioning other Hertfordshire community pharmacy contractors to provide the service.

Future developments in national policy and local commissioners' strategic plans for health care in Hertfordshire signal an increase need to care for more complex patients in primary care, and reduce the workload of accident and emergency departments to reduce inappropriate referrals with focus on services redesign and local population responsibility of care for own health.

Commissioners reviewing options for further service redesign programmes should consider the potential for community pharmacy contractors to be providers within these programmes.

The results from the community pharmacy and patient surveys respectively suggest that community pharmacy contractors are willing provide additional services and patients are willing to access extended services from community pharmacy contractors.

7 Identified Public health Needs and Service Provision

7.1 Summary

The health of people in Hertfordshire is generally better than the England average. Deprivation is lower than average, however, about 13.7% (30,000) children live in poverty.

Priorities in Hertfordshire are to take a whole system approach to improving health and wellbeing, to support residents to make healthy lifestyle choices, and to help the expanding older population maintain their health. (Hertfordshire Health Profile 2014)

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

<http://www.hertspublichealth.co.uk/files/Healthier%20Herts%20Public%20Health%20Strategy%202013-2017.pdf>

Successes

- Infant mortality is showing a reduction in rates over recent years, with recent indications of particular improvement in some of the most deprived areas
- We have seen reductions in all age and all-cause mortality; reduction in early death rates from heart disease, stroke and cancer
- We have seen reductions in teenage pregnancy in recent years
- We have seen significant reductions in people smoking and our prevalence of smoking is less than England's. (Reducing the harm from tobacco is a Health and Wellbeing Board priority).

Challenges

- Infant mortality – whilst reducing, we still have disproportionate rates across the county
- Rates of preventable non-communicable disease, e.g. diabetes, stroke, cancer and heart disease, remain higher in some areas than in others.
- Teenage pregnancy rates have decreased across Hertfordshire but levels still remain high in some areas.
- An estimated number of 155,000 people remain smokers in Hertfordshire with new young people taking up smoking every day. Smoking prevalence tends to be highest in the more deprived areas (with twice as many smokers in lower socio-economic groups than in more affluent ones). Smoking levels are particularly high in people with mental health conditions.
- Smoking during pregnancy causes serious avoidable ill health and although the number continues to fall well below national levels, over 1,000 women smoked throughout pregnancy during 2013-2014. Helping pregnant women to quit smoking is challenging and requires all agencies to be involved to reduce the level still further. Obesity in children, and increasingly in adults, remains a challenge. Physical activity and maintaining a healthy weight is a Health and Wellbeing Board priority).
- Hospital stays for alcohol related harm are generally increasing across Hertfordshire with some districts being particularly affected. Reducing the harm from alcohol is a Health and Wellbeing Board priority).

- Although significantly lower than England, rates of hospital stays for self-harm have increased across Hertfordshire

<http://jsna.hertslis.org/top/summ/>

7.2 Locality health priorities

Table 26. Health priorities for each Locality

NHS East and North Herts CCG	Health Priorities
Lower Lea Valley CCG locality (8 GP practices)	Tackling childhood obesity (and obesity in general), end of life care, HomeFirst PLUS (integrated health and social care)
North Hertfordshire CCG locality (12 GP practices)	To promote healthy weight and physical activity; living well with dementia, to improve mental health and emotional wellbeing to reduce the risk of self-harm. To improve the quality of life of people with long term conditions.
Stevenage CCG locality (9 GP practices)	Reducing harm from tobacco; promoting healthy weight and increasing physical activity; improving mental health and emotional well-being.
Stort Valley and Villages CCG locality (5 GP practices plus Sawbridgeworth APMS)	Improvement in patient experience of their access to primary care, supporting patients with long term conditions and end of life care, using personal health planning and advance care planning
Upper Lea Valley CCG locality (16 GP practices)	Cancer – improving early diagnosis and treatment, Improving the health and wellbeing of the frail and elderly, reducing obesity levels
Welwyn Hatfield CCG locality (9 GP practices)	Supporting the frail elderly, Pre-operative healthy weight / healthy lifestyles, End of life care in heart failure, Bowel Cancer Screening, Reducing the uptake of smoking.
NHS Herts Valleys CCG localities	Health Priorities
Dacorum CCG (20 GP practices)	Physical activity and obesity, helping the expanding older population maintain their health and continuing to reduce levels of smoking.
Hertsmere CCG locality (9 GP practices)	Ophthalmology, dementia, weight management, smoking and chlamydia
St Albans and Harpenden CCG locality (13 GP practices)	Road safety, helping the expanding older population maintain their health and continuing to reduce levels of smoking
Watford and Three Rivers CCG locality (28 practices)	Stopping smoking, physical activity and obesity, older peoples health and falls prevention.
NHS Cambridgeshire and	

Peterborough CCG	
Royston (a town - not a locality) (3 GP practices)	Integration of health and care services for people over 65 years of age, reduction in cardiovascular disease by addressing health inequalities, improving quality of end of life care.

Sources: Health Profiles (2014) http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

, Locality plans 2014/15, CCG data.

7.3 Identified Public health needs

The table below highlights the key health needs in Hertfordshire that are reported on in the PNA.

Table 27. Hertfordshire Summary of Identified Health Needs

(See JSNA 2013, Joint HWB strategy, Primary Care Strategy 2014-19)

1	Access to medicines and Pharmaceutical Services (presented in Section 6)
2	Smoking
3	Over Weight and Obesity
4	Drug and Alcohol misuse
5	Sexual Health
6	Older People Intermediate care Falls Care homes Dementia
7	Long term conditions Cardiovascular (CVD) Chronic obstructive pulmonary disease (COPD) Diabetes
8	Mental Health
9	Cancer and End of Life Care
10	Infection Control
11	Immunisation
12	Her Majesty's Prison , The Mount
13	Students
14	Emergency planning

See also section 7.4 for Summary of Pharmaceutical Services (Table 32)

7.3.1 Access to medicines and pharmaceutical services (see section 66)

7.3.2 Smoking

Local Health Need

Smoking remains the main cause of preventable morbidity and premature death in England with 80,000 people dying prematurely in England because of tobacco use.

Reducing the harm from tobacco is one of Hertfordshire HWB key strategic priorities for 2013-2016 and a priority for Public health. Smoking remains the number one killer in Hertfordshire, killing over 1,500 residents prematurely every year, costing the local economy in Hertfordshire nearly £278 million in 2012.

Individual lifestyles are an important cause of disease and disability; in particular, smoking accounts for 50% of health inequalities between the better and least well off in Hertfordshire.

The following are directly attributable to smoking and tobacco use:

- more than one in four of all cancers (nine out of ten lung cancers)
- one in four circulatory disease deaths (including heart attacks and strokes)
- more than one in three respiratory deaths

In 2012, smoking prevalence in Hertfordshire was estimated to be 17.7%, less than the England average of 19.5% and the lowest figure for Hertfordshire to date. However, smoking correlates highly with deprivation and some of our district and borough councils and some particular groups have much higher smoking rates than the Hertfordshire or England averages.

The local needs assessment for stop smoking services is contained in the JSNA.

See JSNA <http://jsna.herts.gov.uk/top/healthliv/tob/> and local authority 2012 data (Appendix I).

Service Provision

Community pharmacies are among the range of providers of Stop Smoking

Services in Hertfordshire. Currently there is no restriction on the number of contractor and new providers can join the scheme at any time. The service specification included in the Public health Contract is for the provision of an Intermediate (level 2) Stop Smoking Service, delivered by pharmacists/pharmacy staff to patients, providing one to one support and advice to people who want to give up smoking.

A number of community pharmacy contractors (**n=207**) are actively participating and providing relevant stopping smoking data to Hertfordshire Stop Smoking Service, including **101** in East and North Herts CCG and **106** in Herts Valleys CCG).

See locality breakdown in Table 28 below.

Table 28 Pharmacies providing smoking cessation services (June 2013/14)

NHS ENHCCG (n=101)	NHS HVCCG (n=106)
<ul style="list-style-type: none"> • Stort Valley & Villages (n=8) • North Hertfordshire (n=21) • North Locality (n=4) • Lower Lea Valley (n=13) • Stevenage (n=19) • Welwyn Hatfield (n=18) • Upper Lea Valley (n=18) 	<ul style="list-style-type: none"> • Dacorum (n=28) • St Albans & Harpenden (n=22) • Hertsmere (n=16) • Watford & Three Rivers (n=40)

In 2013/14 community pharmacy contractors made a significant contribution to Hertfordshire Stop Smoking Services with a quit rate of 54% which was above the England average of 52% in 2012/13.

