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### Health and Social Care Scrutiny Board (5)

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**Time and Date**

11.30 am on Wednesday, 7th March, 2018

**Place**

Committee Room 3 - Council House

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 10)

(a) To agree the minutes of the meeting held on 31st January, 2018

(b) Matters Arising

**4. Integrated Care Systems**

Presentation from Andrea Green, Coventry and Rugby CCG and Adrian Stokes, NHS England

**5. Community Pharmacies and the Coventry Pharmaceutical Needs Assessment (PNA) Update** (Pages 11 - 116)

Briefing note of the Acting Director of Public Health

**6. Work Programme 2017-18** (Pages 117 - 126)

Report of the Scrutiny Co-ordinator

**7. Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

**Private Business**

Nil

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Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Tuesday, 27 February 2018

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073,

alternatively information about this meeting can be obtained from the following web link: <http://modern.gov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 10.30 a.m. on Wednesday, 7<sup>th</sup> March giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, R Lancaster, M Lapsa, T Mayer, C Miks, D Spurgeon and S Walsh

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

**Liz Knight**

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**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 31 January 2018**

Present:

Members: Councillor D Gannon (Chair)  
Councillor J Clifford  
Councillor D Kershaw  
Councillor R Lancaster  
Councillor T Mayer  
Councillor C Miks

Co-Opted Member: David Spurgeon

Other Representatives: Lisa Cummins, Coventry and Warwickshire Partnership Trust (CWPT)  
Jed Francique, CWPT  
Simon Gilby, CWPT  
Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG)

Employees:

A Butler, People Directorate  
V Castree, Place Directorate  
P Fahy, People Directorate  
L Gaulton, People Directorate  
L Knight, Place Directorate

Apologies: Councillors L Kelly, M Lapsa and S Walsh  
Councillor F Abbott, Cabinet Member for Adult Services  
Councillor B Kaur, Deputy Cabinet Member for Children and Young People

## **Public Business**

### **36. Declarations of Interest**

There were no declarations of interest.

### **37. Minutes**

The minutes of the meeting held on 21<sup>st</sup> November, 2017 were signed as a true record. There were no matters arising.

### **38. Child and Adolescent Mental Health Services (CAMHS) Update**

The Board considered a joint report which highlighted the progress made during the last twelve months with the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan. The report detailed both the achievements and the challenges during this period and the ongoing work to improve the CAMHS system

of support for children and young people. Matt Gilks, Coventry and Rugby CCG and Simon Gilby and Jed Francique, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. The Board also received briefing notes of the Scrutiny Co-ordinator and Coventry and Rugby CCG concerning a request from a member of the public concerning the Adult Neurodevelopment Diagnostic Pathway.

The report also provided a reminder of the tiers of the CAMHS system; provided an update on the national and local policy context; highlighted the findings of the recent CQC inspection and detailed the action being taken in response; and set out the priorities for Year 3 of the transformation programme.

The Board were informed that over the last twelve months progress had been made in the following areas:

- Implementing the new ASD pathway for school-aged children, including the ongoing development of the Dimensions Tool;
- Delivery of support in schools particularly through the enhanced Primary Mental Health offer and the positive outcomes that this has delivered.
- Ongoing development of the community Eating Disorders service;
- Maintaining referral to treatment waiting times, with strengthened arrangements to reduce follow-up waits;
- Procuring additional clinical capacity via an independent provider to offset recruitment challenges, which reflect the national picture;
- Launch of the new, integrated CAMHS LAC service, with consultation & advice to Social Workers;
- Launch of a new website;
- Positive feedback from service users, e.g. reflected in many areas of the Experience of Service User Questionnaires.

The key next steps for the CAMHS programme were:

- Monitoring the specific action already taken to address the issues raised in the Care Quality Commission inspection;
- Ongoing waiting list management action to address all key waits, particularly CAMHS follow-up waits and ASD assessment waits;
- Ongoing work to make “early help” available through a range of means, including online support, telephone advice & consultation and pre-assessment groups;
- Workforce planning and development, including ongoing recruitment and retention work;
- Developing a tier 3.5 service business case, to provide additional, integrated support for young people presenting in crisis situations;
- Further developing the service for Looked After Children;

The Board questioned the officers and representatives on a number of issues and responses were provided, matters raised included:

- The frustrations from Head Teachers and teachers regarding their dealings with CAMHS

- Clarification about the issues raised by the CQC inspection including the safeguarding policy; the lack of key performance indicators; the mixed staff morale; and governance of the service
- Reference to the establishment of a joint Scrutiny Boards (2) and (5) Task and Finish Group on CAMHS providing opportunities to work with the partner representatives
- Reference to the Green Paper and the future proposals for schools including having a trained mental health person in each individual school
- Clarification about the waiting times for CAMHS and proposals for improvements including targets
- The importance of bringing in improvements at pace
- Concerns about the growing demands for the service, the increasing complexity of cases and the problems associated with the recruitment and retention of staff
- Further details about the problems being experienced in individuals schools
- Clarification about the funding of CAMHS across the partnership
- The importance of Coventry's work with schools to be highlighted as a trail blazer for the pilot scheme arising from the Green paper
- The importance of strong partnership working to be able to deal with all the CAMHS issues.

The Board noted that Scrutiny had received a request from a member of the public which stated 'I would like the process of adults being assessed and diagnosed for autism to be clearer and more promoted. It is quite clear for children but a minefield for adults'. The briefing note from the CCG outlined the pathway and included information on local data; eligibility criteria; referral routes; and the promotion of the service.

**RESOLVED that:**

**(1) The content of the report including the achievements and the challenges faced by CAMHS, the ongoing work to improve the system and the key next steps for the programme be noted.**

**(2) Arrangements be put in place to establish a joint Scrutiny Boards (2) and (5) CAMHS Task and Finish Group with the remit of looking into the social, emotional and mental health issues in schools, meeting with the appropriate lead officers, lead members, Head Teacher representatives, the partner health organisations and clinicians.**

**(3) Details of all the strands of CAMHS funding setting out how all the services are funded across the partnership be circulated to members.**

**(4) All the partner organisations working in the CAMHS service be requested to make every effort to increase the work with local schools.**

**(5) The link to the 'Transforming Children and Young People's Mental Health Provision' Green paper be shared with Board members providing the opportunity for the Board to make comment on the paper as well as**

members feeding back any views from their perspective as school governors.

**(6) Arising from the request from a member of the public concerning the process and promotion of the Adult Neurodevelopment Diagnostic Pathway, the content of the briefing note from the CCG be noted.**

**39. Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan**

The Board received a presentation from Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT) on the CQC Inspection Report of CWPT which was published in November, 2017. CWPT was rated as 'requires improvement' with the report indicated that although some progress had been made since the previous inspection, insufficient progress had been made to enable a higher rating to be awarded overall. Lisa Cummins, CWPT was also in attendance.

The presentation highlighted the key issues for 2016/17 along with some background information on the employees at CWPT. An overview of the inspection found that the report was positive; CWPT were a learning organisation; immediate actions and improvements had been made; and the organisation was committed to excellence.

Detailed information was provided on the inspection ratings under the headings of Safe, Effective, Caring, Responsive and Well-led. Caring was rated as 'good' with the other areas 'requires improvement'. A breakdown for the individual ratings for Community Health and Mental Health was set out. Four areas within mental health were rated as 'inadequate' and the Board were informed of the immediate actions which had been undertaken to improve this situation. Three of these areas had now moved to 'requires improvement'.

The presentation drew attention to the work that CWPT was particularly proud of and the areas for improvement under the inspection rating headings.

Regarding the key issue of the Child and Adolescent Mental Health Services (CAMHS) waiting list, in particular the waiting times for children and young people to access mental health treatment and referrals that required triage and availability of staff to complete the task, the Board were informed that the new CAMHS Navigation Hub was being implemented with strengthened arrangements as follows:

- All referrals clinically screened within 2 days, with all referrals screened as urgent being prioritised
- Clinical staff numbers increased from 1.5 to 3 WTE and admin support from 5 to 8.5 WTE
- Standard Operating Procedure updated
- Strengthened CAMHS waiting list review arrangements
- Fully engaged with partners in a joint approach.

Attention was drawn to the warning notice that had been issued in respect of the physical health care and treatment provided to patients on the older people mental health wards. The Board were informed of the immediate action which had been undertaken as follows:

- Multi-disciplinary team case review of every patient undertaken and process embedded in practice
- Nursing staff received refresh physical health skills training and had been assessed as fully compliant
- Standardised process developed for management of physical health care, reviewed and strengthened
- Governance embedded, process to monitor and ensure oversight in place

The Board noted that the CQC, NHS Improvement, and the CCG were all supportive of the plans and approached taken.

The presentation concluded with progress which included an action plan being developed with a focus on outcomes and tangible assurance. Many improvements had already been completed and full completion was anticipated by July 2018. Progress was monitored by the Trust Board.

The Board questioned the representatives on a number of issues and responses were provided, matters raised included:

- The importance of moving improvements forward at pace
- The reaction of CWPT to the inspection report
- Clarification about the governance of the organisation
- Concerns that the report could create a negative public perception despite all excellent work that is carried out
- Clarification that as some areas had improved while others slipped back, had the focus on the areas that had improved meant too little attention had been paid to other areas
- Whether the inspection team were the same inspectors who undertook the initial inspection.

**RESOLVED that the content of the presentation on the Coventry and Warwickshire Partnership Trust CQC Re-inspection report be noted, with the Board being reassured about the ‘inadequate’ areas that had already been addressed by the Trust.**

40. **Report back from the Task and Finish Group on Improving the Quality of Housing and the Health and Wellbeing of Coventry Residents**

The Board considered a briefing note of the Scrutiny Co-ordinator detailing the outcomes of Task and Finish Group on Improving the Quality of Housing and the Health and Wellbeing of Coventry Residents. Approval for the establishment of the Task Group was given by the Board at their meeting on 19<sup>th</sup> July, 2017.

The briefing note highlighted that the Task and Finish Group had wanted to investigate and draw attention to the link between health and housing; to look at the existing work being undertaken by organisations across the City to support people in developing and maintaining healthy homes; and to consider how the Council could improve the quality of private rented sector housing. The Group were joined by representatives from Coventry Citizens Advice who were able to provide an insight into the housing challenges faced by Coventry residents. Members also heard evidence from West Midlands Fire Service, Whitefriars Housing, the Council’s Housing Enforcement Team and Public Health. A call for

evidence was also put out electronically to enable private landlords to give their views. The Group met on five occasions.

The briefing note detailed the outcomes of the Task and Finish Group sessions on the following subjects:

Public Health and setting the scene  
Citizens Advice Coventry  
West Midlands Fire Service  
Whitefriars Housing  
Housing Enforcement.

The recommendations from the Task and Finish Group were to be submitted to Cabinet at their meeting on 6<sup>th</sup> March, 2018.

Members discussed the recommendations to be submitted to Cabinet and suggested the inclusion of the work of other advice agencies. The issue of limited resources was highlighted.

**RESOLVED that:**

**(1) Having considered the recommendations from the Task and Finish Group as set out in the briefing note and having taken account of the comments from members, the recommendations be amended to read as follows:**

**i. That the Coventry and Rugby Clinical Commissioning Group are asked to look at hosting advice outreach in GP surgeries (Cllr Caan)**

**ii. To endorse the work of Citizens' Advice Frontline Network and other advice agencies to look at the co-ordination of grant and charity resources to assist tenants to create easier access to funds for tenants in need of support (Cllr Bigham)**

**iii. To support the continued work of the West Midlands Fire Service on the Health Agenda, including working with partners to evaluate the impact and then, if appropriate, explore funding options for the Back Home Safe and Well initiative (Cllr Caan/Cllr Abbott)**

**iv. To endorse work with city partners to consider opportunities for information sharing, which could lead to the identification of vulnerable people who may benefit from services or support through community resources, such as from Citizen's Advice, Coventry Independent Advice Services and the Fire Service Safe and Well check. (Cllr Abbott/Cllr Bigham)**

**v. That work is undertaken to define and promote Healthy Homes (Cllr Caan)**

**vi. To support the proposal to continue to develop Selective Licensing in the City (Cllr Bigham)(2) The recommendations for Cabinet, as amended above, be supported.**

**(3) An update report be submitted to a future meeting of the Board in six months' time on the progress of the recommendations**



41. **Work Programme 2017/18**

The Board noted their work programme for the current municipal year.

42. **Any other items of Public Business - Coventry and Warwickshire Health Overview and Scrutiny Committee**

The Scrutiny Co-ordinator reported that the next meeting of the Coventry and Warwickshire Health Overview and Scrutiny Committee was due to be held at 2.00 pm on Tuesday, 27<sup>th</sup> February, 2018.

(Meeting closed at 12.00 pm)

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Coventry City Council

## Briefing Note

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**To: Health and Social Care Scrutiny Board (5)**

**Date: 7.3.18**

**From:** Jane Fowles, Consultant in Public Health Medicine (Co-Chair of the Pharmaceutical Needs Assessment Steering Group)

**Title:** Coventry Pharmaceutical Needs Assessment (PNA) update

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### 1 Purpose

The purpose of this paper is to present the draft Pharmaceutical Needs Assessment for Coventry. The paper describes key findings from the draft Coventry PNA and statutory consultation. The PNA was undertaken by NHS Midlands & Lancashire Commissioning Support Unit (MLCSU), who were jointly commissioned by Coventry and Warwickshire Councils, and overseen by a Steering Group of partners.

### 2 Recommendations

Coventry Health and Social Care Scrutiny Board (5) is recommended to:

- i. Consider the headline findings of the draft PNA
- ii. Note that the draft PNA has been approved by the Health and Wellbeing Board following the statutory consultation period and is being finalised in March for publication by April 2018
- iii. Note that the Health and Wellbeing Board have agreed that the Chair of the Health and Wellbeing Board and Acting Director of Public Health will sign off the final PNA prior to publication by April 2018
- iv. Note that the Health and Wellbeing Board have agreed the recommendation that the PNA Steering Group becomes a Community Pharmacy Steering Group:
  - a. supporting delivery of recommendations within the PNA
  - b. and holding delegated responsibility for determining the need for supplementary statements and revisions to the PNA

### 3 Information/Background

Local Health and Wellbeing Boards have statutory responsibility for the publication of Pharmaceutical Needs Assessments (PNAs) every three years. The next Coventry PNA is due for publication by April 2018. There is a requirement for local HWBs to consider whether local need and provision has changed such that supplementary statements or revised PNAs should be issued prior to the next formal PNA revision.

The Coventry PNA considers current and future provision of services from community pharmacy in relation to local health needs. The PNA aims to assess if there are enough pharmacies throughout the city, located in areas of need and offering a range of suitable services, tailored to local need and wider service provision. The PNA is used by NHS England when deciding if new pharmacies or dispensing GPs are needed. The PNA also supports local commissioners and partners around the planning of future pharmacy services.

The draft PNA was informed by a range of activities, including; a survey of local pharmacies, a recent Healthwatch report on public views around pharmacy services, a bespoke public consultation survey, and local commissioning intelligence. The PNA was overseen by a formal steering group (jointly with Warwickshire) including; the local Healthwatches, Local Pharmaceutical Committees (LPCs), local CCGs and the Local Medical Committees (LMCs). National and local strategies and plans linked to community pharmacy have informed the document.

There is a statutory requirement for a formal 60 day consultation with key stakeholders on any draft PNA document. The statutory consultation closed on the 5th February 2018. Responses from this consultation have been considered by the PNA Steering Group on the 14<sup>th</sup> February. Consultation feedback informed the conclusions and recommendations of the final PNA document, which is currently being refined prior to formal sign off and publication by 1 April 2018.

The PNA consultation pages and documents can be accessed here - <http://democraticservices.coventry.gov.uk/mgConsultationDisplay.aspx?ID=170>

The Health and Wellbeing Board discussed the PNA draft on the 5<sup>th</sup> February and agreed the recommendations outlined above.

### **Key findings from the draft PNA are outlined below.**

#### **3.1 Access to pharmacy services**

Overall access is considered adequate. Opening hours indicate good access during usual working hours and sufficient access on evenings and weekends. Pharmacy providers are well distributed by location, population density and areas of deprivation. Responses to the public survey indicate that 80% were in agreement with the statement “I am always able to access the pharmacy services I require, when I need them.”