Community Pharmacies also make a significant contribution to tobacco control in Hertfordshire by contributing to the success of stop smoking campaigns such as ‘Stoptober’ and National No Smoking Day, as well as giving brief intervention advice on stopping smoking and by providing a local accredited Stop Smoking service.

On the whole, Community Pharmacies are providing good quality Stop Smoking Services, with over 29% of all successful quitters in 2013-2014 attending a pharmacy setting. There is a good level of service provision across the county, however, there is wide variability in individual performance including the number of clients who are accessing individual Community Pharmacy services and performance against key performance indicators (e.g. quit rates and service user feedback).

Summary

Although there is good coverage of community pharmacy stop smoking clinics, but some contractors are less active than others.

Hertsmere, in particular, is an area for development owing to an increase in prevalence of over 5%.

Stevenage has high prevalence of smoking and also adequate number of providers, however providers are underachieving on quit numbers

7.3.3 Over weight and Obesity

Obesity is a national issue. Levels of adult and childhood obesity are increasing year on year and Britain now has one of the highest levels of adult obesity in Europe (Healthy Lives, Healthy People: A Call to Action on Obesity for England, 2011). Income, social deprivation and ethnicity have a key impact on the likelihood of becoming obese.

Local Health Need

The local needs assessment for weight management services is contained in the JSNA.

See JSNA <http://jsna.hertsliis.org/top/healthliv/actwei/>

Community pharmacies are among the range of providers of weight management services in Hertfordshire.

Summary

No current gaps in service.

Public health has commissioned a Tier 2 service (Weight Watchers/ Slimming World and Men's Weight Management service – for adults on referral) plus a Tier 1 child weight management programme service for children (eg Bee Zee Bodies) across the county.

7.3.4 Drug and Alcohol Misuse.

Local Health Need

The local needs assessment for drug and alcohol management services is contained in the JSNA.

See JSNA links

Drugs: <http://jsna.hertsliis.org/top/healthliv/drugs/>

Alcohol: <http://jsna.hertsliis.org/top/healthliv/alco/>

Community pharmacies are among the range of providers of drug and alcohol services in Hertfordshire.

A community pharmacy pilot has been commissioned across Hertfordshire **(September 2014 – March 2015) known as the Pharmacy Alcohol Identification and Brief Advice Pilot (IBA).**

This locally commissioned service incorporates not only the provision of Alcohol Identification and Brief Advice (IBA), and related advice, information and signposting to other services, but also includes supply of scratch cards and leaflets and provision for direct referral to specialist services. All Pharmacies included in the pilot are listed in **Appendix N.**

Needle Exchange

Needle exchange services are commissioned by HCC through Spectrum (CRI). Community pharmacies are commissioned as one of the local providers. Commissioners have indicated that the current level of service provision is sufficient to meet local needs. Currently this is provided by 28 pharmacies in Hertfordshire.

Summary

Needle exchange – current provision sufficient.

Supervised consumption of methadone capacity for more pharmacies to be included in programme.

7.3.5 Sexual Health

Local health Need and Service Provision

Sexual health is a major public health issue. It covers the provision of advice and services around contraception, relationships, STI's and abortions. There are currently a wide range of providers across Hertfordshire, including general practice, community services, acute hospitals, community pharmacy contractors and the voluntary and independent sector.

The importance of improving sexual health is recognised by the inclusion of three indicators in the Public health Outcomes Framework, PHOF (DH,2012); i) Under 18 conceptions ii) chlamydia diagnosis in 15-24 year olds iii) people presenting with HIV at a late stage of infection.

The County Council's Hertfordshire Sexual Health Strategy (2014-2019) has been developed based on the sexual health needs assessment undertaken in 2013, which brought together service and demographic data triangulated by stakeholder service reviews.

The sexual health needs for Hertfordshire will be met through the use and development of relevant services that are in line with national and local policies and targets. The service provision needs to be consistent, evidence-based and delivered in a variety of clinical and community settings so that all individuals can have choice and easy access to services.

See: Hertfordshire Sexual Health and Wellbeing Plan 2014-2019.

<http://www.hertsdirect.org/services/healthsoc/healthherts/sexualhealth/>

The needs assessment for sexual health services is contained in the JSNA

<http://jsna.hertslis.org/top/healthliv/sexh/>

<http://atlas.hertslis.org/IAS/Custom/Resources/SexualHealthDetailedPDF.pdf>

<http://atlas.hertslis.org/IAS/Custom/Resources/SexualHealthSummaryPDF.pdf>

Community pharmacy contractors are currently among the range of providers of sexual health services commissioned by Hertfordshire County Council and these arrangements will be continued under the new strategy. See Appendix J

Following a procurement exercise, from April 2015, Central London Community Healthcare NHS Trust (CLCH) will run the new integrated sexual health service in

Hertfordshire, working in partnership with Chelsea and Westminster Hospital NHS Foundation Trust.

The new service will improve sexual health by providing easy access to services through open access 'one stop shops' throughout Hertfordshire. Proposed and existing clinics will be in accessible locations across the county based on data from the sexual health needs assessment and other local intelligence. The majority will provide services to meet sexual health and contraceptive needs on one site.

The service will include the full breadth of genito-urinary medicine and contraceptive services and provide the National Chlamydia Screening Programme and Hertfordshire C-CARD scheme (free condoms for young people under 25 years of age). CLCH will continue to work with local community pharmacy contractors to deliver the best possible service that meets local need.

HIV point of care testing, and social support, are provided by Herts Aid. As technologies develop and innovative new ways to offer tests are being developed (e.g. postal testing) the Council public health team are developing new services including the provision of rapid HIV Point of Care Testing (PoCT) in general practices and pharmacies. The aim is to increase uptake of HIV testing in the community to reduce late and undiagnosed HIV among adults aged 16+.

National guidelines recommend PoCT should be made available in areas where local HIV prevalence exceeds 2 per 1000. Watford and Stevenage are areas of highest prevalence, therefore, will be targeted initially. Welwyn/ Hatfield have also been identified as an area high in late diagnosis and will also be considered as a priority.

Summary

There is a need to increase the overall access to services across the county and improve levels of activity.

HIV point of care testing is a priority for Watford, Stevenage, and Welwyn & Hatfield

7.3.6 Older People

Sources: See JSNA & Health & Wellbeing report, 2011 Census information, PMOT Falls data.

<http://jsna.hertsliis.org/top/lifstagggroup/agewell/>

<http://atlas.hertsliis.org/IAS/Custom/Resources/AgeingDetailedPDF.pdf>

<http://atlas.hertsliis.org/IAS/Custom/Resources/AgeingSummaryPDF.pdf>

Local Health Need

A rapid growth in the number of people aged 65 and over has been predicted for the next 20 years showing an estimated 70% increase of older people between 2010 and 2035. In Hertfordshire there are 53,920 people over the age of 65 (31%) who live alone; this is similar to the rate in England as a whole. One out of every five houses

in Hertfordshire contains residents that are aged 65 and over. Around 78,000 people aged 65 and over (47%) are limited in daily activities by a health problem or disability which is lower than England which is at 52%.

In Hertfordshire 46.5% of people aged over 65 say they have a long term health problem that limits their daily activities. Compared to other local authorities in England Hertfordshire was ranked 21 out of 152.

In Hertfordshire, falls, with or without a fracture, remain the greatest cause of lack of independence, and the associated need for residential care, in those aged over 65. In Hertfordshire (during 2010- 2011) there were over 5,000 hospital admissions due to falls in people aged 65 years or more. The hospital costs for falls in 2010/11 in Hertfordshire were estimated at £20 million which is only a quarter of the overall cost if you include the community setting where the patient would need to be rehabilitated (estimated total cost to Hertfordshire £80 million).

WHO and NICE have published guidelines on prevention of falls in the ageing population. Despite the scale of the problem and the resulting distress and costs (both human and financial) caused by falls, there is good evidence that early identification and assessment of the risk of falling together with early interventions can greatly reduce (by as much as 25%) the number of falls in older people. (*Falls Prevention Services in Hertfordshire 2009*)

Service Provision

A strategy is being developed that will better support the health and wellbeing of people as they age in Hertfordshire.