However, public survey feedback also highlighted the difficulty people find in obtaining information around opening hours and services offered from pharmacies. Pharmacies can do more to advertise their services and opening hours to the public by keeping up to date their NHS choices profile (an online platform available to the public - advertising services and opening times), advertising in local GP Practices and taking part in local and national awareness campaigns.

#### **3.2 Essential services**

All pharmacies provide a range of essential services (commissioned by NHSE) including: dispensing of prescriptions, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles, signposting and support for self-care. Community pharmacy supports a range of improvements in health and wellbeing, reducing medicines related risks,

promoting best use of medicines and acting as a first point of contact and advice for common and minor ailments in our communities.

### 3.3. Advanced services

Advanced services are commissioned by NHSE from some community pharmacies and include:

- Medicines Use Reviews (MUR) where patients can discuss their current medication – available in most pharmacies
- New Medicine Service (NMS) where patients can receive help and advice on any new medicines started – available in most pharmacies
- Seasonal Influenza (Flu) Vaccination where patients can receive flu vaccinations from their local pharmacy – available across the majority of pharmacies (and other healthcare providers)
- Pilot NHS Urgent Medicines Supply Advanced Service (NUMSAS) where patients can obtain urgent medicines from a community pharmacy without the need for a GP apt – relatively new service
- Appliance Use Reviews (AUR) and Stoma Application Customisation (SAC) services are also available from a limited range of contractors

Although widely available in pharmacies across Coventry these services could be more effectively embedded into key care pathways to support better outcomes for patients.

### 3.4 Locally commissioned services

Wider community pharmacy services may be locally commissioned by Local Authorities, CCGs, or acute trusts and are referred to as locally commissioned services. Across Coventry there are a range of local services provided in community pharmacies, such as sexual health services, substance misuse, phlebotomy and smoking cessation. These services have been commissioned based on local need and are usually complemented by similar services offered in other settings. These locally commissioned services are well located across areas of deprivation in the city. Overall service provision is considered adequate to good.

### 3.5 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP framework covers three levels of increasing complexity, expertise and service standards:

- Level 1 Promotion
- Level 2 Prevention
- Level 3 Protection.

A range of activity has been undertaken over the past year to promote the HLP framework. There are currently 70 community pharmacies accredited as HLP Level 1 in Coventry.

HLPs raise awareness of local health issues and are required to demonstrate they are promoting healthy lifestyles by tackling the health problems their populations face. Evidence demonstrates that HLP accredited pharmacies show better uptake and delivery of wider commissioned services compared to non-HLPs.

Evaluations of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quits, extensive delivery of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services. The HLP framework is a significant platform through which pharmacy's role in delivering health and wellbeing services can be maximised.

### 3.6 Summary

- There is currently adequate pharmaceutical service provision (locations, opening hours and wider access) across Coventry and no need for additional providers was identified in the PNA.
- Awareness of pharmacy opening hours and services offered could be improved.
- Public survey results show that there is high satisfaction with pharmacy access and an appetite for more services to be provided from community pharmacy.
- Advanced services offered from community pharmacy could be more actively embedded into local pathways to support better outcomes for patients and best use of commissioned services
- The HLP framework offers a platform for Coventry to more effectively embed community pharmacy into local pathways and enhance the role of community pharmacies to support prevention and better outcomes for patients
- Statutory consultation on the draft PNA is underway and will be considered by the PNA Steering Group prior to publication of the final PNA by 1 April 2018

#### **Report Author(s):**

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Enquiries should be directed to the above person.

#### **Appendices**

Link to draft PNA document -

<http://democraticservices.coventry.gov.uk/documents/s36496/Draft%20PNA%20full%20document.pdf>



Draft For Consultation

# Pharmaceutical Needs Assessment (PNA) 2018 Coventry

**Authors and main contributors to the production of this report:**

Gurjinder Samra Senior Prescribing Adviser NHS Midlands & Lancashire CSU

**PNA Steering Group:**

The following organisations had key and strategic input to the production of this draft report:

**Coventry City Council, Warwickshire County Council, Midlands & Lancashire Commissioning Support Unit, NHS Coventry and Rugby CCG, Warwickshire North CCG, Local Medical Committee Coventry, Local Medical Committee Warwickshire, Local Pharmaceutical Committee, Healthwatch Coventry and Healthwatch Warwickshire.**

Thanks to the steering group for its astute comments, notable suggestions and timely assistance in providing data for this document. Specific thanks to the joint chairs Jane Fowles and Rachel Robinson, Joanne Smith, Michelle Pouton, Kate Rushall, Aindi Cronin, John Houlston, Ruth Light, Chris Bain, Fiona Lowe, Caroline Eley, Kate Rushall, Kristi Larsen, Tim Healey, Gemma McKinnon and Ali Alsaraf.

This document builds on the 2015 Coventry PNA document.



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## Executive Summary

### Introduction

This 'pharmaceutical needs assessment' (PNA) describes the needs for the population of Coventry. It considers provision of services from local pharmacies or chemists. Since 1 April 2015, all Health and Wellbeing Boards (HWB) in England have had a legal responsibility to keep an up to date statement around the needs for services from community pharmacies for their population. PNAs are updated at least every 3 years.

### How the PNA was undertaken

Local pharmacies were surveyed to better understand services they provide and could provide. We received responses from 280 patients and members of the public. We have recognised the views of the public when developing this assessment document. The needs of the local population have been examined in line with key local intelligence and strategies.

This PNA identifies how any needs and service gaps can be met by developing services from existing pharmacy providers. The PNA can provide direction for commissioning of future services including whether new pharmacies should be allowed to open or GPs allowed to dispense.

As part of the PNA process, there is a legal requirement that requires a formal consultation with the public on this draft document, for at least 60 days. The consultation will take place from the 1<sup>st</sup> December 2017 to 5<sup>th</sup> February 2018. Responses from this consultation will inform the conclusions and recommendations of the final PNA document to be published March 2018.

### Findings

See table below **assessment of pharmaceutical services provision**.

### Conclusion

The PNA concludes that there is adequate provision of pharmacies and pharmaceutical services in Coventry to serve the needs of the population. There are no gaps in pharmacy provision that would require new pharmacy premises. There are however variations in pharmaceutical services available across the city which may need to be considered by commissioners – especially with any new future housing developments. Residents may need to travel further to access a particular service or pharmacy when required.

The Coventry and Warwickshire Sustainability and Transformation Partnership (STP) Board should consider the findings of this report, with due regard to the promotion and awareness of pharmacy services. Commissioners should explore avenues of providing better online information. This will lead to better signposting information ensuring information around local pharmacies and the different services they can offer is widely available in GP surgeries, pharmacies and other healthcare settings. Community pharmacy can contribute to the objectives of the STP strategy and should be embedded within all workstreams and transformation programmes. Particular regard should be given to the '*out of hospital*' and '*proactive and preventative*' work programmes that can capitalise more so on the range of services offered from community pharmacies.

| Assessment of pharmaceutical services provision  |   |
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| Access to pharmaceutical providers   | Opportunities/considerations  |
| <p><i>Access to pharmaceutical services across Coventry is adequate:</i></p> <ul style="list-style-type: none"> <li>• <i>Coventry has 2.8 community pharmacies per 10,000 population; above the mean for the West Midlands which is 2.3 pharmacies per 10,000.</i></li> <li>• <i>There are currently 91 community pharmacies in Coventry. 10 of these are contracted to open for at least 100 hours per week. 6 are distance selling pharmacies and there is one dispensing appliance contractor.</i></li> <li>• <i>More rural areas in Coventry to the northwest have reduced pharmacy provision in line with reduced population density.</i></li> <li>• <i>Opening hours indicate good access during usual working hours and adequate access on evenings and weekends across the city.</i></li> <li>• <i>Public engagement has not highlighted any significant barriers to access.</i></li> <li>• <i>More than 80% of respondents to the public survey agreed or strongly agreed with the statement "I am always able to access pharmacy services I require, when I need them."</i></li> <li>• <i>The public survey showed 84% of Coventry's population could reach a pharmacy within 10 minutes. 7% of respondents stated it took 20 mins or longer to access their pharmacy.</i></li> <li>• <i>Many pharmacy contractors provide delivery of dispensed medicines free of charge which</i></li> </ul> | <ul style="list-style-type: none"> <li>• The number and distribution of pharmaceutical service provision in Coventry is adequate.</li> <li>• The distribution of pharmacies in Coventry covers the city well, with some areas of reduced provision and some more concentrated central areas. The areas of Wainbody, Earlsdon and Cheylesmore in the south have no provision of 100 hour pharmacies.</li> <li>• There are some gaps in distribution in some of the less populated areas towards the west of the city.</li> <li>• Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Coventry.</li> <li>• It should be noted that there is a lack of awareness around opening hours and results from the recent Healthwatch report highlighted 18 specific comments about a need for longer opening hours in pharmacy.</li> <li>• It can be difficult to find online information about the services which are available in some pharmacies and that information where available is not necessarily geared towards a public audience. There is no one portal to find out which services are provided and where.</li> </ul> |

*improves access to services and is particularly important for the older population who may be less mobile or housebound.*

- *Pharmaceutical services are also available from distance selling (internet pharmacies) located inside or outside of the city that make deliveries to individual homes and thus improve access.*
- *The pharmacy survey showed that physical access to pharmacies was adequate. 96% of patients can legally park within 50 metres of the pharmacy and 82% within 10 metres of the pharmacy. Results also showed there is a bus stop within walking distance of 99% of pharmacies. 86% of pharmacies do not have any steps to climb to enter the premises. 89% of the pharmacies that responded stated that the pharmacy floor is accessible by wheelchair*
- *When asked about other facilities aimed at helping disabled people access their services, results of the pharmacy survey showed 51% had automatic door assistance, 49% have wheelchair ramp access and 67% provided large print labels/leaflets.*

**Essential services**

- *There are no gaps in the provision of essential services for the city's population.*
- *Essential services are provided by all Coventry pharmacy contractors. This includes dispensing*

**Opportunities/considerations**

- Many patients are not aware of essential services available from community pharmacies and pharmacies should do more to improve promotion of their services
- Although provision of these services is adequate across Coventry further



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| <p><i>of prescriptions which is a core service that is commissioned nationally by the NHS.</i></p> <ul style="list-style-type: none"> <li>• <i>Essential services are accessible for the vast majority of Coventry’s population both geographically and at different times of day.</i></li> <li>• <i>Results from the public survey showed that there is a low level of awareness around the essential service - repeat dispensing.</i></li> </ul> | <p>work needs to be undertaken to raise awareness of these services and their benefits.</p> <ul style="list-style-type: none"> <li>• Essential services are provided by all pharmacies. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities.</li> <li>• Essential services allow pharmacies to support many of the objectives of the Sustainability and Transformational Plan (STP) and Joint Strategic Needs Assessment (JSNA), in particular, the <i>Preventative and Proactive</i> and <i>Urgent and Emergency Care</i> agendas. Pharmacies are required to participate in national public health campaigns as part of Essential services.</li> <li>• Opportunities around essential services from pharmacy have been identified, including:             <ul style="list-style-type: none"> <li>○ Closer working between pharmacies and the (Prescription Ordering Direct) POD service around repeat dispensing and behavioural change to ensure only medicines needed are dispensed.</li> <li>○ Pharmacies sign-posting patients to sources of information and appropriate care pathways</li> <li>○ Pharmacies can further support the self-care agenda by advising on the most appropriate choices for self-care. A minor ailments scheme could support with the agenda.</li> </ul> </li> </ul> |
| <p><b>Advanced services – Medicine Use Review (MURs)</b></p>   | <p><b>Opportunities/considerations</b></p>  |
| <ul style="list-style-type: none"> <li>• <i>The vast majority of community pharmacies within Coventry provide MUR services. There were 25,026 MURs conducted in Coventry 2015/16 by 91 providers.</i></li> <li>• <i>The average number of MURs conducted per pharmacy in Coventry in 2015/2016 was 275. Each pharmacy can provide a maximum of 400</i></li> </ul>  | <ul style="list-style-type: none"> <li>• The MUR service could support the <i>Proactive and Preventative</i> agenda of the STP, by targeting patients with complex needs the service can help prevent unnecessary GP appointments in line with the urgent and emergency care strategy for the STP. MURs are crucial in supporting older people by addressing matters associated with polypharmacy. There is capacity for Coventry pharmacies to increase the number of MURs completed where possible.</li> </ul>  |

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| <p><i>MURs a year.</i></p> <ul style="list-style-type: none"> <li>• <i>From the results of the public survey it shows that many Coventry residents are aware and satisfied with this service.</i></li> </ul>   | <ul style="list-style-type: none"> <li>• Pharmacy survey results showed community pharmacies are willing to undertake consultations in patient’s homes and this could improve MUR numbers and help target those who require the service the most.</li> <li>• Patients with the long term conditions (LTCs) such as cardiovascular disease (CVD) and chronic obstructive pulmonary disease (COPD) can be targeted further and more can be done to address on-going monitoring and regular follow ups.</li> <li>• The service promotes multidisciplinary working between pharmacists and GPs by working collaboratively to identify and refer patients for MURs, which supports the <i>Productivity and Efficiency</i> work stream of the STP.</li> <li>• There is capacity for MURs to become more effectively embedded in wider pathways. MURs for cardiovascular patients are linked to the wider Coventry health check programme and stroke prevention agenda.</li> </ul> |
| <p><b>Advanced services – New Medicines Service (NMS)</b></p>  | <p><b>Opportunities/considerations</b></p>  |
| <ul style="list-style-type: none"> <li>• <i>Almost all contractors in Coventry offer the NMS service.</i></li> <li>• <i>When comparing the mean number of NMS reviews locally and nationally, Coventry is performing well below the West Midlands and national average.</i></li> <li>• <i>The results from the public survey demonstrated 72% patients are aware of this service and 53% were very satisfied and 19% satisfied with the delivery of this service.</i></li> </ul> | <ul style="list-style-type: none"> <li>• The service supports medicines adherence, self-management of long term conditions and adverse events from medicines thus reducing hospital admissions. These aims support the <i>Proactive and Preventative</i> and <i>Urgent and Emergency</i> agendas of the STP.</li> <li>• The service promotes multidisciplinary working between pharmacists and GPs which supports the <i>Productivity and Efficiency</i> work stream of the STP.</li> <li>• There is capacity to offer the NMS service more widely to patients with LTCs within the target populations (COPD and CVD) and for this service to be accessed by more people.</li> <li>• The NMS service should be actively embedded into care pathways, supporting direct referral or signposting from primary and secondary care and other healthcare providers</li> </ul>  |
| <p><b>Advanced services – Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SACs)</b></p>  | <p><b>Opportunities/considerations</b></p>  |
| <ul style="list-style-type: none"> <li>• <i>Demand for the appliance advanced services (SAC and AUR) is lower than for the other</i></li> </ul>  | <ul style="list-style-type: none"> <li>• Appliance use review and stoma customisations are available in other settings such as stoma nurses and dispensing appliance contractors.</li> </ul>  |

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| <p><i>advanced services due to the much smaller proportion of the population that may be targeted.</i></p> <ul style="list-style-type: none"> <li><i>It is optional for pharmacies to offer the AUR and SAC service.</i></li> <li><i>NHS BSA data shows community pharmacy contractors in Coventry completed very few AURs in 2015/16 relative to the national average. All of these AURs took place in the pharmacy premises and none were conducted in a patient's home.</i></li> <li><i>NHS BSA data shows that in 2015/16 there were 12 community pharmacies engaged in providing stoma appliance customisation reviews in Coventry.</i></li> <li><i>Public survey results showed over half of patients were not aware they could receive advice from their local pharmacy around appliance use.</i></li> </ul> | <ul style="list-style-type: none"> <li>Although demand for the appliance based advanced services (SAC and AUR) is lower than for the other advanced services, it is possible for more appliance based reviews to be offered from community pharmacies in Coventry.</li> <li>Pharmacies could do more to offer these appliance review services to housebound patients.</li> </ul>   |
| <p><b>Advanced services – Flu vaccination</b></p>   | <p><b>Opportunities/considerations</b></p>   |
| <ul style="list-style-type: none"> <li><i>59 of the 72 (82%) pharmacy contractors responding to the pharmacy survey stated they provide seasonal flu vaccinations in Coventry.</i></li> <li><i>The public survey showed that 80% (208/260) of respondents were aware of the NHS funded flu service provided from community pharmacy. A high level of satisfaction was expressed with the service.</i></li> <li><i>This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination.</i></li> </ul>   | <ul style="list-style-type: none"> <li>In line with the STP strategy, vaccination against flu from community pharmacy can reduce pressures on health services by reducing hospital admissions and limiting exacerbations of existing medical conditions.</li> <li>Community pharmacies in Coventry should be encouraged to provide the flu vaccine and could help target the large proportion of eligible under-65s who do not routinely attend for immunisation.</li> </ul> |
| <p><b>Advanced services – New National Urgent Medicines</b></p>   | <p><b>Opportunities/considerations</b></p>   |