Ageing Well is the empowerment of older people to live active, healthy lifestyles and limit deterioration and illness. Key themes associated with Ageing Well are;

- 1) strengthening communities
- 2) lifestyle (promotion of physical activity, adult health checks for ages 40-74 years, tackling obesity, smoking and alcohol)
- 3) good health (influenza vaccination, prevention of falls, providing a dementia friendly environment, focusing on diabetes and stroke)
- 4) supporting carers.

HomeFirst (a new rapid response service) brings together health and social care services. The service supports older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

The majority of medicines prescribed in primary care are for people over retirement age and many older people are prescribed four or more medicines for multiple pathologies. Professional pharmaceutical advice and information about medicines is available from all community pharmacy contractors as part of the Essential Services in the contractual framework for community pharmacy. Additionally, more detailed support can be provided through Medicines Use Reviews and the New Medicine Service which aim to improve patient understanding and concordance and reduce medicines waste.

It is recommended that MURs and NMS are offered to the elderly, particularly those recently discharged from hospital, newly diagnosed with a long-term condition, or at risk of falling. MURs may also be offered to patients who are housebound and living alone.

Community pharmacist contractors may also be able to assist hospital pharmacies to ensure that when a patient is admitted to hospital, the hospital has the correct information regarding the patient's current medication before admission.

There is, however, limited evidence available to commissioners to indicate whether all pharmacies are actively promoting the services with respect to promoting self-care and healthy lifestyles, or if provided how patients benefit.

Dementia Care

Local Health Need

"Living Well With Dementia" Hertfordshire's joint response to the National Dementia Strategy was published in 2009

<http://www.hertsdirect.org/docs/pdf/d/dementia.pdf>

<http://atlas.hertslis.org/IAS/jsna>

Hertfordshire County Council, East and North Herts CCG and Herts Valleys CCG are developing a joint Dementia Strategy to be signed off in early 2015.

It is estimated that 13792 people in Hertfordshire have dementia, however only 45.5% of these are diagnosed. 15403 people are predicted to have dementia by 2021. (Ref:HWB 25/09/14 Dementia Strategy for Hertfordshire)

Service Provision

Community Pharmacy Pilot – Home care support to patients with dementia specific : (provision of Medication Administration Record (MAR) charts (replacing HC420 forms)

E&N Herts CCG and HVCCG have commissioned a pilot project (starting in July 2014 for a 12 month period), with Community pharmacy contractors, which focuses on 'home care support'. The commissioned service is designed to improve patient safety by supporting the production and checking of a MAR chart for people with dementia, living alone without family support who receive support with medication administration from paid carers. The pharmacist is responsible for the production and maintenance of MAR for the patient whilst ensuring a high level of patient care and provision of information for audit and evaluation.

<http://compass.hertscc.gov.uk/area/hcc/hcs/commpharmacypilotsi>

Aims and intended service outcomes:

- Medicines Safety: quality assurance that there is an accurate, up to date and legible record of a patient's medication available to care workers when they are required to administer medication in the patient's home.
- More efficient use of home care services by removing the need to obtain handwritten HC420 forms.
- Reduction of medicines waste.

The pilot involves community pharmacists in Watford, Stevenage and Bushey. By November 2014, 7 pharmacies in Stevenage and 15 in Bushey/Watford/South Oxhey have agreed to participate in the pilot.

Summary

Commissioners for dementia care may want to consider services (including essential, advanced and enhanced or locally commissioned services) available from community pharmacy contractors when developing and commissioning care pathways for patients who have dementia

Intermediate Care

At present patients in intermediate care facilities (including community based bed units) receive pharmaceutical services from a range of contractors including community pharmacy contractors, CCG pharmacy medicines and optimisation team, local acute trusts and Hertfordshire Community Trust. Where appropriate there may be opportunities for community pharmacy contractors to be considered as potential providers of services to the facilities. Commissioners should consider this when developing services.

Where patients are cared for at home community pharmacy will have an important role in supporting patients and carers with respect to dispensing medicines and provision of advice and information.

Summary

Commissioners for intermediate care may want to consider services (including essential, advanced and enhanced or locally commissioned services) available from community pharmacy contractors when developing and commissioning care pathways for patients requiring intermediate care either at home or in intermediate care facilities.

Falls

The falls services in Hertfordshire include; the falls liaison service, the home safety service and HomeFirst. This service is currently being reviewed) February 2015)

The Community Pharmacy Falls Intervention Service supports the patient pathway to reduce falls and fractures in Hertfordshire. It was initially rolled out in March 2012

and aims to optimise the outcome of a Falls Intervention MUR by targeting key patient groups and through patient follow-up after three months and evaluation.

In 2012/13 a total of 17 community pharmacy contractors carried out 349 interventions. See Table 29 below. Pharmacists' interventions in the targeted groups were found to have improved medication adherence as well as reduce side effects to a moderate extent. Almost all patients found the service helpful.

Table 29: Review of 2012/13 Falls service by 17 community pharmacy contractors

<p>Osteoporosis therapy (n=148)</p> <p>n=12 (8%) – improvement in adherence to bone strengthening medication. n=16 (10%) –improvement in understanding and adherence to calcium/vitamin D. n=35 (24%) – reported that their medication issues had resolved since the intervention. n=38 (26%) – referred to GP in relation to falls risk/medications, including calcium and vitamin D. n=127 (86%) – found intervention helpful.</p>
<p>>65 years on falls risk medication (n=177)</p> <p>n=121 (68%) – reported experiencing side effects and counselled on how to minimise them at MUR. n=22 (12%) – reported experiencing side effects at follow-up*. *There was a significant reduction in the number of patients experiencing side effects after the intervention (n=99; 82%). n=29 (16%) – referred to GP. n=156 (88%) – found intervention helpful. Examples: Antihypertensive doses changed to night-time, antihypertensive doses reduced, temazepam dose reduced, diazepam discontinued, advice on pain relief; co-codamol changed to night-time</p>
<p>Glucocorticoid therapy (n=24)</p> <p>14 (58%) – referred to GP for review. 24 (100%) – found intervention helpful.</p>

Data source: PMOT & Department of Pharmacy, University of Hertfordshire.

The Hertfordshire Community Pharmacy Falls Intervention Service is a locally commissioned service (by both Hertfordshire CCGs) until March 2015. It is being delivered through accredited community pharmacy contractors, having completed the relevant training provided by the NHS. There are currently (Nov 2014) 10 community pharmacy contractors signed up to provide this service (ENHCCG n=4, HVCCG n= 6) plus a further 6 community pharmacist with contract renewals pending.

Summary

It is recommended that community pharmacists support patients who have regular prescriptions for medicines which may make them at risk of falls, by appropriate information, advice and counselling within the Essential Services of the community pharmacy contract, so that they may use their medicines to best effect. Commissioners may also want to consider community pharmacists for the future

provision of a falls locally commissioned service.

Care Homes

Safety of medicines in care homes for the elderly is high priority. Good communication between the community pharmacy, GP and home is essential. Care homes should have designated staff responsible for medicines management arrangements.

Hertfordshire has around 250 residential care homes with over 7000 residents (April 2013 Hertfordshire CC data). Residents in care homes are registered with a GP and their medication dispensed by community pharmacy.

Hertfordshire CCGs currently commission additional GP services for care homes through 'Care Homes Locally Commissioned Services'. The aim of these services being to reduce the number of hospital admissions of care home residents. The CCGs have also started working (2014) on an 'Enhanced Support to Care Homes' project to improve service provision.

Community pharmacies that dispense for care home residents should ensure that they are fulfilling requirements in the relevant Essential Services specifications of the national contractual framework for community pharmacy particularly with respect to improving patient outcomes and reducing waste.

Pilot: Pharmacist led care home medicines review and optimisation service

This service (funded for one year from NHS Hertfordshire Transformational Fund) was delivered across Hertfordshire between September 2012 and March 2013. Project aim: to promote the safe, appropriate and cost-effective use of medicines in care homes (both Nursing and Residential) in Hertfordshire. The team worked with 10 care homes and reviewed 307 residents, who were prescribed a total of 3,191 medications.

The cost of the project was £85k, and for a full year it was estimated to be around £170k. The total annualised prescribing savings generated were £82k. With the team at full capacity this is expected to increase to around £200k for the full year with an anticipated level of savings around £20k-25k per quarter for each CCG. Additionally it is estimated that the interventions have resulted in the avoidance of 3.7 falls in six months with savings to the NHS of c£39,500 (£79,000 for full year). Feedback from GPs and care homes staff is positive.

A summary of the prescribing interventions is presented in Table 30

Additionally the following general advice and training was delivered:

- Care homes' medicines management systems reviewed and recommendations for improvement made.
- Audit tools developed for use by multidisciplinary team.
- A training package for senior care home staff on the appropriate use of antipsychotics

- A nutrition training package for senior care home staff and delivered by the team dietician

In summary, the pharmacist-led care home team improved the effectiveness, efficiency and safety of medicines use for care home residents and was highly regarded by GPs and care home managers. The financial savings (avoidance of costs) are in excess of the total cost of the team.

There is therefore potential to develop a more targeted pharmacy service to complement existing services and address the medicines safety issues reported in care homes.

Table 30: Summary of prescribing interventions (Sept 2012-March2013)

	ENHCCG	HVCCG	Total
Care homes visited	10	9	19
Residents reviewed	307	356	663
Medicines reviewed	3191	3533	6724
Interventions	887 (28%)	1163 (33%)	2050 (30%)
Interventions actioned	533 (61%)	764 (66%)	1279 (62.4%)
Medicines stopped	255 (8%)	312 (8%)	567 (8%)
Antipsychotics prescribed for BPSD	27	165	192
Medication errors resolved	273	355	628
% reduction in medication errors after pharmacist intervention (Q2vsQ1)	10%	22.4%	17%
Falls: High risk medicines stopped/dose reduced	77	106	183
Falls: medicines to reduce fracture risk started	51	69	120
Estimated number of falls prevented	2.7	3.7	6.4
Medicines initiated to improve safety	64	70	134
Prescribing costs avoided to date	£27,700	£54,500	£82,200
Savings a result of falls prevention	£16,700	£22,700	£39,400

Summary

Safety of medicines in care homes for the elderly is high priority.

Good communication between the community pharmacy, GP and home is essential. Care homes should have designated staff responsible for medicines management arrangements.

Community pharmacy contractors who dispense medicines for care homes may wish to review their clinical governance programmes to demonstrate benefits to patients to improve outcomes and to minimise waste.

There is potential to develop a more targeted pharmacy service to complement existing services and address the medicines safety issues reported in care homes.

7.3.7 Long Term Conditions

Sources: See JSNA & Health & Wellbeing report

<http://jsna.hertsliis.org/top/discondis/lomgtermcon/>

<http://atlas.hertsliis.org/IAS/Custom/Resources/LongTermConditionsSummaryPDF.pdf>

<http://www.hse.gov.uk/statistics/causdis/copd/copd.pdf>

Local Health Need

A long term condition (LTC) is a condition where symptoms cannot, at present, be cured but may be controlled or alleviated by medication or other therapies – key examples include **chronic obstructive pulmonary disease (COPD)**, **coronary heart disease (CHD)** and **diabetes**. There are strong links between LTC and obesity, smoking, physical inactivity, deprivation and mental ill health.

In Hertfordshire there are currently 318,000 people living with LTCs. People with limiting LTCs are the most intensive users of the most expensive health and care services and the number of people with multiple LTCs is set to rise sharply.

Research shows that people and carers who become better informed and more proactive in relation to managing their conditions have a much better quality of life. Enhancing the life of people with LTCs is a vital priority for Hertfordshire.

Proposed target: To ensure that 75% of people with LTC feel supported in terms of involvement in decision-making, receipt of information, support from the healthcare team, and confidence in their ability to take the right actions to maximise their health.

(HVCCG Op. Plan 2014/15 - Measurement: LTC 6 questionnaire)

Chronic obstructive pulmonary disease (COPD)

COPD is a serious long-term disease of the respiratory system that is common in later life. The most important cause is smoking, but past exposure to fumes, chemicals and dusts at work are also contributing factors.

There has been a slight decline in mortality from COPD in HVCCG and the rate is similar to the East of England. However, this masks a range from 4.9 (St Albans and Harpenden) to 10.3 (Dacorum) per 1000,000 population.

Cardiovascular Disease (CVD)

Local Health Need

The prevalence of cardiovascular disease increases with age which is important in light of the aging population. People from a more deprived population are at a greater risk of CVD than the general population. Risk factors include smoking, over weight and obesity, physical activity and poor nutrition, and drinking too much alcohol.

Hypertension: In 2013 there were 75,499 people on GP lists in HVCCG and 75,531 people on GP lists in E&N Herts CCG with diagnosed hypertension.

Coronary Heart Disease (CHD): In 2012/13 there were 17,003 people who had been diagnosed with CHD in E&N Herts CCG and 16,026 people who had been diagnosed with CHD in HVCCG.

Diabetes

Local Health Need

A person with diabetes has a higher risk of macrovascular (heart attack, angina, heart failure and stroke) and microvascular (amputation and renal disease) complications.

ENHCCG: In 2013 there were 24,277 people under 17 years in E&N Herts CCG diagnosed with diabetes. There were an estimated further 5,800 people who remain undiagnosed suggesting the total number of adults with diabetes in the CCG is 30,100. In 2012/13 the cost of prescribing for anti-diabetic items accounted for 9.1% of the total CCG Prescribing budget.

http://www.yhpho.org.uk/ncvincvd/pdfs/Diabetes/06K_Diabetes.pdf

HVCCG: In 2013 there were 23,193 people under 17 years in HVCCG diagnosed with diabetes. There were an estimated further 9,600 people who remain undiagnosed suggesting the total number of adults with diabetes in the CCG is 32,800. In 2012/13 the cost of prescribing for anti-diabetic items accounted for 8.5% of the total CCG Prescribing budget.

http://www.yhpho.org.uk/ncvincvd/pdfs/Diabetes/06N_Diabetes.pdf

Broxbourne has the highest percentage of diabetes in Hertfordshire and has almost the same prevalence as England (6%). Broxbourne, Stevenage, North Hertfordshire and Watford all have levels significantly higher than the Hertfordshire average.

[Source: Health Challenges for Hertfordshire 2014 Health Profile Indicators (Sept 2014)]

A review of blood glucose testing strips was completed in 2012/13 and guidance on Blood Glucose Monitoring choices was issued by the CCG in October 2013. Although savings have been made this has been offset by the increase in the number of patients diagnosed with diabetes.

Service Provision

Hertfordshire are investing in new integrated community services which will help people with long term or complex conditions stay at home for longer and avoid going into hospital or residential care.

Community pharmacy contractors can make a significant contribution to the support and management of patients with LTCs through the provision of essential and advanced services (MURs, NMS). Provision of care closer to home is likely to

involve more services being provided in the community by primary care services including community pharmacy.

The Specialist Community Diabetes Service in Hertfordshire aims to facilitate care closer to home and to reduce referral rates to secondary care. Teams of specialist nurse practitioners are employed by HCT and the acute Trusts. Practices are responsible for developing personal health plans and reviewing annually their diabetes plan with the community diabetes team.

Health Checks: Adult health checks are provided by GPs in Hertfordshire for the ages of 40-74. The NHS health check is a national risk assessment and prevention program. It aims to screen for risk factors that would predispose an individual towards developing increasingly prevalent illnesses such as heart disease, diabetes, dementia and stroke. Based on the results of this screening process individuals are helped and empowered to reduce or manage their health problems. (Dementia awareness has been introduced for the ages 65-74 as of April 2013).

Adult health checks are able to identify individuals, who are obese, smoke and consume excess numbers of alcohol.

Gaps in service provision

- In Hertfordshire the target population number for health checks is approximately 5,700 individuals in 2014. Hertfordshire are currently under performing with their health checks and Public health recognises that there is a need to work with providers and stakeholders to promote the program and increase uptake
- The Department of Health indicated that it would expect access to the NHS Health Checks Programme to be developed through a number of routes including community pharmacies and GP surgeries.