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| <p><b>Supply Advance service (NUMSAS) PILOT</b></p> <ul style="list-style-type: none"> <li><i>The NUMSAS pilot service commenced on 1st December 2016 and will run until 31st March 2018.</i></li> <li><i>NUMSAS enables access to medicines or appliances Out-of-Hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy</i></li> <li><i>Current data shows 27 pharmacy contractors in Coventry are registered to provide the NUMSAS service.</i></li> <li><i>62% of the public were aware they could get an emergency supply of medication from the pharmacy. In contrast, Emergency supply of medication was also the second most requested service the public would like to see from Coventry pharmacies.</i></li> </ul> | <ul style="list-style-type: none"> <li>This service further supports the <i>Urgent and Emergency Care</i> work stream of the STP. Pharmacies in Coventry should be encouraged to increase uptake of the NUMSAS service. The NUMSAS service from community pharmacy aims to reduce the burden on urgent and emergency care services.</li> <li>Survey results show that awareness of this service availability from community pharmacy needs to be increased.</li> <li>Evaluation of the pilot service in terms of referral rates to community pharmacy and impact on GP out of hours (OOH) appointments for urgent repeat prescription requests is necessary before an assessment of adequacy of provision can be made.</li> </ul>  |
| <p><b>Quality Payments Scheme and Healthy Living Pharmacies (HLP)</b></p>  | <p><b>Opportunities/considerations</b></p>   |
| <ul style="list-style-type: none"> <li><i>From the April QPS review point it can be seen that 15/93 of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment). Information provided by Coventry LPC in November 2017 shows that there are now 58 pharmacies accredited with HLP status.</i></li> <li><i>96% of pharmacies in Coventry meet the gateway criteria for the Quality Payments Scheme (QPS), this is:</i> <ul style="list-style-type: none"> <li><i>Offer at least one of the specified advanced service’s</i></li> <li><i>Keep an up to date NHS Choices entry – public can view pharmaceutical</i></li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>Expansion of the Healthy Living Pharmacy Level 1 should continue.</li> <li>Commissioners and the LPC should work together to ensure HLPs continue to develop and ensure effective, systematic health promotion, brief advice and signposting across community pharmacy and commissioned services.</li> <li>Existing HLP Level 1 (Promotion) pharmacies providing locally commissioned services should consider and be supported to develop to HLP Level 2 (Prevention) status to boost the impact of locally commissioned prevention services</li> <li>The STP and local commissioners should consider the opportunities that HLP status can support wider programmes of work, including physical and mental health and wellbeing, diabetes, and cardiovascular disease.</li> </ul> |

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| <p><i>provision in their area</i></p> <ul style="list-style-type: none"> <li>○ <i>Be able to send and receive NHS mail – to receive referrals for NUMSAS</i></li> <li>○ <i>Use the Electronic Prescription Service (EPS) – to prevent patients running out of medications.</i></li> </ul>  |  |
| <p><b>Locally Commissioned Service - Sexual Health (Public Health)</b></p>   | <p><b>Opportunities/considerations</b></p>   |
| <ul style="list-style-type: none"> <li>● <i>There are 24 community pharmacies offering chlamydia screening in Coventry.</i></li> <li>● <i>Community pharmacies are one element of the Integrated Sexual Health Services (ISHS) model. Provision is also available from GP practices and other providers.</i></li> <li>● <i>The public survey showed that over 50% of respondents were aware of sexual health services from community pharmacy.</i></li> <li>● <i>In 2016, in Coventry, 15.9% of the population aged 15 to 24 years old were screened for chlamydia via ISHS providers; this was below the national level of 20.7%.</i></li> <li>● <i>The Sexual Health service has adequate levels of provision; pharmacies are generally well located across areas of deprivation and where the population of 13-25 year olds is relatively high in the city. There are however areas of Coventry where provision of chlamydia screening is reduced.</i></li> </ul> | <ul style="list-style-type: none"> <li>● To improve the rate of chlamydia detection, the screening programme could be developed to allow more pharmacies to offer this service.</li> <li>● There is scope for community pharmacies to support health needs by increasing chlamydia detection rates. There is also potential to increase the range of diseases being screened for.</li> <li>● Pharmacies can concurrently offer advice on barrier contraception methods for both males and females and raise awareness of HIV, chlamydia and other STIs.</li> <li>● Additional pharmacies could be commissioned to ensure adequate provision of sexual health service screening and treatment in those areas that are highly populated by the target demographic.</li> <li>● There is also potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.</li> </ul> |
| <p><b>Locally Commissioned Service - Substance Misuse</b></p>  | <p><b>Opportunities/considerations</b></p>   |

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| <p><b>Services (Public Health)</b></p> <ul style="list-style-type: none"> <li>• <i>There is currently a low level of alcohol screening provision in Coventry. 12 pharmacies are commissioned to provide this service. Service providers are well located in areas of deprivation; however there are other deprived areas in the city with no provision of alcohol screening from pharmacy.</i></li> <li>• <i>There are currently 10 pharmacies commissioned to provide the new naloxone service and are located mainly in the city centre.</i></li> <li>• <i>There are 26 pharmacies in Coventry commissioned to provide the needle exchange service. Pharmacies are located well in areas of deprivation in Coventry</i></li> <li>• <i>All community pharmacies in Coventry are currently commissioned to provide the supervised consumption service</i></li> </ul> | <ul style="list-style-type: none"> <li>• New Alcohol screening &amp; Intervention service aims to reduce the rate of hospital admissions for alcohol related harm in the city which is currently higher than the national average. These new services are in early stages of development. Commissioners should consider increasing access to these services from community pharmacies located in areas of deprivation with no provision. Uptake and awareness of these new substance misuse services needs to be increased amongst partners and service users themselves.</li> <li>• Pharmacies can provide advice on safer injecting and harm reduction measures and provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client’s addiction.</li> <li>• Commissioners should give consideration to other more deprived areas in the south, north east and west of Coventry, where provision of needle exchange pharmacies is low. Overall provision of the service is adequate.</li> </ul> |
| <p><b>Locally Commissioned Service - Smoking Cessation service (Public Health)</b></p>   | <p><b>Opportunities/considerations</b></p>  |
| <ul style="list-style-type: none"> <li>• <i>The new integrated adult lifestyles service will begin in April 2018. The new service will focus on delivering lifestyle interventions including smoking cessation including smoking harm reduction service for people with mental health conditions. Service provision may be altered as a result of this new tender.</i></li> <li>• <i>Across Coventry there are 57 pharmacies that have been commissioned to provide stop the</i></li> </ul>  | <ul style="list-style-type: none"> <li>• Smoking remains one of the largest contributors to avoidable mortality and stopping smoking is one of the key areas to be tackled under the STP plans. The smoking cessation service helps reduce levels of smoking-related illness, disability, premature death, and health inequality.</li> <li>• Smoking, COPD and cancer are key priorities in the Coventry JSNA. The Smoking Needs Assessment (2016) recommended that pharmacists should utilise prescription waiting times to engage customers in stop smoking support therefore consideration should be made into the delivery of the service.</li> <li>• The Smoking Cessation Service from pharmacy in Coventry illustrates how</li> </ul>  |

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| <p><i>smoking cessation service. Pharmacies are well distributed in relation to areas of deprivation. Despite some gaps in the North West from community pharmacy, smoking cessation provision is available from GP Practices and alternative providers.</i></p> <ul style="list-style-type: none"> <li><i>The stop smoking service was one of the most recognised services amongst public survey respondents. No respondents indicated dissatisfaction to the service.</i></li> </ul> | <p>community pharmacies can improve population health through smoking cessation services, as evaluated by NICE.</p> <ul style="list-style-type: none"> <li>It is suggested that patients in more deprived areas should be targeted where there are higher levels of smoking.</li> <li>Community pharmacies remain well placed to offer opportunistic smoking cessation advice when seeing patients attending for prescriptions and customers.</li> <li>Overall Coventry has good coverage of smoking cessation service providers.</li> </ul>   |
| <p><b>Locally commissioned Service - Phlebotomy Service</b></p>  | <p><b>Opportunities/considerations</b></p>   |
| <ul style="list-style-type: none"> <li><i>A total of 23 pharmacies provide the service across the city.</i></li> </ul>   | <ul style="list-style-type: none"> <li>In addition 12 more sites including the University Hospital and various medical practices offer the phlebotomy service ensuring there is good access to this service across Coventry.</li> <li>Findings from the recent Healthwatch report and patient survey showed that some patients were not aware of Blood Taking (Phlebotomy) services at local pharmacies, even though these services have been provided in this way for a considerable number of years. Commissioners can do more to raise awareness of this service.</li> </ul>                          |
| <p><b>Other commissioned services in the future</b></p>  | <p><b>Opportunities/considerations</b></p>   |
| <ul style="list-style-type: none"> <li><i>From the public survey some respondents would like to use a service that provides blood tests and health tests (cholesterol, blood pressure, diabetes, weight).</i></li> </ul>   | <ul style="list-style-type: none"> <li>Shared learning and good practice from other HWB areas indicate there is capacity for more services to be provided from community pharmacy including:             <ul style="list-style-type: none"> <li>Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies</li> <li>Outreach NHS Health Checks</li> <li>Promoting awareness of good mental health</li> <li>Pharmacies could under a Patient Group Directions (PGDs) provide advice and immunisation to protect patients from diseases or</li> </ul> </li> </ul> |

blood-borne viruses.

- Targeted case finding of individuals with pre-diabetes for the National Diabetes Prevention Programme
- Targeted case finding for Atrial Fibrillation – pulse checks combined with flu vaccinations



## 1.0 INTRODUCTION

This document has been prepared on behalf of Coventry's Health and Wellbeing Board (HWB)<sup>1</sup> in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013. It replaces the 2015 Pharmaceutical Needs Assessment (PNA) for Coventry<sup>2</sup>. There is a need for local health partners to work together to ensure the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

The purpose of the PNA is to assess local needs across Coventry; to identify any gaps in service provision, to identify unmet needs of the local population and to identify services that pharmaceutical providers are and could provide to address these needs. A PNA can be used as an effective tool to enable HWBs to identify services that need to be commissioned from pharmaceutical service providers.<sup>3</sup>

Coventry City Council and Warwickshire County Council HWBs approached the development of the 2018 PNAs as a collaborative project, with a distinct and separate PNA being produced for each HWB area. Both HWBs produced their first PNAs in 2015 and were required to publish a new document after three years in accordance with regulations. Coventry and Warwickshire HWBs jointly commissioned Midlands and Lancashire Commissioning Support Unit (MLCSU) to develop these PNAs.

### 1.1 Background and legislation

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>4</sup> impose a statutory requirement on all HWBs to publish and keep-up-to date a statement of the needs for pharmaceutical services for their local populations. These statements are referred to as PNAs.

The PNA is an important and core document which supports NHS England in assessing applications for opening new pharmacies in the city. NHS England uses this document to make informed decisions regarding the commissioning of services, provided by local community pharmacies and other pharmaceutical providers.

The Health and Social Care Act 2012 transferred responsibility for the production and updating of PNAs from Primary Care Trusts (PCTs) to HWBs. PCTs were abolished in April 2013. Local Authorities (LA) and CCGs have equal and joint responsibility for producing the Joint Strategic Needs Assessment (JSNA), through the HWB. The JSNA and the Joint Health and Wellbeing Strategy (JHWS) inform the preparation of the PNA. Each PNA published by a HWB will have a maximum lifetime of three years.

### 1.2 HWB duties in respect of PNA

HWBs became statutory bodies from the 1st April 2013 and every LA has a HWB which works to improve health and wellbeing and reduce inequalities through partnership working and collaboration. HWBs provide a strategic oversight across the health and care system and bring together a range of partners, including local council and NHS local commissioners, councillors and

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<sup>1</sup> [http://www.coventry.gov.uk/info/190/health\\_and\\_wellbeing/1383/health\\_and\\_wellbeing\\_board](http://www.coventry.gov.uk/info/190/health_and_wellbeing/1383/health_and_wellbeing_board)

<sup>2</sup> [CoventryPharmaceuticalNeedsAssessment2015.pdf](#)

<sup>3</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197634/Pharmaceutical\\_Needs\\_Assessment\\_Information\\_Pack.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

<sup>4</sup> <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

patient representatives. HWBs lead development of the Joint Strategic Needs Assessment (JSNA), Health and Wellbeing Strategy (HWS) and provide strategic influence over local commissioning.

Duties of HWBs in relation to PNAs include:

- Producing an updated PNA which complies with the regulatory requirements.
- Publishing subsequent PNAs on a three yearly basis.

HWBs are required to publish a revised assessment within three years of publishing their first assessment. If HWBs identify significant changes to the availability of pharmaceutical services since the publication of their PNA, they are required to publish a revised assessment as soon as is reasonably practical. This is unless they are satisfied that making a revised assessment would be a disproportionate response to those changes.

Not all changes to pharmaceutical services will result in a change to the need for services. If it is determined a full revised assessment is disproportionate, a supplementary statement should be produced. To facilitate commissioning of pharmaceutical services responsive to population needs the HWB partners will, in accordance with regulations, monitor the development of major housing sites, changes in pharmaceutical lists and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

### 1.3 Scope of the PNA

A PNA is defined in the regulations as:

“The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments)<sup>5</sup>, whether it is the statement of its first assessment or of any revised assessment, is referred to in these regulations as a pharmaceutical needs assessment. ”

The PNA will inform both public and professional bodies about the need for pharmaceutical services in Coventry and will consider pharmaceutical services as any services delivered through pharmacies, dispensing doctors, or appliance contractors that are commissioned on a national or local basis in the city of Coventry.

### 1.4 Exclusions from the PNA

This PNA will not consider pharmacy provisions in prisons or pharmacy provision from a secondary care setting. Pharmaceutical services are provided in prisons by providers contracting directly with the prison authorities. Coventry has no prisons within its area.

Patients in Coventry have a choice of provider for their elective hospital services. Local populations choose to be treated at one of the following secondary care trusts:

- Coventry and Warwickshire Partnership NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- George Eliot Hospital NHS Trust
- South Warwickshire NHS Foundation Trust

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<sup>5</sup> <http://www.legislation.gov.uk/ukxi/2013/349/part/2/made>

Although the PNA makes no assessment of the need for pharmaceutical services in a secondary care setting, it is still important to ensure that patients moving in and out of hospital have an integrated and seamless pharmaceutical service which ensures the continuity of support around medicines.

The PNA does not consider distance selling contractors and appliance contractors that maybe used by Coventry residents. Services from these pharmaceutical providers are available nationally and not localised to a particular LA, CCG or NHS England area team. Therefore when evaluating access to pharmaceutical services provision from these providers has not informed the decision making process.

## 1.5 Minimum requirements

Schedule 1 of the NHS 2013 Regulations state that the PNA must include as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- Other services, either provided or arranged by a LA, NHS England, a CCG or a NHS Trust which either; impact upon the need for pharmaceutical services, or would secure improvements, or better access to, pharmaceutical services within the area.
- A map showing the premises where pharmaceutical services are provided
- An explanation of how the assessment was made.

## 2.0 APPROACH TO THE DEVELOPMENT OF THE PNA (METHODOLOGY)

### 2.1 Determining localities

The PNA steering group considered how the areas in Coventry could be defined for the PNA and agreed to use the current system of Coventry City Council's electoral wards as illustrated in Figure 2. Electoral wards were considered to be the most familiar method of describing localities with local people and partners. Electoral wards are consistent with descriptors used in other key strategic documents describing health challenges and services in Coventry. Electoral wards are small enough to distinguish different characteristics of areas within Coventry and large enough for statistical information to be meaningful.