Summary

Community pharmacy is an important resource to the Hertfordshire CCGs to support patients with long term conditions. Commissioners should be mindful of this when developing and commissioning care pathways for LTCs

Community pharmacists are also a potential further resource for the provision of **NHS Health Checks**.

7.3.8 Mental Health

Sources: JSNA

<http://jsna.hertsliis.org/top/discondis/menheal/>

<http://atlas.hertsliis.org/IAS/Custom/Resources/MentalHealthSummaryPDF.pdf>

<http://atlas.hertsliis.org/IAS/Custom/Resources/AgeingDetailedPDF.pdf>

Out of Hospital Programme Board meeting (July 2014)

Local Health Need

Mental ill health not only affects quality of life and ability to work, it also affects the ability to maintain relationships and to live an independent life. Mental illness also contributes to premature mortality as it increases the risk of suicide and of premature death from physical causes.

The number of people estimated to have dementia in Hertfordshire in 2012 was over 13,000, and this number is expected to rise by 25% to around 16,500 in 2020.

Service Provision

At present Hertfordshire Partnership University NHS Foundation Trust (HPfT) are commissioned by Hertfordshire CCGs to provide health services to assess diagnose and treat individuals with mental health difficulties including dementia.

Dementia awareness has been introduced for the ages 65-74 as of April 2013.

Community pharmacies can promote awareness of good mental health by signposting both carers and patients to information about local support networks, mental health helplines etc.

The opportunities for community pharmacy to support both carers of and patients with mental health problems are presented in Table 32. There are changes planned for mental health services including new approaches to community mental health care and to medicines management. As part of this work, the potential future role of pharmacy services should be explored.

Summary

Community pharmacy contractors are a potential resource to support both carers and patients in Hertfordshire with mental health problems. It is recommended that this is fully explored in the new approaches to mental health in Hertfordshire.

7.3.9 Cancer and End of Life Care

Sources:

<http://lci.cancertoolkit.co.uk/HeadLines> <http://lci.cancertoolkit.co.uk/HeadLines> See HVCCG Draft strategy for care in last years of life. (HVCCG website)
<http://www.hertsvalleysccg.nhs.uk/your-health/end-of-life-care/our-vision-strategic-objectives>
Hertfordshire Palliative – Just in Case Guidelines
<http://www.hertsvalleysccg.nhs.uk/your-health/end-of-life-care/just-in-case-drugs>

Local Health Need

An ageing population, higher incidence, and improved survival rates are all making the needs of people living with cancer more complex. For cancer patients, with advanced progressive illness, palliative or end of life care is an important consideration.

In E&N Herts CCG:

- As of the end of 2010, around 14,900 people were living with and beyond cancer up to 20 years after diagnosis. This could rise to an estimated 29,000 by 2030.
- There are 602 new cancer diagnoses per 100,000 people each year. This is similar to the England average.
- There are 279 cancer deaths per 100,000 people each year. This is similar to the England average.
- One-year cancer survival is 67%. This is similar to the England average of 68%. Five-year cancer survival is 47% (Area Team). The England average is 48%.

In HVCCG:

- As of the end of 2010, around 14,600 people were living with and beyond cancer up to 20 years after diagnosis. This could rise to an estimated 28,400 by 2030.
- There are 573 new cancer diagnoses per 100,000 people each year. This is lower than the England average.
- There are 266 cancer deaths per 100,000 people each year. This is lower than the England average.
- One-year cancer survival is 68%. This is similar to the England average of 68%. Five-year cancer survival is 47% (Area Team). The England average is 48%.

Service Provision

End of Life Care: Both Hertfordshire CCGs and Hertfordshire CC have a joint health and social care strategy to improve people's experience of care towards the end of their life. A joint JSNA for care in the last years of life is also being developed with Public health and E&N Herts CCG.

In Hertfordshire we aim to increase people's choice about their health and social care – this includes helping them receive health and social care in their home where possible, to live as well as possible in the last years of their life and to die in their preferred place.

There are four hospices in Hertfordshire providing in-patient care and who along with Macmillan Nurses support patients and their carers at home.

- Isobel Hospice, Welwyn Garden City
- Garden House Hospice, Letchworth
- Peace Hospice, Watford
- Hospice of St. Francis, Berkhamsted

In addition, Rennie Grove Hospice Care (formed in 2011 when two charities merged) provides Hospice at Home and Day Hospice Services to patients within West Hertfordshire and Buckinghamshire.

The opportunities for community pharmacy to support cancer services in general are presented in section 7.4 Table 32.

Access to emergency drugs

Access to 'end of life' and 'symptom control' medicines is key for palliative care patients. This includes quick access both in and out of hours to urgently needed (and sometimes specialist) medicines and pharmaceutical advice.

Out of hours there are arrangements across Hertfordshire to ensure the GP out-of-hours service is aware of patients who may require out of hours care urgently. There are developing arrangements across the county for anticipatory prescribing and provision of "just in case" boxes for some patients as needed.

In April 2012 a new locally commissioned pharmacy service was introduced for the immediate access to specialist drugs that may not ordinarily be kept in stock but may be required in emergency situations. This was based on the need identified in the 2011 PNA. This service includes medicines which may be needed for palliative care, bacterial meningitis prophylaxis, local viral epidemics and emergency situations such as during a flu pandemic.

The community pharmacy contractor is required to stock a locally agreed list of specialist medicines and will make a commitment to ensure that users of this service have prompt access.

In Hertfordshire (February 2015) a total of 14 community pharmacy contractors are providing Immediate Access to Emergency Medicines Service (E&N Herts, n=6 and West Herts n=8). See Appendix K for list and location of these pharmacies.

With the anticipated increase in patients with more complex conditions being cared for in primary care it is likely that there will be an increased need for greater availability/speed of access to more specialist medicines. It is recommended that commissioners take this into account when planning future primary care services.

Summary

Access to specialist medicines at short notice, for end of life care, is provided by 14 of the 247 community pharmacy contractors across Hertfordshire. It is likely that there will be an increased requirement for this service as more patients with complex needs are cared for in primary care.

7.3.10 Infection Control

Sources:

Department of Health. UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018. September 2013. Accessed on line at: <https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018>

Public Health England. Management of infection guidance for primary care for consultation & local adaptation. February 2013. Accessed on line at:

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1279888711402

NHS Hertfordshire. Factsheet: *Clostridium difficile*. September 2011. Accessed on line at:

http://www.enhertscgg.nhs.uk/sites/default/files/Pharmacy/Local_Decisions/Clostridium%20Difficile%20Factsheet%20201109.pdf

Local Health Need

Resistance to antimicrobials is a major global threat to public health.

The risk of *Clostridium difficile* infection can be increased by a number of factors and these include prescribing of broad spectrum antibiotics such as cephalosporins, co-amoxiclav and fluoro quinolones, age, concurrent prescribing of proton pump inhibitors (PPIs), recent hospital admission, co-morbidities and patients residing in large communities such as care homes.

Antibiotics selected for prescribing should therefore be the narrowest spectrum for the identified condition and broad spectrum antibiotics such as co-amoxiclav, fluoro quinolones and cephalosporins should be avoided unless indicated. 'Guidance for the management of infection in primary care' issued in July 2013 to all GP practices and available at:

http://www.enhertscgg.nhs.uk/sites/default/files/Pharmacy/Local_Decisions/Herts%20Guidance%20for%20Management%20of%20Infection%20201306%20%28Final%2091.pdf.

Following an increase in the number of *Clostridium difficile* cases in Hertfordshire 2013/14 compared with 2012/13, GP prescribing of antibiotics was audited by the CCGs' pharmacy and medicines optimisation team.

Service provision

Community pharmacy contractors are involved in the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and *C. difficile*. Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community.

Both E&N Herts CCG and HVCCG have included an element of antibiotic prescribing in their commissioning framework.

Summary

Community pharmacists have a key role in providing advice and information to increase public awareness of antimicrobial resistance and also to highlight the rationale for infection control measures for example, to reduce the incidence of

MRSA and C.difficile**7.3.11 Immunisation**

<http://atlas.hertsliis.org/IAS/Custom/Resources/AgeingDetailedPDF.pdf>

Hertfordshire & South Midlands Area Team- Immunisation Report June 2014

Local Health Need

Latest data (quarter 5 2013/14) demonstrates that the immunisation uptake rate in Hertfordshire for childhood immunisation is over 95% in most antigens. Uptake in the remaining antigens is above 90% (these are all in the 5 year old cohort; first dose of MMR 94%, 2nd dose of MMR 92% and preschool booster 94%). The immunisation rates in Hertfordshire are higher than the rates for England and the National Average.