Lower Super Output areas (LSOAs) are units of geography which have been established by the Office of National Statistics and were designed to improve the reporting of small area statistics. LSAO have been designed to be consistent with population size. The Minimum population is 1000 and the mean is 1500.

The mapping within the PNA illustrates pharmacy service provision and other key indicators at LSOA level across the city, often mapped against Indices of Multiple Deprivation. This has allowed the PNA to highlight the range of service needs across the different areas in Coventry in relation to levels of deprivation. Figures 1 & 2 illustrate LSOAs and electoral wards across the city

Figure 1: Map showing LSOAs in Coventry

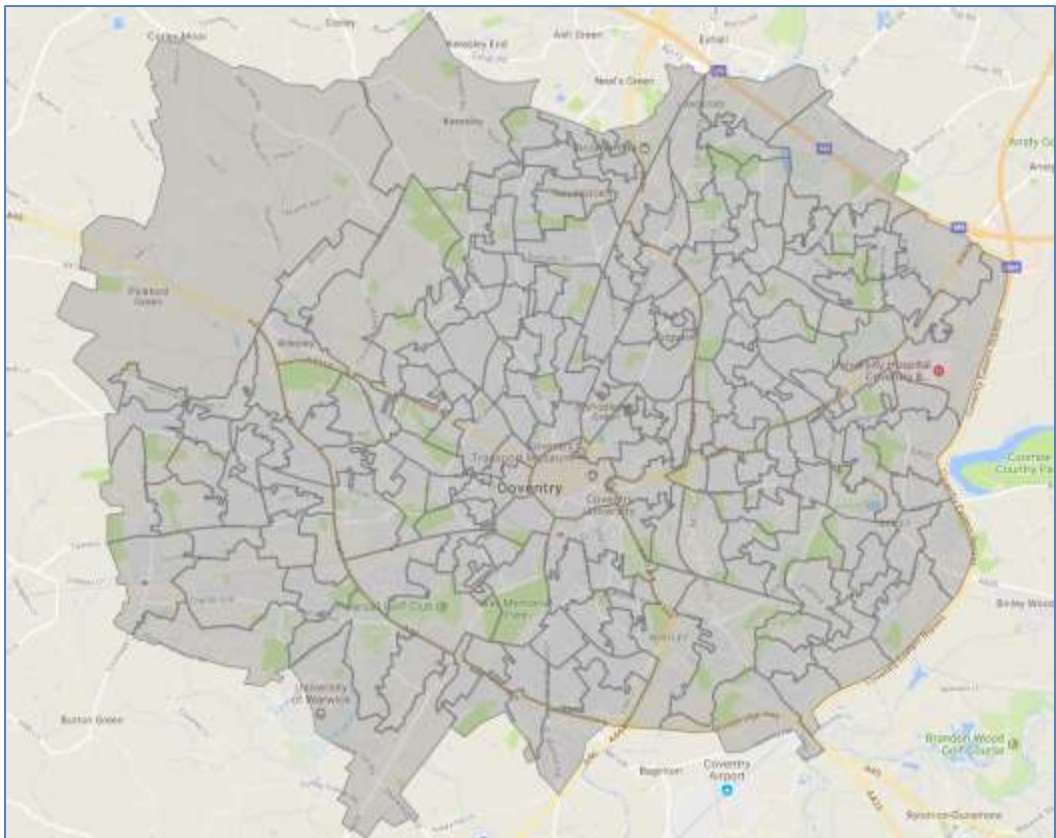
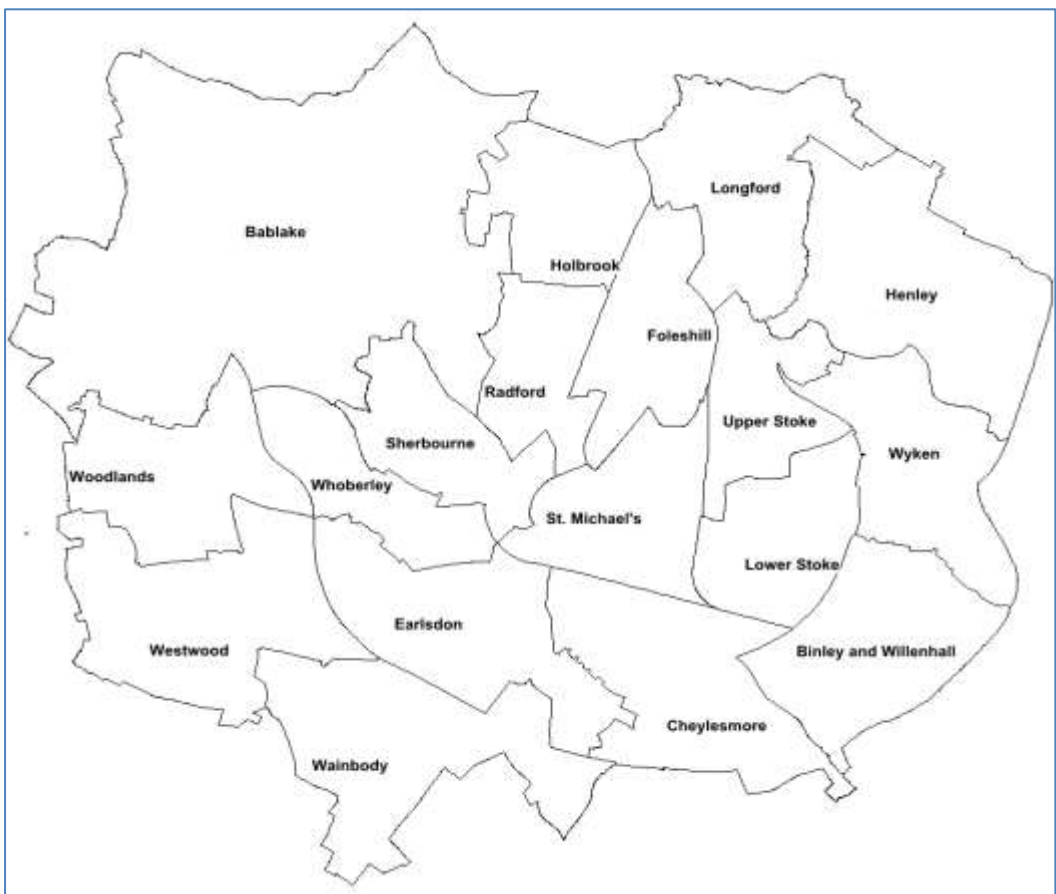


Figure 2: Map showing Coventry Electoral Wards



## 2.2 PNA Steering Group

The HWBs of Coventry and Warwickshire are approaching the development of the PNAs as a collaborative project, with separate reports being produced for Coventry Health and Wellbeing Board (CHWB) and Warwickshire HWB in accordance with the regulations.

The developments of both PNAs for 2018 have been overseen by the same multi-disciplinary steering group which included representation from organisations for both the Coventry and Warwickshire areas including the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), Healthwatch, Local Authorities (LAs) and local CCGs. The terms of reference and members of the steering group are provided in Appendix 1. The steering group has the following responsibilities:

- For reviewing the updated PNA 2018 to ensure it meets the statutory requirements
- Approving all public facing documentation
- Providing advice on the best method to integrate/align the PNA to Joint Strategic Needs Assessment (JSNA)
- Providing advice and information to CHWB about community pharmacies in the area
- Providing advice and information to CHWB about the potential of community pharmacy to address health inequalities as addressed by the JSNA
- Providing leadership in developing a single robust PNA across Coventry
- Ensuring the engagement and involvement of relevant people/bodies in the development of the PNA

## 2.3 Information Sources

Various sources of information have been used to identify the local need and the priorities for the PNA. These include:

- Joint Strategic Needs Assessment
- Patient & Public experience survey
- Healthwatch Coventry report “Pharmacy Services in Coventry: what is important to local people.”<sup>6</sup>
  - survey conducted of 703 Coventry residents (March 2017)
- Pharmacy contractor survey
- Office of National Statistics (ONS), Census data 2001
- Public Health Sources
- Local strategies examined in relation to pharmaceutical needs:
  - HWB strategy
  - Sustainable Transformational Partnership (STP) Plan
- NHSE provided pharmaceutical and dispensing medical lists

This data has been combined to provide a picture of the Coventry population, their current and future health needs and how pharmaceutical services can be used to support the Coventry HWB to improve the health and wellbeing of Coventry City’s population.

## 2.4 Stages of Development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult with patients and professionals about local health services. All specific legislative requirements in relation to the development of PNAs were duly considered and adhered to.

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<sup>6</sup> <http://www.healthwatchcoventry.co.uk/content/pharmacy-services-coventry-what-important-local-people>

## Stage 1

A project management approach was used to develop the PNA and a steering group established that met regularly during the development of the PNA. Stakeholder views were gathered through feedback in meetings, via telephone or virtually by email.

## Stage 2

A pharmacy survey and public survey were developed to capture views of Coventry residents and pharmacies on the current pharmaceutical services provision available in Coventry. The content of the survey was then approved by the steering group. Both the pharmacy survey and public survey were undertaken in September 2017. Once the responses of both were analysed, the pharmacy survey results, where possible, were validated against data already held. The full analysis of both surveys including respondent profiling is available in the appendices. Key findings have been incorporated into the document throughout.

## Stage 3

Following the initial data collection period, results were collated and analysed and a summary of current provisions and the gaps in provision of pharmaceutical services was identified and fed back into the draft report. The content of the PNA including demographics, localities and background information was approved by the steering group.

In addition to taking account of all views submitted from key stakeholders outlined above, this PNA considered a number of other factors including:

- The size and demography of the population across Coventry
- Adequacy of access to pharmaceutical services across Coventry
- Differing needs of individual localities within Coventry
- NHS services provided in or outside Coventry's area which affect the need for pharmaceutical services.
- If further provision of pharmaceutical services would secure better access to pharmaceutical service for the residents of Coventry
- The impact of predicted changes to the size of the population, the demography of the population and changing needs in the future which could lead to gaps in the provision of pharmaceutical services.

## Stage 4

As required by legislation, a 60 days consultation is necessary during the process of producing this document.

Under the 2013 Regulations, we are required to consult at least once on a draft of their PNA during the process and this consultation period must last for a minimum of 60 days. The Regulations set out that HWBs must consult the following bodies at least once during the process of developing the PNA:

- Any Local Pharmaceutical Committee (LPC) for its area
- Any Local Medical Committee (LMC) for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area
- Any Local Healthwatch organisation for its area
- Any NHS trust or NHS foundation trust in its area

- The NHSCB
- Any neighbouring HWB

## 2.5 Equality Assessment

The Public Sector Equality Duty (PSED) was introduced via the Equality Act 2010. It ensures that Councils and other public bodies consider how different people will be affected by their activities and services.

Council must have due regard, to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it.

In accordance with the PSED; at the outset of the PNA process the appropriate registration and paperwork was completed in accordance with the Midlands and Lancashire Commissioning Support Unit Engagement Policy.

In particular when producing the public survey, the pharmacy contractor survey and the consultation survey advice was sought to ensure adherence to the PSED. Surveys were also made available in other formats on request including an easy to read format.

## 3.0 Relevant Strategies and Plans

### 3.1 NHS Five Year Forward View

Published in 2014<sup>[2]</sup>, this strategy sets a vision for the NHS in England; models of care between primary and specialist care, physical and mental health and health and social care are changing, which may create opportunities for community pharmacy to bid for new services.

Part of the process also requires healthcare organisations and local authorities to work together to produce five year 'Sustainability and Transformation Plans' (STPs).

STPs are five-year plans covering all NHS spending in England, stemming from NHS England's Five Year Forward View. A total of 44 areas have been identified as the geographical 'footprints' on which the plans will be based, with an average population size of 1.2 million people (the smallest area covers a population size of 300,000 and the largest 2.8 million).

### 3.2 Community Pharmacy Clinical Services Review

An independent review<sup>[1]</sup> (the "Murray report") was commissioned by the Chief Pharmaceutical Officer Dr Keith Ridge in April 2016 following the opportunity presented by NHS England's publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The report highlights the potential for better utilising the clinical skills and expertise of the community pharmacy team.

The Murray report highlights that there is a risk of leaving community pharmacy on the outside as new care models such as STPs develop. It recommends that efforts are made to ensure that community pharmacy is involved in local and national public health plans. At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the complexities of the commissioning landscape. At a local level, the Health and Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

### 3.3 Community Pharmacy Five Year Forward View

The Community Pharmacy Forward View<sup>7</sup> sets out the sector's ambitions to radically enhance and expand the personalised care support and wellbeing services that community pharmacies provide. Pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

It sets out three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub

Many of the scenarios described are already happening in pharmacies throughout the county. The document calls for a consistent approach to involving community pharmacy's leaders in both national and local planning and decision-making.

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<sup>[2]</sup> <https://www.england.nhs.uk/five-year-forward-view/>

<sup>7</sup> <http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/>



### 3.4 Community pharmacy – a way forward

In 2016, the Department of Health and NHS England consulted with the Pharmacy Services Negotiating Committee (PSNC) regarding changes to the Community Pharmacy Contractual Framework (CPCF). Community pharmacy in 2016/17 and beyond<sup>[1]</sup> set intentions to modernise Community Pharmacy, more effectively integrate community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies (around 40% of pharmacies nationally are in close proximity).

Public Health England recently published a report on the role that community pharmacy could play in making a difference to the public's health: Pharmacy - A way forward for Public Health (September 2017). The report considers that healthcare professionals can play an important role in supporting people to make small and sustainable changes that improve their health. The report states that brief and very brief interventions by healthcare professionals have been shown to be effective ways of supporting sustainable behaviour change.

Pharmacies present an opportunity for prevention as patients with long-term conditions are in regular contact with community pharmacies. Pharmacies are well placed to support people to reduce their risks by encouraging healthy behaviours. Public Health England specifically emphasise pharmacy as playing a role in:

- Cardiovascular disease (CVD) secondary prevention
- improving management of patients with high blood pressure
- deliver effective brief advice on physical activity in clinical care
- raise public awareness about reducing the risk of dementia
- alcohol identification and brief advice

Taking into account the Public Health England report and considering it in relation to the STP plans creates several opportunities for community pharmacy to have greater input. These areas are considered in more detail under the STP section.

### 3.5 Health and Wellbeing Board Strategy Vision

Coventry Health and Wellbeing Board (CHWB) became a statutory body on 1st April 2013; this is as one of the requirements of the Health and Social Care Act 2012. The CHWB has set out a strategy for 2016 - 2019, also known as the Joint Health and Wellbeing Strategy which is ultimately the city's plan for reducing health inequalities and improving health and wellbeing outcomes for Coventry residents. It is based on the findings from Joint Strategic Needs Assessment and consultation with key stakeholders. The Strategy sets the context for other health and well-being plans and for commissioning of NHS, public health, social care and related children's services. The Board expects that the commissioning plans of the City Council and the local NHS are consistent with the strategy, as required by the Health and Social Act 2012. The strategy for 2016-2019 focusses on three priorities where the Health and Wellbeing Board believes it will make the biggest difference to the lives of Coventry people. These are:

- Working together as a Marmot City to reduce health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

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<sup>[1]</sup> <https://www.gov.uk/government/publications/community-pharmacy-reforms>






The 2016 refresh of the Joint Health and Wellbeing Strategy reflects the progress made towards achieving the objectives originally agreed in 2013, and responds to the rapidly changing and increasingly challenging context for the wider determinants of health and the health and social care system.

The **Health and Wellbeing Strategy** provides Coventry residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will deliver over the next three years and how we will work together to achieve this. The third priority of the HWBS links to the STP focussing on five key areas:

- **Proactive and Preventative Care**
- **Urgent and Emergency Care**
- **Planned Care**
- **Maternity and Paediatrics**
- **Productivity and Efficiency**

### 3.6 Coventry and Warwickshire Sustainable Transformational Plans

Coventry and Warwickshire’s STP sets out a vision for the future of health and care services and focuses on helping people to stay healthier for longer and on providing better care at home or closer to home. The STP vision is aligned to the identified and understood wider challenges and priorities for the Coventry & Warwickshire Health and Care economy, as agreed by the Health and Wellbeing Boards. The focus is on making sure safe and sustainable services are delivered to Coventry and Warwickshire citizens in ways that benefit them and support the STP vision and all partners have agreed that form will not be a barrier to the delivery of such services.

| Transformation Workstreams (summary)   |  |   |  |
|--|--|---|--|
| Workstream   | Content  | Some Examples   | Outcomes   |
| <br>Proactive & Preventative  | Prevention<br>Existing Better Care Fund activity<br>Existing Out of Hospital plans<br>Crisis response<br>Extended scope of proactive care  | Public Health activity<br>Social Prescribing & Community support<br>Neighbourhood teams<br>Early intervention   | Reducing activity growth related to smoking and obesity for 70% of smokers and all high risk related to obesity<br>Reducing Non-elective(NEL)/A&E activity for top 15% most complex patients<br>Reducing length of stay<br>Reducing NEL/A&E activity for all people with LTCs (not within top 15% most complex patients) |
| <br>Urgent & Emergency Care   | Enhanced ambulatory care<br>Establish a U&EC network (Senior clinician at front door)<br>Inputting into other workstreams (in particular proactive and preventative)<br>New stroke pathway | Frailty services<br>Improved primary care access<br>Urgent Care centres<br>Paramedic @ home<br>Public education<br>Integrated 111/Out of Hours<br>Stroke pathway redesign<br>Possible A&E reconfiguration | Reducing NEL admissions for people who are frail (largely aligned with 15% most complex)<br>Reducing NEL/ A&E activity for the remainder population  |
| <br>Planned Care              | Pathway redesign<br>Reduction in lower value procedures<br>Consolidation of elective specialties   | Musculoskeletal pathway<br>Other pathways redesigned<br>Review of "out-dated"/lower value procedures<br>Patient education   | Reducing OP activity for all OP attendances<br>Reducing elective day case activity<br>Removal of duplication<br>Reducing unit cost for identified elective specialties<br>Standardised referrals/pathways across the footprint   |
| <br>Maternity & Paediatrics   | Response to recent national and regional reviews<br>Ongoing sustainability across footprint (eventually part of Planned Care)  | Expanded home birth provision<br>Address Workforce challenges<br>Sustainable services   | Unit cost analysis of options.<br>Bottom up analysis of configuration options.<br>Service reconfiguration to meet national/local review recommendations and bring ongoing sustainability<br>Realise financial savings  |
| <br>Productivity & Efficiency | Back office collaboration<br>Consolidation of clinical support services  | Procurement, Pay roll<br>Pathology network, Radiation protection, Estates, IM&T   | Savings from back-office and clinical support collaborations/consolidation<br>Sustainable clinical support functions   |

### 3.7 The General Practice Five Year Forward View

The General Practice Forward View represents a step change in the level of investment and support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services. NHS England is committing to an increase in investment to support general practice over the next five years. Furthermore this will be supplemented by GP-led CCGs as they act to transform local care systems.

Issued in April 2016<sup>[4]</sup>, this strategy promotes the importance of pharmacy in evolving models of health and social care in England. Funding was made available to pilot clinical pharmacists in general practice so that they can play a greater role in minor ailments, long term condition management and medicines optimisation. This strategy promotes the importance of pharmacy in evolving models of health and social care in England. It set out proposals for the future of the NHS based around new models of care, and offers a strategic opportunity to review and revisit the role of community pharmacy in the health and care system. Two funding streams, the GP Access Fund and 'Clinical Pharmacist' programme will be used to pilot ways in which pharmacists can play a greater role in minor ailments, long term condition management and medicines optimisation.

The programmes discussed in the Five Year Forward View will be piloted during the time covered by this PNA. There is not however evidence at this time that these proposals will impact on the need for pharmaceutical services; they may however increase demand.

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<sup>[4]</sup> <https://www.england.nhs.uk/gp/gpfv/>

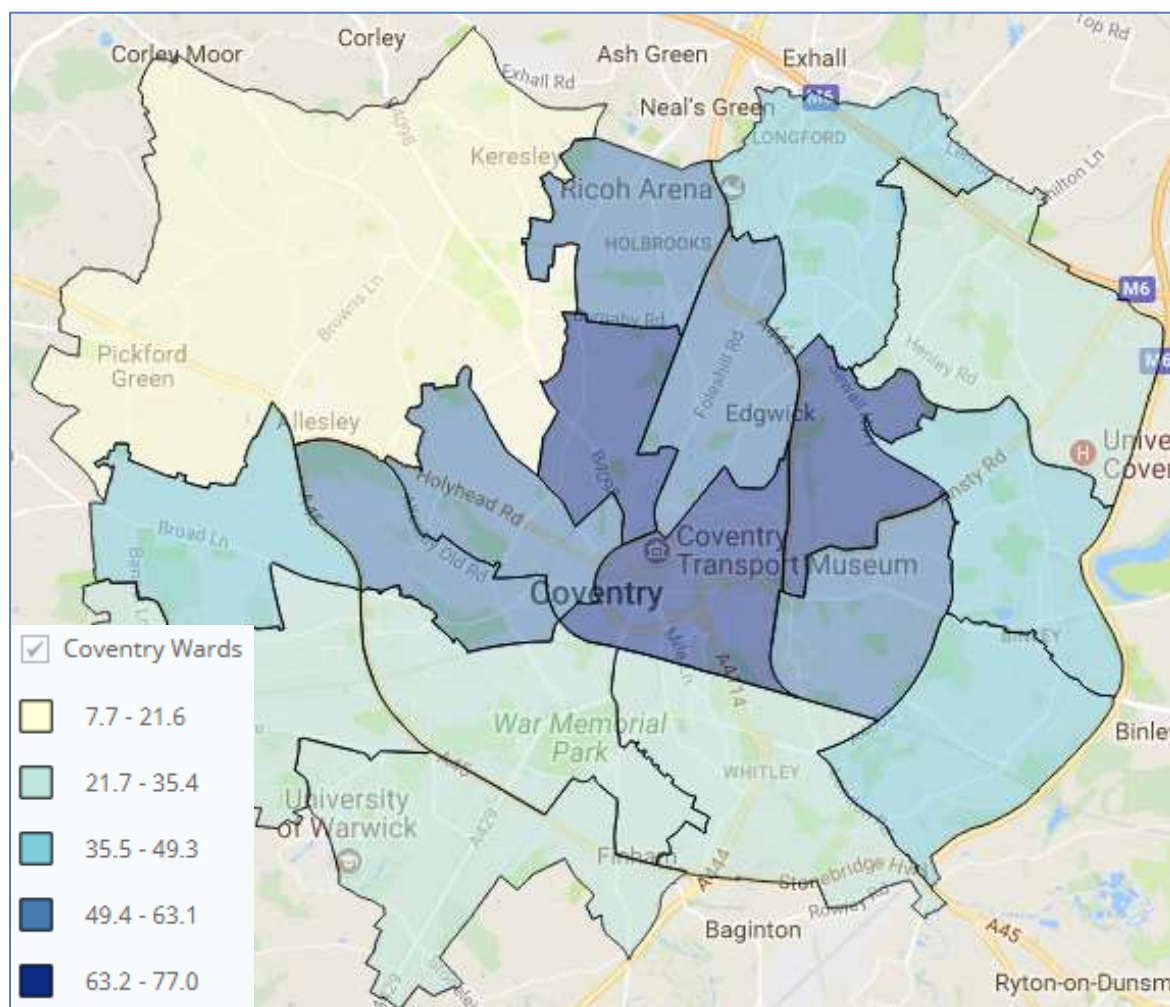
## 4 UNDERSTANDING LOCAL NEED

The JSNA<sup>8</sup> contains a more complete analysis of health in Coventry; this section of the PNA highlights features particularly relevant to pharmaceutical needs such as prevalence of long term conditions and lifestyle statistics relevant to locally commissioned services.

### 4.1 Coventry City Population Overview

The latest Office of National Statistics (ONS) population estimate for Coventry is 352,900 people in 2016; an increase of 7,500 from 2015 demonstrating a 2.2% year on year increase. The annual population increase between mid-2015 and mid-2016 in Coventry was estimated to be amongst the highest in the England where average growth is 0.9%. Population growth in Coventry is mainly due to an increase in net international migration to the city and an increase in the number of births in the city. There are less people migrating abroad from the city than there are people migrating to the city from abroad. This can be seen as a result of the number of international students studying at local universities in the Midlands<sup>9</sup>. Current ONS data suggests that over 78,000 Coventry residents were born abroad.<sup>10</sup>

**Figure 5 Population Density Map of usual residents of an area per hectare of that area.**



<sup>8</sup> [http://www.coventry.gov.uk/info/190/health\\_and\\_wellbeing/1878/joint\\_strategic\\_needs\\_assessment\\_jsna](http://www.coventry.gov.uk/info/190/health_and_wellbeing/1878/joint_strategic_needs_assessment_jsna)

<sup>9</sup> Coventry City Council, Coventry's population estimate 2015

<sup>10</sup> [ONS, Population by country of birth and nationality 2014](https://www.ons.gov.uk/peoplepopulationandcommunity/ethnicityandnationality/bulletins/populationbycountryofbirthandnationality/2014)

## 4.2 Population Forecast

Population projections from the ONS are calculated by casting forward the patterns of change in births, deaths and migration from today. Using this methodology, Coventry's population is projected to increase to 361,400 in 2021, a 7.2% increase from 2015. The ONS, however, emphasize that these estimated projections do not take into account changes in government policy or economic factors which may have an impact on population levels.<sup>11</sup>

## 4.3 Age

Coventry has a young population profile and this is due to many factors, but mainly due to the presence of two large universities within the city. The student population means there is a continually large population of residents aged between 18-24 years.

Coventry is a relatively young city and has been becoming younger on average in recent years; with an average age of 33.5 years; lower than England's average of 40 years. Although the city has a large population of young residents, the most recent ONS estimates there is still a significant number of older people (with 35,000 aged over 70 years old) which is continually increasing. Looking at previous Coventry population values, the population of older people aged 65 years and over has increased by 0.6% between mid-2015 and mid-2016.

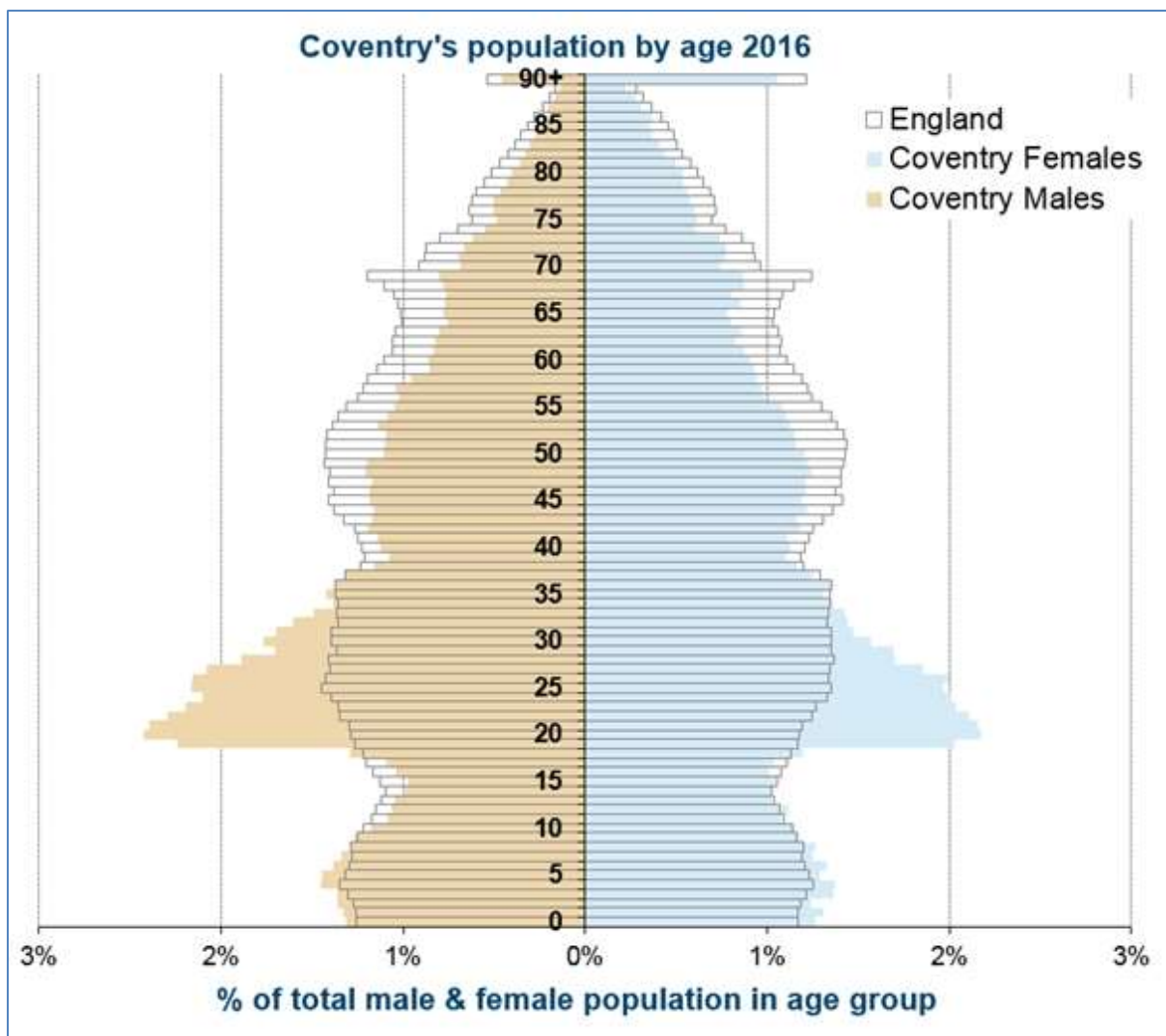
In Coventry, the working age population is also increasing. This is particularly due to growth amongst 18 -24 year olds and 25-34 year olds and is also due to the result of increasing number of full-time students enrolled at local universities between 2015 and 2016.

Continuing a recent trend, the average age of Coventry's residents reduced between mid-2015 and mid-2016. The population of 0-15 year olds increased by 1.9%, 16-64 year olds increased by 2.6% and older people aged 65 and over by 0.6%. However, with life expectancy increasing, the population of residents aged 65 years plus is likely to increase faster than younger age groups in the future. Whilst an ageing population can be thought of as positive, reflective of improved healthcare, this is also perhaps the largest demographic issue facing the county. As a result the dependency ratio is set to increase. This places a higher burden on the working age population, and leads to a number of challenges for public services, particularly around health, social care provision, and publicly managed infrastructure such as the transport network.

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<sup>11</sup> [ONS. 2012-based subnational population projections for England.](#)

Figure 6: Table showing the population pyramid 2016 profile for Coventry<sup>12</sup>



#### 4.4 Ethnicity

Coventry is an ethnically diverse city, with around one-third (33%) of the population from minority ethnic groups (that includes all non- white British ethnic groups) compared to 20% for England as a whole. The largest minority ethnic group are Asian/Asian British communities, making up 16.3% of the city’s population; including 8.8% with an Indian background. The next largest minority group are people with a White Other background, who make up 4.9% of the population. Coventry’s population with a Black African background has grown to 4%, which is now more than double the English average (1.8%). The largest numbers of new communities are from Polish, Nigerian, Somali, Cameroonian, Chinese and Roma communities.

The city’s population is expected to become more diverse: among schoolchildren, 48% of pupils are from ethnic backgrounds other than White British, including 9% Black African, 8.7% Asian Indian and 7% White Other. In addition, 43 first languages are spoken in Coventry schools by 50 or more children. The most common first languages spoken are English (67.2%), followed by Panjabi (4.5%); Polish (3.7%); Urdu (3.3%); Bengali (1.5%); and Romanian (1.5%).

<sup>12</sup> ONS mid-year population estimate 2016

## 4.5 Inequalities and Deprivation

People who live in the most deprived parts of Coventry have worse health prospects than those who live in the least deprived parts of the city. Reducing this variation across the city is a key component of Coventry's Marmot city priority within the HWB strategy.

Coventry is one of seven cities in the UK which was invited to participate in the UK Marmot Network and become a Marmot city, ensuring the activities of Coventry City Council and their partners are focused on reducing health inequalities across the city. Coventry City Council has committed to work with partners across the city and revise its Marmot strategy<sup>13</sup> which will be progressed over the next three years.