Influenza

In the elderly population, particularly those with significant co-morbidities, influenza can lead to prolonged hospitalisation and death. Vaccination is the first line intervention recommended by NICE and WHO to prevent influenza and its complications. There has been a steady increase in the number of vaccinations provided each year.

Table 31 Hertfordshire Seasonal influenza vaccination uptake 2013/14

Summary of Influenza Vaccine Uptake Hertfordshire GP Practices	65 years and over	Under 65 years (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women	Healthy 2 & 3 year olds
Uptake % (Target %)	76.1% (75%)	53.8% (75%)	43.1% (75%)	65.4% (75%)	44.6% (75%)	45.1% No target currently set

Influenza vaccination for those aged less than 65 years and clinically at risk, and all pregnant women, have been identified as an area where uptake needs to be increased.

Service provision

Screening and Immunisation Coordinators within the Hertfordshire and South Midlands Area Team have developed a work plan to prioritise practice visits by considering practice level data and identifying practices where immunisation uptake is below the target for herd immunity or has decreased over recent quarters. Areas to focus on include 5 year MMR (2nd dose), 5 year DTaP/IPV or dTaP/IPV (pre-school) booster and influenza vaccination in those aged under 65 years and clinically at-risk and pregnant women.

A number of community pharmacy contractors in Hertfordshire are also accredited to provide an influenza vaccination service. In 2013/14 a total of 72 community pharmacy contractors were commissioned to provide this service and 21/72 were actively providing the service.

In 2014/15 89 community pharmacy contractors are commissioned have signed up to provide the influenza vaccination service.

Community pharmacies can provide alternative accessible locations for vaccination programmes and can support the Hertfordshire influenza vaccination programme. Community pharmacists could provide additional vaccination support in catch up programmes and in emergency situations

Gaps in Service Provision

Influenza vaccination for those aged less than 65 years and clinically at risk, and all pregnant women, have been identified as an area where vaccine uptake needs to be increased.

Summary

It is recommended that Hertfordshire community pharmacies continue to be considered as potential providers of vaccination services particularly to those in high risk groups.

7.3.12 Her Majesty's Prison, The Mount

A pharmacy service is provided at HMP, The Mount, Bovingdon. This service is currently included in a tendering exercise for new integrated healthcare services at the prison. The new services are planned to be in place from 1 April 2015.

7.3.13 Students

The majority of students studying in Hertfordshire are located at the University of Hertfordshire (UH) in Hatfield, which is based on two sites: the College Lane campus and the de Havilland Campus. There is a university shuttle bus for the students to travel between sites. There is a GP branch surgery on the College Lane campus i.e. University of Hertfordshire Medical Centre which is serviced by nurses, doctors and staff from Potterells Medical Centre, Welham Green. The Medical Centre looks after approximately 7,000 students, and associated staff, and is open Monday to Friday from 9.00am until 5.00pm.

There is a non-NHS pharmacy on site, which is open daily 10am-2pm, staffed by the UH School of Pharmacy. The pharmacy is registered with the General Pharmaceutical Council and is able to dispense private prescriptions. It has also been commissioned by the Hertfordshire County Council (Public health) to provide locally commissioned public health services: sexual health services (EHC, Chlamydia screening and treatment and C-Card) and stop smoking services and the Alcohol IBA(pilot site) and Seasonal flu vaccinations.

As well as the health care services on the university campus young people in Hertfordshire have access to pharmaceutical services provided across Hertfordshire.

There is one community pharmacy contractor located in the same MSOA locality and four community pharmacy contractors close to the university in the centre of Hatfield, including a 100 hour pharmacy. There is a further community pharmacy contractor in nearby Welham Green and another within a two mile radius of the university. See Appendix A. There is therefore adequate provision of essential and advanced NHS pharmaceutical services in the locality to support the student population.

The high concentration of students on the university site indicates opportunities to promote healthy lifestyle advice and support targeted to young people, including stop smoking services, weight management, sexual health services, safe drinking etc. The results from the student survey indicate that these services would be used if available. All these services however do not come under the definition of NHS enhanced Pharmaceutical Services as they are now commissioned by the Local Authority public health team.

Summary

There is adequate provision of pharmaceutical services (e.g. access to medicines and advice about medicines) for students and staff attending the University of Hertfordshire from the community pharmacies in and around Hatfield.

There are, however, important health care services which students may be more likely to access if based on-site. These include: stop smoking, weight management, sexual health and advice on alcohol use. Commissioners of these services may wish to consider this when planning services in future.

7.3.14 Emergency Planning

Business Continuity

Community pharmacy needs to be prepared to be able to respond to major incidents affecting their business in order to maintain business continuity. At present while community pharmacies are required to provide assurance of business continuity plans with respect to information governance;

Assurance with respect to maintaining business continuity for other essential, advanced and enhanced services is not required but has been received from community pharmacies who participated in the influenza pandemic ACP service.

It is recommended that all community pharmacies share details of their business continuity plans with commissioners.

Outbreaks

The current arrangements in response to local outbreaks of infection with respect to ensuring prompt access to medicines and pharmaceutical advice require review. There are opportunities to work with community pharmacy in order to have robust arrangements in place to respond immediately as needed to any particular situation so that the necessary medicines and pharmaceutical advice are available to patients and contacts in the required timescales.

Pandemics/major incidents

Experience during the 'swine flu' pandemic demonstrated how well and quickly community pharmacy responded to the emergency. It is recommended that this model of service is developed in order to be able to respond promptly if needed major incidents or outbreaks.

Summary

Pharmacists need to be prepared to be able to respond to major incidents affecting their business in order to maintain business continuity. All pharmacy contractors should have robust business continuity plans in place.

It is recommended that there is a network of pharmacies across the county who are enabled to respond to incidents and local outbreaks of infection as required.

7.3.15 Supporting Carers

Local Health Need

www.enhertsccg.nhs.uk/supporting-carers
www.hertsvalleysccg.nhs.uk/your-health/carers

East and North Herts CCG and Herts Valleys CCG have each published a Carers Strategy.

There are around 55,000 people in Herts Valleys CCG and 56,000 in East and North Herts CCG looking after friends or family members who would not be able cope without such help. (2011 Census).

These strategies have identified commitment to negotiate Carers' Policies in all provider contracts – including primary care (subject to discussion with NHS England) and set out the themes to be included and some of the key tasks needed.

These provide a helpful framework for community pharmacy and commissioners to consider how community pharmacy can help support carers, either within the existing contractual framework (eg signposting carers to agencies and others who

can help), as part of service specification for all locally commissioned or enhanced services, or as a locally commissioned service to specifically to support carers.

Anecdotally community pharmacists, patients and carers report instances where carers are helped by community pharmacy contractors and where additional opportunities to help are identified.

It is recommended that the commissioners and local community pharmacy contractors collaborate to identify evidence-based, effective and cost-efficient interventions or improvements that community pharmacy can make for carers in Hertfordshire.

Summary

It is recommended that commissioners and local community pharmacists collaborate to identify evidence-based, effective and cost-efficient interventions or improvements that community pharmacy can make for carers in Hertfordshire

7.4 Table 32: Summary of Pharmaceutical services

The pharmaceutical services available through the current contractual framework for Community Pharmacy which might be used to address current and future needs for pharmacy and medicines optimisation services in Hertfordshire.

Table 32 summarises the gaps in provision of pharmacy and medicines optimisation services and identifies whether these gaps might be addressed through the existing essential, advanced and enhanced pharmaceutical services provided by pharmacy contractors. The table also indicates whether there are opportunities for new services to be commissioned from community pharmacies (by the Local authority or CCGs). Community pharmacy contractors may be one of a number of potential providers of a service and commissioners may wish to consider all potential providers in order to ensure a cost-efficient, effective service to meet local needs and priorities. Commissioners will wish to consider community pharmacy contractors as future providers taking into account the significant numbers of contractors and their accessibility to patients and carers. Where commissioners are considering innovative and new care pathways and services not detailed here, this should not prevent such services being commissioned from community pharmacy contractors.