Reducing inequality across Coventry will have an impact on the life chances and health outcomes of people across the city. Understanding inequality, both its impact and what contributes to inequality across the city, will help support the identification of priorities and ensure that resources are effectively targeted

Deprivation in this assessment is taken to mean socio-economic deprivation, which is summarised in England using the Indices of Multiple Deprivation score (2015). This score system, published by the Department of Communities and Local Government (DCLG) incorporates the domains of income, employment, health, education and skills, barriers to housing, crime, and the living environment.

Using this system, the key findings for Coventry from the English Indices of Deprivation 2015 were<sup>13</sup>:

- When English local authorities are ranked in terms of 'how deprived' the most deprived 10% of the local population are, Coventry is ranked as 38<sup>th</sup> most deprived
- When considering the proportion of small neighbourhoods using Lower-layer Super Output areas (LSOAs) that are identified as the most deprived 10% in the England, Coventry is the 46<sup>th</sup> most deprived local authority in England
- Coventry is ranked lower when considering the proportion of most deprived neighbourhoods in each area. Coventry is ranked higher when an average across the whole city is used. This demonstrates inequality across the city.
- Using the Average of LSOA Scores, which summarises the district as a whole including deprived and less deprived LSOAs, Coventry is ranked 54<sup>th</sup> out of 326, demonstrating a 'better performance' than when looking at the proportion of neighborhood's population considered to be the most deprived 10% in England.

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<sup>13</sup> UCL Institute of Health Equity, Fair Society, Healthy Lives: The Marmot Review

Figure 7: Map of Coventry LSOAs by deprivation decile from English indices of deprivation<sup>14</sup>

#### 4.6 Mental Health

Good mental wellbeing plays an important role in the promotion of both physical and mental health. Wellbeing and good mental health are fundamental in helping individuals achieve their potential, whether that is in education, employment or socially. It is also a key part of good physical health. Poor mental health is associated with various experiences that cause problems in people's lives. This includes substance abuse, poorer employment prospects and worsening social disadvantage. Mental health and many common mental disorders are influenced by a wide range of social, economic and environmental factors. Mental health problems are increasing and they place an enormous strain on individuals, families and even the local community. Because of this, national policy now demands that mental health be treated on the same level as physical health.

Approximately 1 in 6 people in Coventry are estimated to be affected by a common mental health condition at any one time<sup>15</sup>. Common mental health disorders include conditions such as depression, anxiety, phobias, obsessive-compulsive disorder (OCD), eating disorders and post-traumatic stress

<sup>14</sup> <https://data.gov.uk/> Indices of Deprivation 2015

<sup>15</sup> [Public Health England, Common mental health disorders](#)



disorder (PTSD). The mental health and wellbeing assets and needs assessment for the Coventry and Rugby CCG area estimated that there are over 67,000 noted common mental health disorders in the Coventry population aged between 16-74 years<sup>16</sup>. Included in this figure are 25,000 people with a depressive or anxiety disorder, and a further 500 with a psychotic disorder. 5% of people in Coventry report low life satisfaction on direct questioning. Given that many mental health problems are not formally diagnosed, and that not all people will actively seek or engage with services, these figures are likely to be an underestimation. The King's Fund estimates that 35% of those with depression and 51% of those with anxiety disorders do not seek support from services.

The prevalence of common mental health diagnoses in Coventry is higher than in both England and in cities with similar deprivation. For example, 10.4% of 16-74 year olds in Coventry are estimated to suffer from mixed anxiety and depressive disorders, compared with 8.9% nationally<sup>17</sup>.

As the numbers of people living to old age increase in Coventry (despite the continued fall in the city's average age) the number of people with dementia will be increasing too. People with dementia typically experience a progressive decline in their memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may also experience behavioural and emotional symptoms. Most people with dementia in Coventry live at home, with support from friends and family members and caring for someone with dementia can increase the risk of depression and physical illness. As a result, dementia causes distress and upheaval for the lives of many family members and carers, so the impact of increases in the numbers of people suffering from dementia has an impact right across the community.

An estimated 3,600 people in Coventry have dementia, although approximately only half of these will have a formal diagnosis, and thus have access to related services<sup>18</sup>. There is a current national target for 67% of cases of dementia to be diagnosed.

The prevalence of dementia in the city is increasing, from 0.45% in 2010/11 to 0.57% in 2014/15, and this is reflective of the increasing proportion of older people<sup>19</sup>. When the prevalence in the population aged 65 years and older is considered, this increases to 3.82%, compared to 4.27% nationally. In line with global trends, the prevalence of dementia is expected to double by 2030<sup>20</sup>. National prevalence estimated for males aged 70-74 stands at 3.1% and for females this is 2.4%. This increases to 16.7% for males and 22.2% for females aged 85-89 and for those aged 90 years and older, the increase is even starker at 27.9% for males and 30.7% for females<sup>21</sup>.

## 4.7 Physical Wellbeing

### Substance misuse

Illicit drugs are known to have a variety of detrimental effects on physical and mental wellbeing<sup>22</sup>. The Coventry drugs strategy estimated 2,000 adults in Coventry use opiates and/or crack cocaine on

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<sup>16</sup> [Coventry City Council, Mental Health and Wellbeing Assets and Needs Assessment for Coventry and Rugby](#)

<sup>17</sup> Nomis, Labour market profile- Coventry

<sup>18</sup> [Dementia Partnerships, Dementia prevalence calculator](#)

<sup>19</sup> Public Health England, Adult social care outcomes framework

<sup>20</sup> [Alzheimer's Disease International, World Alzheimer's report 2014: Dementia and risk reduction - an analysis of protective and modifiable factors](#)

<sup>21</sup> [Alzheimer's Society, Dementia UK update](#)

<sup>22</sup> [NHS Choices, The effects of drugs](#)

a regular basis<sup>23</sup>. The prevalence of opiate or crack users amongst 15 to 64 year olds in the city is 9.2 per 1000, lower than cities of a similar deprivation profile, but still higher than the England average of 8.4 per 1000. The number of hospital admissions due to substance misuse in young people aged 15 to 24 years is significantly lower than the country's average (65.8 compared to 88.8 per 100,000 respectively)<sup>24</sup>. Early intervention in substance misuse can prevent loss of employment and income, decrease drug-associated crime, and limit the risk of further physical and mental health conditions as a result of substance misuse, such as blood borne virus infection. Treatment data from 2014 notes the percentage of opiate users who completed treatment and who did not re-present within 6 months and this stands at 6.4% in Coventry, compared to 6.2% in the West Midlands and 7.4% in England

### Alcohol

Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community.

While many people enjoy alcohol responsibly, it is estimated that approximately nine million adults in England drink alcohol at levels that may pose a risk to their health<sup>25</sup>. The widespread harms of excessive or chronic alcohol overconsumption range from liver disease to an increase in domestic violence and other crimes. The direct annual costs to the NHS are £3.5 billion, with the indirect societal costs approaching £21 billion.

There are over 13,000 high-risk drinkers in Coventry, defined by the consumption of 50 or more units per week for men and 35 or more units per week for women<sup>26</sup>. Within the city, alcohol is estimated to be a contributing factor in 38,000 emergency department attendances and 3,100 crimes annually and is cited as an issue in one in five child protection cases.

There were 2,348 alcohol-related hospital admissions in 2014/15 at a rate of 767 per 100,000. This is significantly higher than in the West Midlands and England (697 and 641 per 100,000 respectively), but hospital admission rates have been reducing year-on-year for the last three years faster than the national average<sup>27</sup>. Within Coventry, alcohol-related hospital admissions vary considerably; for example, admissions are twice as likely in Foleshill compared to Wainbody. Furthermore, Coventry's alcohol strategy indicates that alcohol-related health harms increase with age and that almost 60% of patients admitted to hospital to receive treatment for alcohol-related conditions were aged 55 years or older.

### Smoking

Tobacco is the biggest contributor towards premature and preventable mortality, accounting for approximately 100,000 deaths a year in the UK<sup>28</sup>. It accounts for 1 in 6 deaths in England, and annually costs the NHS £2 billion<sup>29</sup>. The risk of a young person starting smoking is significantly

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<sup>23</sup> Coventry City Council, Coventry Drugs Strategy

<sup>24</sup> Public Health England, Children and young people's health benchmarking tool

<sup>25</sup> [Public Health England, Alcohol treatment in England 2013-14 \(PDF\)](#)

<sup>26</sup> [Coventry City Council, Alcohol Strategy](#)

<sup>27</sup> [Public Health England. Local alcohol profiles](#)

<sup>28</sup> Action on Smoking and Health, Smoking statistics: illness and death

<sup>29</sup> Action on Smoking and Health, The economics of tobacco

increased if their parents smoke<sup>30</sup>. Furthermore, Coventry's smoke-free strategy highlights that the vast majority of smokers started using tobacco products while still a teenager, with national research indicating that 80% of smokers started smoking before the age of 16<sup>31</sup>. Smoking is also linked with an increased risk of alcohol and substance misuse.

There are around 50,000 smokers in Coventry. The prevalence of adult smokers stands at 15.6% which has decreased from 18.5% in 2013 and an estimated 5.8% of 15-year-olds self-identify as regular smokers<sup>32</sup>. In addition, 13.5% of 15 year olds state that they currently use, have previously used, or tried e-cigarettes. Smoking prevalence figures are lower than that reported for England (18%) and broadly lower than in cities of a similar level of deprivation. Nevertheless, these data do not identify how many cigarettes are smoked and so identify both heavy smokers and those who are occasional smokers and are also based on self-reported use of cigarettes. Nationally, there is an increased prevalence of smoking in areas of greater deprivation. Although accurate data is not available, there is estimated to be a wide range of teenage smoking rates within Coventry, from 3% in Foleshill to 12% in St Michael's<sup>33</sup>.

#### 4.7 Long Term Conditions

At a national level research estimates indicate 70% of health spend is accounted for by 30% of the population with 50% of all GP appointments, 64% of appointments as an outpatient and 70% of bed days attributed to long-term conditions. Also, relevant to the analysis on long-term conditions is the fact that people will often have two or more long-term conditions simultaneously. While the number of people with one long term condition is projected to be relatively stable at a national level over the next ten years, the number of people with multiple conditions is projected to rise to 2.9 million in 2018, from 1.9 million in 2008

Long Term Conditions (LTCs) that have a notable impact on health in Coventry are cancer, cardiovascular disease (CVD), and chronic obstructive pulmonary disease (COPD). Improving the health outcomes of people with these conditions would help reduce premature mortality in Coventry.

#### Cancer

The overall incidence of cancer is increasing. The NHS spends almost £6 billion on the diagnosis and treatment of cancer annually, and the cost is expected to rise<sup>34</sup>. In Coventry, there are approximately 1,000 cancer deaths per year. Mortality is not the inevitable end-point of cancer and, whilst survival patterns depend on the location and type of cancer, overall survival from most forms of cancer are improving nationally<sup>35</sup>. Early diagnosis and treatment improves the chances of survival from any cancer and in Coventry, 43.6% of cancers are diagnosed at stages 1 or 2, compared to 45.7% for England and 44.3% for the West Midlands. This is defined as new cases of cancer diagnosed at stage

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<sup>30</sup> Leonardi-Bee J., Jere ML., Britton J., Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax* 2011; 66(10): 847-55.

<sup>31</sup> [Coventry City Council, Coventry smoke free strategy 2015-2020 \(PDF\)](#)

<sup>32</sup> Public Health England, [public health outcomes framework](#) and Health behaviours in young people- What About YOUTH?

<sup>33</sup> Public Health England. Local health profiles

<sup>34</sup> [Nuffield Trust, NHS spending on the top three disease categories in England](#)

<sup>35</sup> Walters, S., Benitez-Majano S., Muller P., et al. Is England closing the international gap in cancer survival? *Br J Cancer* 2015; 113 (5): 848-60

1 or 2 as a proportion of new cases of cancer diagnosed<sup>36</sup>. Specific cancers vary in their incidence, but the most common cause of cancer mortality, both locally and nationally, is lung cancer. Smoking is the major risk factor for developing lung cancer, and hence a vast proportion of lung cancer deaths are deemed preventable (89%). The premature mortality rate from lung cancer is 71 per 100,000 of the population in Coventry, which is significantly higher than both the West Midlands and England (which have mortality rates of 59 and 60 per 100,000 of the population per year, respectively). The incidence of lung cancer is variable within Coventry; for example, there is more than twice the incidence in Longford and Upper Stoke compared to Wainbody and Earlsdon.

### Cardiovascular disease

Cardiovascular disease (CVD) is a general term that encompasses a disease of the heart or blood vessels<sup>37</sup>. It is the cause of more than a quarter of all deaths in the UK, with annual costs to the NHS and the economy estimated at over £15 billion<sup>38</sup>. Many modifiable risk factors exist for this condition, including hypertension, high cholesterol, obesity and diabetes<sup>39</sup>.

In Coventry, the mortality rate from cardiovascular disease in the under-75s is 89 per 100,000 per year according to 2012-14 data, although cardiovascular mortality has generally been decreasing over the previous decade, both locally and nationally. Across Coventry, there is also a difference between the mortality rates for males and females with a rate of 125.3 deaths per 100,000 within the male population and 53.8 per 100,000 within the female population<sup>40</sup>.

In addition, within the UK, CVD mortality is 50% higher in the most deprived communities compared to the least deprived<sup>41</sup>. This inequality is apparent within Coventry. For example, there is more than twice the number of emergency admissions for heart attacks in Foleshill compared to Earlsdon<sup>42</sup>. When looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths.

Many cardiovascular deaths can be prevented or delayed by simple lifestyle interventions. The preventable mortality rate in under-75s from CVD in the city is 58.6 per 100,000 of the population per year – significantly worse than the national rate of 49.2 per 100,000 of the population per year.

### Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) occurs secondary to long-term smoking, predominantly affects people over the age of 40, and is characterised by shortness of breath, a persistent cough and frequent chest infections and includes conditions such as chronic bronchitis,

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<sup>36</sup> Public Health England, public health outcomes framework [www.phoutcomes.info](http://www.phoutcomes.info) the proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2

<sup>37</sup> [NHS Choices, Cardiovascular disease](#)

<sup>38</sup> British Heart Foundation, Cardiovascular disease statistics - headline statistics

<sup>39</sup> Grundy SM., Pasternak R., Greenland P., Smith S., Jr., Fuster V. Assessment of cardiovascular risk by use of multiple-risk-factor assessment equations: a statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation* 1999; 100(13): 1481-92

<sup>40</sup> [Public Health England, public health outcomes framework](#)

<sup>41</sup> Marmot M, Bell R. Fair society, healthy lives. *Public Health* 2012; 126 Suppl 1: S4-10

<sup>42</sup> Public Health England, Local health profiles

emphysema and chronic obstructive airways disease<sup>43</sup>. COPD is associated with a reduced quality of life, frequent hospital admissions and significant mortality<sup>44</sup>.

Data from the Coventry and Rugby Clinical Commissioning Group suggest that 1.6% of GP-registered patients have documented COPD, compared to the national proportion of 1.8%. Emergency admissions for COPD are four times more common within residents of Binley and Willenhall compared to Earlsdon, and this difference may well be due to the underlying variations in smoking rates<sup>45</sup>. Improvements in the medical management of COPD are estimated to reduce admissions by 5%, but smoking interventions and the prevention of respiratory infections (for example via influenza vaccinations) will have a greater benefit on reducing the prevalence and admission rates of COPD<sup>46</sup>.

There has been little change in the incidence of COPD-related mortality locally or nationally over the previous five years. COPD mortality rates in Coventry are significantly higher than in England overall

### Diabetes

Diabetes affects almost 3.5 million people in the UK, with a further half a million people likely to have the condition but be unaware of it<sup>47</sup>. Type 2 diabetes (adult-onset) is the most common form. Diabetes can lead to a multitude of other medical problems, including heart disease, renal failure, amputations and blindness, and this condition is associated with an annual NHS spend of £9.8 billion<sup>48</sup>. The proportion of those aged 17 years and older registered with a GP who have been diagnosed with diabetes has increased from 5.6% in 2010/11 to 6.5% in 2014/15, and these figures are similar to the national average (6.4%)<sup>49</sup>. Type 2 diabetes is up to six times more common in people of South-Asian origin and three times more common in people of Afro-Caribbean origin<sup>50</sup>.

## 4.8 Future Housing Developments

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future. In total across Coventry and Warwickshire there will be approximately 17,472 homes built over the PNA period of 2017-2020. This equates to a population increase of 41,933 people based on the adopted assumption that there will be 2.4 people per dwelling. Please note that the trajectories are rough estimates and these may change year on year depending on the current economy. Coventry has produced a future housing plan for the period of 2011-2031.

The following estimates for Coventry City Council have been made based upon the plan:

- Over Local Plan period (2011-2031) = 24,600 homes
- Trajectory = 1,300 homes built per annum between 2017 and 2031
- Keresley, 531 homes to be built

<sup>43</sup> [NHS Choices, Chronic obstructive pulmonary disease](#)

<sup>44</sup> Mannino DM., Kiriz VA., Changing the burden of COPD mortality. Int J Chron Obstruct Pulmon Dis 2006; 1(3): 219-33

<sup>45</sup> Public Health England, Local health profiles

<sup>46</sup> National Institute for Health and Clinical Excellence (2011), Chronic obstructive pulmonary disease: costing report, and Strategies for improving outcomes of COPD exacerbations

<sup>47</sup> Diabetes UK, Facts and stats (PDF)

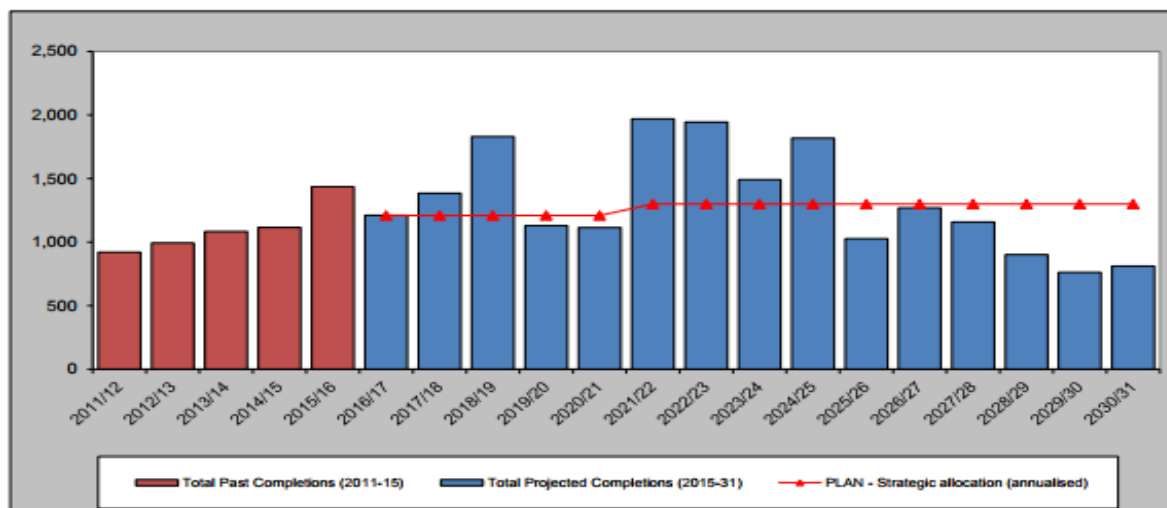
<sup>48</sup> NHS England, Action for diabetes (PDF)

<sup>49</sup> [Public Health England, public health outcomes framework](#)

<sup>50</sup> Public Health England, Diabetes prevalence model (APHO), key findings for England

- Eastern Green, 1282 homes to be built
- Walsgrave Hill Farm, 2000 homes to be built
- Whitmore Park, 1191 homes to be built
- Paragon Park, 400 homes to be built
- Browns Lane, 450 homes to be built

**Figure 3 Projected Housing Development Completions 2011 to 2031**



This has implications for service delivery in new developments. 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 providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

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

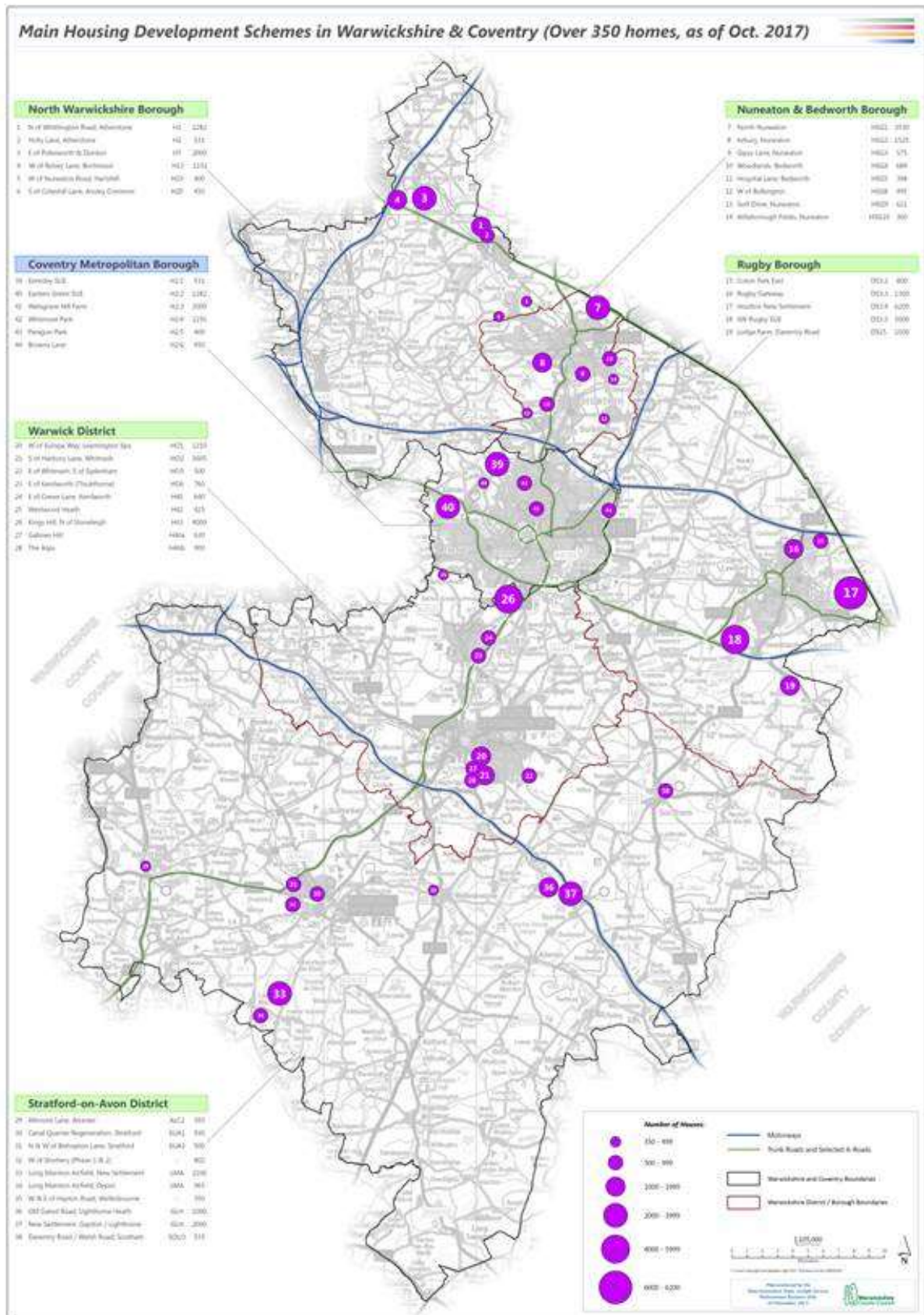
- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e. the proportion of affordable housing at the development. Development Average Household Size
- 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 (e.g. delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) 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 for Coventry

In conclusion, over the coming years, the population in Coventry is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The CHWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available

Figure 4 Housing development schemes in Warwickshire and Coventry





## 5 Pharmacy and Public Surveys Overview

### 5.1 Healthwatch Pharmacy Services in Coventry

Concerns raised by patients about primary care services and context around seeking to find solutions for how primary care service could better delivered for the local population and meet demand, led the Healthwatch Steering Group to add this piece of work to the 2016-17 Healthwatch Coventry work programme. The aims were to:

- Understand how and why people use local pharmacy
- Consider what makes good quality pharmacy services
- Enable the views of local people to influence the way forward for pharmacy services in Coventry including ideas for how pharmacy can further support GP services

In conjunction with the findings of the public survey (below) we have taken into account the findings from the Healthwatch report: Pharmacy services in Coventry: what is important to local people (March 2017). A self-completion survey, guided interview survey and discussion and focus groups methods were used to ascertain views of 703 local people between October 2016 and February 2017.

58 % of the survey respondents were female and 50% of respondents were aged 65 or over. It was expected that older age groups would be reflected more as frequent users of pharmacies are more likely to be older and have long term health conditions. 76% of the respondents were White British; 5% were Indian and 4 % were Black African or Caribbean. At least 85 of the focus group participants were from Asian or other BME communities. 63% of respondents said they had a long term health condition and 20% considered themselves to be disabled.

The full report including key findings is available within the appendices. Throughout this document key findings from this report have been cross-referenced with the findings of the public survey conducted by MLCSU that ran from 29th August 2017 until close on 4th October 2017 (see more details below).

Within the comments made on the report, there was much praise for and value placed on local pharmacy. Mixed feedback was received regarding the Prescription Ordering Direct service (POD). Respondents said they were largely getting their medication on time and correctly and providing positive comments about efficiency and convenience, medication review reminders and effectiveness. However, there were negative comments regarding issues with the POD opening hours not being long enough or convenient; the suitability of the service for some patients (those with memory issues and hearing issues); lack of personal choice and expectations about timing.

A significant issue was also identified in that respondents were not necessarily aware of all the services that are already available via different pharmacies. It was clear from the Healthwatch Coventry report that repeat dispensing was the main service being used at pharmacies and there was some confusion about the other services which were already available with people listing them as things they would like pharmacies to provide, for example talking to discussion/focus group participants highlighted that some were not aware of Blood Taking (Phlebotomy) services at local pharmacies, even though these services have been provided in this way for a considerable number of years. This was likely to be because this was not provided at the pharmacy they used.

## 5.2 Public survey Overview

Throughout the draft PNA document, respondent data to both surveys has been analysed to represent views of the public and pharmacies as a percentage of those that responded to the question. Although 280 responses were received to the public survey and 72 responses were received to the pharmacy survey; some questions were only answered by a fraction of respondents. Hence throughout the document the denominator varies to indicate the number of respondents.

In order to gain the views of Coventry patients and the resident public on pharmaceutical services, a survey was developed. The survey was made available online and via paper format at local pharmacies. The public survey ran from 29<sup>th</sup> August 2017 until close on 4<sup>th</sup> October 2017 and provided understanding and analysis as to the usage of community pharmacies and identification of other services that could be offered by pharmaceutical providers. The objectives of the survey were to understand:

- How the public and patients access pharmacy services
- The factors that influence selection of a particular pharmacy
- What services were considered the most important to pharmacy users
- The demographic profile of pharmacy users
- The quality of services offered
- Identification of any gaps in provisions
- What services could be improved
- If there was a demand for any other services.

## 5.3 Pharmacy Survey Overview

In order to gain the views of Coventry pharmacy contractors on pharmaceutical services, an online and paper based survey was developed. The contractor survey was made available from local pharmacies. The survey ran from 29<sup>th</sup> August 2017 until close on Tuesday 4<sup>th</sup> October 2017 (The closing date for paper copies was extended to the 11<sup>th</sup> October 2017).

The contractor survey provided an opportunity to ensure that information included in the PNA about current pharmacy services from pharmacy contractors was accurate and up to date. It also enables us to identify any gaps in service provision as part of the PNA process. The survey was developed based on a PSNC template and advice from key stakeholders. The survey requested information about pharmacy premises, staffing, provision of services, identification of any interest in the provision of new services, and information about ease of access which included opening times. Local pharmacies were given five weeks to complete the survey. Further communications were sent via letter, e-mail and telephone call to all pharmacies in the area.

## 6 CURRENT PHARMACY PROVISION

In order to assess the appropriateness of provision of pharmaceutical services in Coventry, pharmaceutical provision from all providers has been considered. This includes providers and premises within Coventry and the contribution made by those providers that may lie in neighbouring HWB areas but provide services to the Coventry population.

### 6.1 Community Pharmacy Contractual Framework

The NHS Community Pharmacy Contractual Framework<sup>51</sup> requires community pharmacies to contribute to the health needs of the population they serve.

All NHS pharmaceutical service providers must comply with the contractual framework that was introduced in 2005.

Fundamentally, the contractual framework is made up of the following components:

1. Essential services – which must be provided by all contractors (that is all community pharmacies nationwide)
2. Advanced services- nationally defined services that can be provided by contractors subject to accreditation requirements
3. Locally commissioned/Enhanced services-services commissioned by CCGs and LAs in response to the needs of the local population

### 6.2 Pharmaceutical Lists

If a person (a pharmacist, appliance contractor, or dispensing doctor) wants to provide NHS pharmaceutical services; they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS Regulations, a person wishing to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

**Pharmacy contractors** – divided into community pharmacies and distance selling pharmacies (DSPs). DSPs must adhere to all regulations concerning all other pharmacies; however a distance selling pharmacy must not provide Essential services onsite to a person who is present at the pharmacy, but the pharmacy must be able to provide Essential services safely and effectively without face to face contact. Currently there are 6 distance selling pharmacies in Coventry (Hub Pharmacy, Hyatt Health Limited, General Wolfe Pharmacy, Dispensing Centre, Care Quality Pharmacy and Simple Pharmacy).

**Dispensing appliance contractors (DACs)** – DACs are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings,

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<sup>51</sup> <http://archive.psn.org.uk/pages/introduction.html>

bandages etc.). However they do not dispense any medicines. Currently there are 2 DACs situated within Coventry (Bullens Healthcare and Fittleworth Medical).

**Dispensing doctors (DDs)** – GP practices are allowed to dispense medicines and appliances to patients who live in an NHS England determined controlled locality (Rural Area) and live more than one mile from a community pharmacy. There are no dispensing GP practices within Coventry. The one GP practice that was accounted for in the previous PNA for 2015 has now ceased any activity. The dispensing doctor's practice was located on the border of Radford and Bablake wards. Pharmaceutical provision in this area is compensated for by the availability of several community pharmacies within the near vicinity of the previous dispensing practice.

### 6.3 Coventry Walk in Centre

Coventry has one walk in centre which is situated in the city centre. It is open 7 days a week and has extended opening hours of 08:00 until 22:00. The facility allows patient to see a GP without being registered. The walk-in centre is a nurse led service with an associated GP practice run by Virgin Health. The walk in centre will direct patients to pharmacies that are open to have their prescriptions dispensed.

### 6.4 Out of Hours Services

The Carson Review (2004) of out of hour's provision made recommendations relating to medicines supply in the out of hours setting. The key point from this review was that the onus for ensuring that patients receive medicines if required, out of hours was placed on the provider, rather than on the patient.

Out of Hours service in Coventry aim to provide a comprehensive urgent primary care service that is available outside normally accepted GP working hours (08.00-18.30) Monday to Friday and 24 hours over weekends and bank holidays for the population of Coventry.