*The only service which falls within the definition of enhanced service or NHS Pharmaceutical Service as set out in legislation, and is commissioned from Hertfordshire community pharmacy contractors by NHS England is the 'influenza vaccination service. All other public health services commissioned from Hertfordshire community pharmacy contractors are commissioned by the Local Authority and as such therefore do not fall within the definition of enhanced services or NHS pharmaceutical service as set out in legislation.

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
Access to NHS Pharmaceutical Services				
Access to Medicines Location & opening	<ul style="list-style-type: none"> Provision of essential services 	MUR		

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
<p>hours of providers</p> <p>Hertfordshire well provided for NHS Pharmaceutical Services</p> <p>All localities have adequate access to services except Much Hadham & Hunsdon where there is limited access to all the essential pharmaceutical services.</p>	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Support for self-care • Promotion of healthy lifestyles • Clinical Governance programme • Waste disposal 	NMS		
<p>1. Support for self-care</p> <p>No gaps in service identified but, may be opportunities to promote service more to patients.</p>	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Support for self-care • Promotion of healthy lifestyles. • Clinical Governance programme. 	MURs, NMS: to support people with long term conditions, and those newly diagnosed with LTCs		<p>NHS England campaigns eg NHS winter campaign 2014/15 - 'feeling under the weather?' www.england.nhs.uk/earlyadvice</p> <p>Potential for following services</p>

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
				<ul style="list-style-type: none"> • minor ailments scheme • Seasonal flu vaccination • Urgent supply of medicines
<p>2. Repeat Dispensing (RD)</p> <p>There is a very low uptake of RD across the county an increased uptake county wide will reduce medicines waste, and increase capacity in GP practices.</p>	<ul style="list-style-type: none"> • Repeat dispensing • Promotion of healthy lifestyles • Clinical Governance programme 			
<p>3. Electronic Prescription Services (EPS)</p> <p>Implementation is underway with roll out to all GPs in</p>				

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
2015. Likely to improve uptake of RD				
4. Access to Medicines Use Reviews There are opportunities to increase provision across the county. 230/247 community pharmacies provide the service. Of these only approx. 70% of the funded capacity is delivered		Potential for increase in MUR provision across the county.		
5. Access to New Medicines Service. Current data from NHS England		Potential for increase in NMS provision across the county.		

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
insufficient to allow assessment but likely that there is capacity for current providers to increase number of NMS				
6. Access to appliance services Current level of provision is sufficient to meet need				
7. Future Developments				
a) Service Redesign New QEII	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Promotion of healthy lifestyles. • Signposting to other health care providers. • Support for self-care. • Clinical Governance programme 	MUR NMS		New QEII hospital. Integrated primary/secondary care pharmacy identified as priority by

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
				E&N Herts CCG.
<p>b) Population growth</p> <p>Anticipated increase of 13,000 new residents by 2018.</p>	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Promotion of healthy lifestyles. • Signposting to other health care providers. • Support for self-care. • Clinical Governance programme 	<p>MUR</p> <p>NMS</p>		<p>Each housing development and significant population change will be monitored to determine whether additional NHS pharmacy service providers are needed.</p>
Public health Services				
<p>1. Smoking</p> <p>Although there is good coverage of community pharmacy stop smoking clinics, but some contractors are less active than</p>	<ul style="list-style-type: none"> • Dispensing: Opportunity to include health promotion information with each prescription dispensed. NHS dispensing of nicotine replacement therapy. • Signposting smokers to Stop Smoking Services within the Pharmacy. • Promotion of Healthy Lifestyles. • Health promotion campaigns. Promoting healthy lifestyle through Stoptober; January Health Harms 	<p>MURs: opportunity to promote stop smoking services with all smokers.</p> <p>NMS: opportunity to promote Stop Smoking Services with all</p>	<p>Currently commissioned:</p> <p>Stop Smoking Service including:</p>	<ul style="list-style-type: none"> • Increase uptake of Community Pharmacy delivered Stop Smoking Service provision. • Increase referrals from other stakeholders to

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
<p>others.</p> <p>Hertsmere, in particular, is an area for development.</p> <p>Stevenage has high prevalence of smoking and also adequate number of providers, however providers are underachieving on quit numbers</p>	<p>campaigns, National No Smoking Day; Smokefree homes and cars Campaign</p> <ul style="list-style-type: none"> • Brief intervention advice to promote Stop Smoking Services. Brief intervention to specific groups: pregnant women, people with mental health and long term conditions. 	<p>smokers.</p>	<p>Supply of Nicotine Replacement Therapy</p>	<p>Community Pharmacy, including GPs and workplaces.</p> <ul style="list-style-type: none"> • Make continuous improvements to service quality ensuring NICE guidance is implemented.
<p>2. Over weight and obesity</p> <p>No current gaps in service.</p> <p>Public health has commissioned a Tier 2 service (Weight Watchers/ Slimming World and Men's Weight</p>	<p>Provision of Level 1 service</p> <ul style="list-style-type: none"> • Support for self-care. Additional resources to be made available to community pharmacy contractors from Public health in 2015. • Brief interventions • Signposting to other health care providers and promoting use of the NHS Health Check 	<p>MURs: opportunity to promote healthy eating and exercise.</p> <p>NMS: opportunity to promote healthy eating and exercise.</p>		<ul style="list-style-type: none"> • Obesity management service, diet/ exercise support programme

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
Management service – for adults on referral) plus a Tier 1 child weight management programme service for children (eg Bee Zee Bodies) across the county.	<ul style="list-style-type: none"> Promotion of Healthy Lifestyles: PH campaigns. <p>Change for Life programme</p> <p>Information/ advice on breastfeeding and weaning. (Longer term benefits inc. reduced risk of obesity).</p> <p>Clinical Effectiveness Programme</p>			
<p>3. Drug and Alcohol Misuse</p> <p>Needle exchange – current provision sufficient.</p> <p>Supervised consumption of methadone capacity for more pharmacies to be included in programme.</p>	<ul style="list-style-type: none"> Promotion of healthy lifestyles. Advice aimed at raising awareness of blood borne viruses e.g. Hepatitis B and C, HIV etc. Dental health promotion. Signposting to other health care providers. Support for self-care. Clinical Governance programme (to maintain medicine safety) 	<p>MURs: opportunity to promote healthy lifestyles</p> <p>NMS: opportunity to promote healthy lifestyles.</p>	<p>Currently commissioned</p> <p>Needle Exchange</p> <p>maintain current level of provision</p> <p>Supervised Consumption of methadone</p>	<ul style="list-style-type: none"> Wound management Immunisation Improve access to service by increasing number of pharmacies offering supervised consumption service.

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
Alcohol	<p>Development of alcohol awareness programmes by:</p> <p>Promotion of healthy lifestyles. Advice aimed at raising awareness of the harmful effects of excess alcohol. PH campaigns.</p> <ul style="list-style-type: none"> • Brief interventions • Signposting to other health care providers. <p>Support for self-care.</p>	<p>MURs: opportunity to promote healthy lifestyles</p> <p>NMS: opportunity to promote healthy lifestyles.</p>	Pilot in progress - BIA	<ul style="list-style-type: none"> • Alcohol Brief Intervention and advice Service

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
<p>4. Sexual health</p> <p>Increase overall access to services across the county and improve levels of activity.</p> <p>HIV point of care testing a priority for Watford, Stevenage, and Welwyn & Hatfield.</p>	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Promotion of healthy lifestyles: Information/advice to increase awareness of contraception including LARC and condoms, and local Sexual Health Services. • Signposting to other health care providers including Sexual Health Services • Clinical governance (safeguarding children, vulnerable adults, BASH standards, National Chlamydia Screening Programme guidance) 		<p>Currently commissioned</p> <ul style="list-style-type: none"> • Emergency Hormonal Contraception (EHC) • Chlamydia screening • Chlamydia treatment service 	<ul style="list-style-type: none"> • NHS teen Life Check • Pharmacy based oral contraceptive service (PGD for supplying the oral contraceptive pill) • Increase the availability of pharmacy provision of Chlamydia screening, Chlamydia treatment and EHC across the county and improve levels of activity.

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
				<ul style="list-style-type: none"> • Access to rapid HIV testing – particularly in local areas with a high prevalence (ie Stevenage and Watford & Welwyn & Hatfield) and with hard to reach groups (MSM, sub-Saharan African).
5. Older people	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing 	MURs and NMS: to improve medicine taking, tailored for particular conditions, including		<ul style="list-style-type: none"> • Clinical Medication Reviews

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
	<ul style="list-style-type: none"> Promotion of healthy lifestyles. Signposting to other health care providers. Support for self-care. Clinical Governance programme 	<p>advice on new medicines, side effects, etc.</p> <p>Increase number of effective MURs to patients most likely to benefit including those</p> <ul style="list-style-type: none"> on four or more medicines at risk of falls prescribed medicines with low safety profile (eg warfarin, lithium, methotrexate) recently discharged from hospital newly diagnosed with a long term condition housebound/living alone 		

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
<p>Dementia</p> <p>Estimated that only 45% of people with dementia are diagnosed.</p>	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Promotion of healthy lifestyles. • Signposting to other health care providers. • Support for self-care. • Clinical Governance programme 		<p>Pilot study for provision of medication administration record charts</p> <p>Pharmacists to be “Dementia friends”</p>	
<p>Intermediate care</p>	<ul style="list-style-type: none"> • Dispensing and delivery service • Repeat dispensing • Promotion of healthy lifestyles. • Signposting to other health care providers. • Support for self-care. • Clinical Governance programme 	<p>MURs and NMS: (Domiciliary) to improve medicine taking, tailored for particular conditions, including advice on new medicines, side effects, etc.</p>		<ul style="list-style-type: none"> • Medicines optimisation support to community based intermediate care services
<p>Falls</p>	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Waste disposal. • Signposting • Self-care • Clinical Governance programme 	<p>MURs and NMS: e.g. for Patients newly discharged from hospital and those at risk of falls.</p>	<p>Community Pharmacy Falls Service</p>	<ul style="list-style-type: none"> • Potential expansion of current Community Pharmacy falls service

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
<p>Care homes/ medicines safety/medicine waste. There is potential to develop a more targeted pharmacy service to complement existing services and address the medicines safety issues reported in care homes.</p>	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing Disposal of unwanted medicines • Pharmacy involvement in medicine waste strategies. • Clinical Governance programme eg use of unlicensed “specials” 			<ul style="list-style-type: none"> • Medicines optimisation advice and support to care homes.
<p>6. Management of patients with long-term conditions (LTC).</p>				
<ul style="list-style-type: none"> • CVD, COPD, diabetes, 	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Promotion of healthy lifestyles. PH campaigns to improve awareness of the risks associated with certain LTCs. • Signposting to other health care providers • Support for self-care. 	<p>MURs and NMS: for people</p> <p>MUR target groups:</p> <p>1. patients taking high</p>	<p>Currently commissioned</p> <p>Stop Smoking Service e.g. to support</p>	<ul style="list-style-type: none"> • Clinical Medication Reviews • Pharmacists as independent Prescribers • Weight management

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
	<ul style="list-style-type: none"> • Clinical Governance Programme (e.g. advice on appropriate use of blood glucose testing strips) • Waste disposal 	risk medicines; 2. patients recently discharged from hospital who had changes made to their medicines while they were in hospital. 3. patients with respiratory disease; 4. patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines. <ul style="list-style-type: none"> • Domiciliary MURs for patients who are housebound/living alone 	patients with LTC who smoke.	clinics <ul style="list-style-type: none"> • Point of care testing eg to identify people at risk of diabetes. • Monitoring services e.g. BP, diabetes, cholesterol
7. Cancer / Palliative 'End of Life' Care	<ul style="list-style-type: none"> • Promotion of healthy lifestyles. Prevention and early detection of some cancers e.g. advice on sun-care. Encouraging breastfeeding* (to reduce risk of pre-menopausal breast cancer /ovarian 	MURs	Currently commissioned	<ul style="list-style-type: none"> • HPV (human papilloma virus) vaccination

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
<p>Increase public awareness of risk factors for cancers</p> <p>Access to 'end of life' and 'symptom control' medicines is key for palliative care patients.</p>	<p>cancer). Promotion of screening programmes e.g. breast and cervical. Be Clear on Cancer national campaigns</p> <ul style="list-style-type: none"> • Signposting to other healthcare providers. • Clinical Governance programme • Dispensing <p>Access to end of life medicines</p>	<p>Prescription intervention service</p>	<p>Stop Smoking Service to help reduce risk of lung cancer.</p> <p>Access to end of life medicines and specialist advice</p>	<ul style="list-style-type: none"> • Palliative care service: for people that choose to die at home. May inc. medication changes/ advice on side effects/ supply of CDs for pain relief or help with syringe drivers.
<p>8. Infection Control</p>	<ul style="list-style-type: none"> • Public health Campaigns eg European Antibiotics awareness day • Dispensing • Self-care – including awareness of antibiotic resistance, personal hygiene messages. 	<p>MURs</p>		

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
9. Immunisation	<ul style="list-style-type: none"> • Promotion of healthy lifestyles. E.g. PH campaign to increase uptake of childhood, HPV and influenza vaccinations. • Support for self-care. Advice and support for families. 		<p>Vaccination Service Pharmacists trained to participate in influenza vaccination service.</p>	<p>Pharmacists trained to potentially participate in childhood vaccination programmes i.e. MMR and pre-school boosters, and pneumococcal also HPV (e.g. 16-18 yrs. not in school).</p> <ul style="list-style-type: none"> • Possibility of supporting vaccination for outbreak or epidemic situations • Possibility of outreach, for example, commissioned to vaccinate within a care home or place of worship

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
10. HMP, The Mount	Not applicable	Not applicable	Not applicable	
Students No gaps in service identified	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Promotion of healthy lifestyles/brief interventions • Sign-posting • Support for self-care 		Currently commissioned: Stop Smoking Service and Sexual health services (see 4 above) Flu vaccination service.	Alcohol intervention programme.
Emergency Planning	<ul style="list-style-type: none"> • Ensure all community pharmacists have business continuity plans in the event of a major incident • Outbreaks/Pandemics/major incidents • Ensure all community pharmacies are prepared to respond in emergencies situations as required 		Network of pharmacies to have appropriate medicines in stock and “ready to go” plans to respond to emergency situations.	

Hertfordshire Pharmaceutical Needs Assessment (PNA)

Service Gaps	Essential Services	Advanced Services (MUR, DRUM Prescription Intervention Service, NMS,)	*Locally commissioned /Enhanced Services	
			Services which may meet current gap	Future potential for service development – for consideration by appropriate commissioner
Carers	<ul style="list-style-type: none"> • Dispensing • Repeat dispensing • Disposal of unwanted medicines • Signposting Self-care Promotion of healthy lifestyles/brief interventions <ul style="list-style-type: none"> • Clinical Governance programme 			Potential to become CCG recognised carer friendly providers. Provision of Flu vaccinations.

8 Future PNA Development

This PNA provides a comprehensive report on the needs, provision and gaps with respect to pharmaceutical services in the Hertfordshire Health & Wellbeing Board Area. Information knowledge and intelligence about the population's needs, and views and the service provision has all been taken into account

There is an ongoing programme of review of all health and social care services in Hertfordshire, especially with respect looking after more patients in community settings and the anticipated increasing age of the population. It is likely that this may impact on the PNA. In view of this the Health & Wellbeing Board will maintain a review and revision programme so that it remains fit for purpose.

The Hertfordshire Health and Wellbeing Board (HWB) will (in so far as is practicable), keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 of the NHS Pharmaceutical & Local Pharmaceutical Services Regulations 2013 (without needing to republish the whole of the assessment or publish a supplementary statement).

The HWB will make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to:-

- (a) the number of people in Hertfordshire who require pharmaceutical services;
- (b) the demography of Hertfordshire; and .
- (c) the risks to the health or well-being of people in Hertfordshire, unless the HWB is satisfied that making a revised assessment would be a disproportionate response to those changes.

Pending the publication of a statement of a revised assessment, the HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of this PNA. Any such supplementary statement will become part of that assessment), where:-

- a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
- b) the HWB:-
 - i. is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or .
 - ii. is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

Comment and feedback on this PNA is welcomed so that when it is reviewed it can continue to reflect current evidence and views from stakeholders.

Next PNA revision: by 1st April 2018.