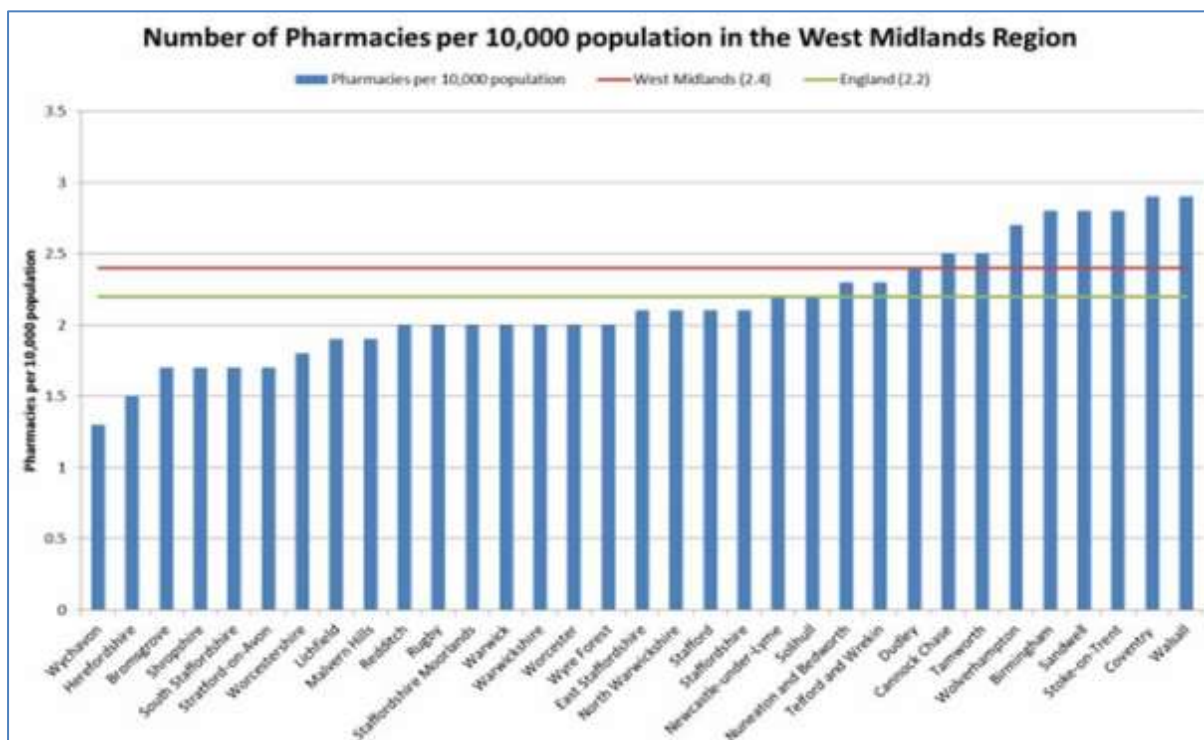
The out of hour's service is provided by Coventry and Warwickshire Partnership Trust and is co-located with Coventry's Walk in Centre. The OOH service provides emergency dispensing to patients when this is necessary, and signpost patients to extended hours pharmacies when appropriate. Arrangements are in place to ensure that patients seen out of hours are able to get the medicines they need if required urgently or are able to obtain these medicines in the next in-hours period.

### 6.5 Access to Pharmaceutical Services in Coventry

Coventry has 97 pharmacies. 91 of these are community pharmacies and 6 are distance selling pharmacies. The number of community pharmacies is consistent with the PNA 2015 at 91; however the number of DSPs has increased from 3 to 6. In 2015 there were 7 100hr opening pharmacies; this has now increased to 10. Two of the additional three 100 hr pharmacies are located to the east of the city in Henley and near the border of Wyken and Binley & Willenhall. There was previously no provision of extended opening hour pharmacies in these areas. The 2015 PNA took into account services provided from a dispensing medical practice located in Radford ward. This practice has since closed. There is however two community pharmacies located within close proximity of the practice, so pharmaceutical service provision is still available in this area.

### 6.6 Community Pharmacy Benchmarking

Figure 8: Number of pharmacies per 10,000 population in the West Midlands Region



Source: Local Government Association. Snapshot November 2014

Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice and signposting to other services. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Community pharmacies provide pharmaceutical services under the CPCF. Coventry has an overall ratio rate of 2.8 community pharmacies per 10,000 population; higher than the average for Birmingham which is 2.7 pharmacies per 10,000 and above the mean for the West Midlands which is 2.3 pharmacies per 10,000. The number of pharmacies within the city has increased by 6, compared with the number last reported in the previous PNA for 2015, where 91 pharmacies were identified.

### 6.7 Geographical Distribution

Figure 9: Location of pharmaceutical providers in Coventry mapped over LSOAs

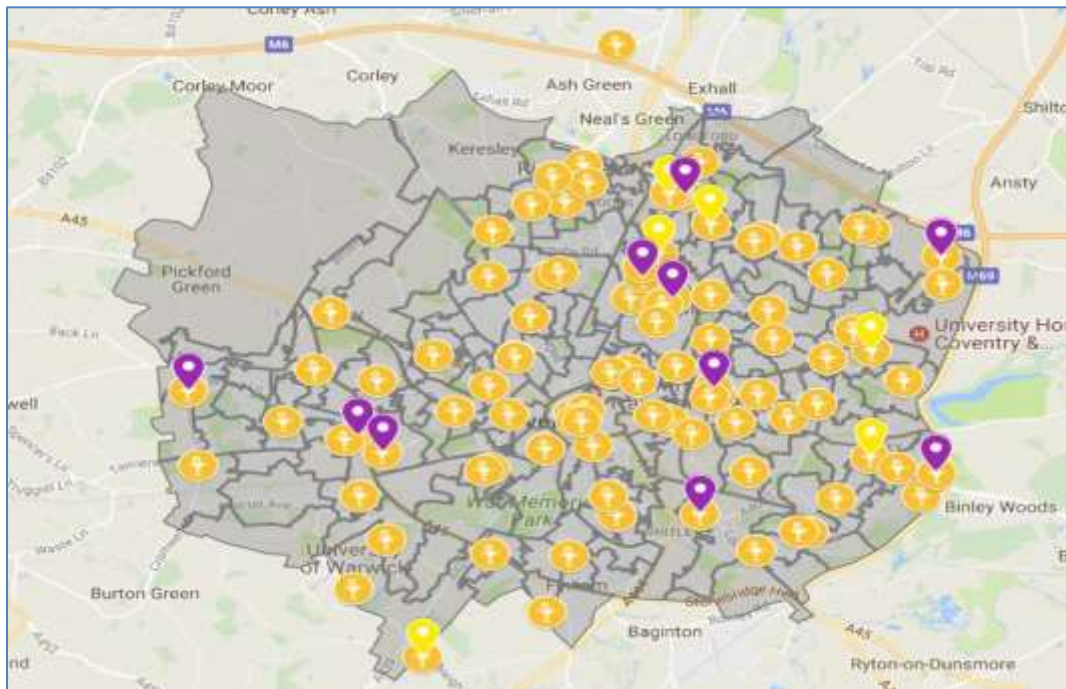
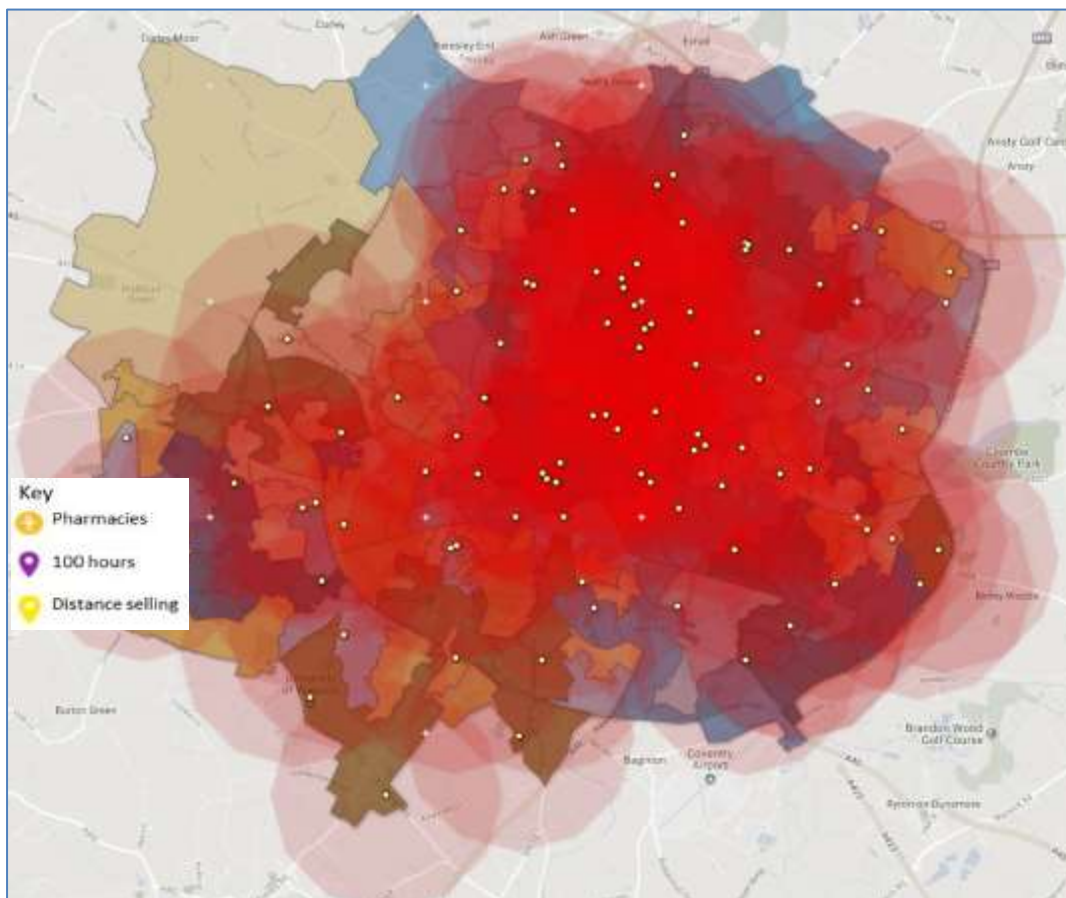


Figure 10: Map of community pharmacies within 1 mile buffer zone in Coventry



**Figure 11: Location of GPs and Out of Hours (OOH) service providers mapped over LSOA**

Figures 9 & 10 illustrate community pharmacy distribution. The 1 mile buffer zone is a standard of measure that indicates accessibility to community pharmacy within a 1 mile radius as the crow flies. It is clear to see that a greater concentration of pharmacies is located in the central area of Coventry. The location of these central pharmacies correlates with areas of greatest deprivation and higher density residence.

Figures 9 & 10 show that the north west of the city has fewer pharmacies relative to the rest of Coventry. This falls under the areas of Holbrook and Bablake. Holbrook and Bablake are however more rural areas and although these areas are fairly large, they have a smaller population density per hectare in comparison to the Coventry average. It is therefore likely that the public would need to drive to access a pharmacy in these areas. The 2015 PNA highlighted that the north west of the city had no provision for local pharmacy services. This remains unchanged. Consideration needs to be given to future housing developments in these areas as it is likely the increase in local population will need to be met with provision from local community pharmacy. Provision is available from nearby pharmacies in Coventry as well as provision within Warwickshire from Kenilworth.

There are fewer pharmacies towards the south west of the city however this does not imply inadequate provision. The area of Westwood does not have much pharmacy provision relative to other areas but this is an area which has a lower population density per hectare and has a university covering a significant area. This ward does however have areas of higher deprivation in which pharmacy provision is available.

Out of Hours services are available from the following locations in and around Coventry:

- George Eliot Hospital, College Street, Nuneaton, Warwickshire, CV10 7DJ
- St Cross Hospital, Barby Road, Rugby, Warwickshire, CV22 5PX CV22 5PX
- Warwick General Hospital, Lakin Road, Warwick, Warwickshire, CV34 5BW
- Ellen Badger Community Hospital, Stratford Road, Warwickshire, CV36 4AX
- Trinity Court Medical Centre, Arden Street, Stratford Upon Avon, Warwickshire, CV37 6HJ

The OOH provider highlighted in purple in Figure 11 represents Coventry walk in Centre located in Stoney Stanton, CV1 4FH. In producing this document we have included a maps showing distribution of GP Practices and OOH providers as a point of reference and proximity to pharmacies. As expected, there are significantly more community pharmacies than there are GP practices reflecting the higher number of pharmacies per 100,000 population in Coventry. In addition, all neighbourhoods have an equal number of or more pharmacies than GP practices. All GP practices in Coventry have at least one pharmacy located nearby (except Bablake and Holbrook). GP surgeries do vary in terms of practice list sizes, number of GPs and opening times.

## 6.8 Physical Access to Pharmacy – Survey results

### Public survey (260 responses in total)

- More than 80% (209/260) of respondents to the public survey (who answered this question) agreed or strongly agreed with the statement “I am always able to access pharmacy services I require, when I need them.”
- 39% (100/257) of respondents to the public survey drove to access their pharmacy and 50% (128/257) walked to their pharmacy.
- Responses to the public survey showed 84% (215/255) of Coventry’s population could reach a pharmacy within 10 minutes. 7% (18/255) of respondents stated it took 20 mins or longer to access their pharmacy.

### Pharmacy Survey (72 responses from 97 eligible contractors)

The final report will have a complete picture of service provision to include opening times from the outstanding eligible contractors who did not complete the survey.

- Responses to the Pharmacy survey (72/97) highlighted that in 96% of pharmacies, patients could legally park within 50 metres of the pharmacy and 82% (59/72) within 10 metres of the pharmacy. Results also showed there is a bus stop within walking distance of 99% (71/72) of pharmacies
- 86% (62/72) pharmacies do not have any steps to climb to enter the premises.
- 89% (64/72) of the pharmacies that responded stated that the pharmacy floor is accessible by wheelchair
- When asked about other facilities aimed at helping disabled people access their services 51% (37/72) had automatic door assistance, 49% (35/72) have wheelchair ramp access and 67% (48/72) provided large print labels/leaflets.

## 6.9 Opening Time Analysis

Pharmacies are required to open between specific times by their terms of service. The majority of pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these hours are referred to as supplementary opening hours. Core hours can be distributed throughout the week discretionally; however it is most common for the vast majority to operate within or near regular working office hours, that is to say,



between 08:00 and 19:00, Monday to Friday. If a pharmacy contractor wants to change their opening times, they must apply to the NHS England Area Team with a 90 day notice period. Any pharmacy contractors on 40 hour contracts who wish to extend their opening hours must also apply to NHS England with a 90 day notice period to do so.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

#### The public survey shows:

- A generally high level of satisfaction with opening hours. 42% (108/260) of respondents' state that they are very happy with opening hours. 41% (107/260) of respondents' state that they are happy with opening hours. 6% of respondents (16/260) were neither happy nor unhappy with opening hours.
- 95.4% (248/260) of patients are aware that some pharmacies are open outside 9-5, Monday to Friday. However, 37% (91/247) of patients do not know which pharmacies are open at these times.

The recent Healthwatch report received 18 specific comments about a need for longer opening hours in pharmacy. The report included comments regarding issues with Prescription Ordering Direct service (POD) opening hours not being long enough or convenient. 11.5% of respondents to the Healthwatch report identified opening hours as one of the main reasons for accessing community pharmacy.

Further information on Pharmacy opening hours in Coventry HWB area can be found on NHS Choices<sup>52</sup>.

### 6.10 Saturday opening hours

From the 72 of 97 respondents to the pharmacy survey, 48 pharmacies in Coventry are open on a Saturday. Of those pharmacies open on a Saturday, 15 of them are closed by 1pm. After 1pm the other 33 remain open with gradual closures over the remainder of the day.

### 6.11 Sunday opening hours

There are 15 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations. Pharmacies based within large stores (over 280 square metres) are legally bound by Sunday trading regulations and can only open between 10:00 and 18:00, for a maximum of 6 consecutive hours

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<sup>52</sup> <https://www.nhs.uk/pages/home.aspx>

## 6.12 Bank Holiday provision

NHS England works with community pharmacies to ensure an adequate rota service is available for traditional bank holidays such as Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where most pharmacies are still closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services.

## 6.13 Extended opening hours pharmacies and 100 Hour contracts

Pharmacies wishing to amend any supplementary hours that they open additional to the core contractual hours must inform NHS England, giving at least three months' notice of the intended change. Extended opening pharmacies differ from 100 hour pharmacies in that 100 hour pharmacies are required in their contracts to be open and able to provide essential services for at least 100 core hours per week. Until September 2012, applications for 100 hour pharmacies did not need to demonstrate any additional need for pharmacy services in a given location; this is no longer the case. Contractors may choose to provide services commissioned by the local authority but must provide those enhanced services commissioned by NHS England.

The 100 hour pharmacies in Coventry are: Tesco Instore Pharmacy (CV2), Clay Lane Pharmacy (CV2) Boots Pharmacy (CV3), Asda Pharmacy (CV3) Bannerbrook Pharmacy (CV4), Lloyds Pharmacy (CV4) Wellbeing Pharmacy (CV4), Windmill Late Night Pharmacy (CV6), Stoney Stanton Pharmacy (CV6) and Foleshill Pharmacy (CV6).

Figure 12: Map showing 100 hour pharmacies in Coventry over LSOAs.

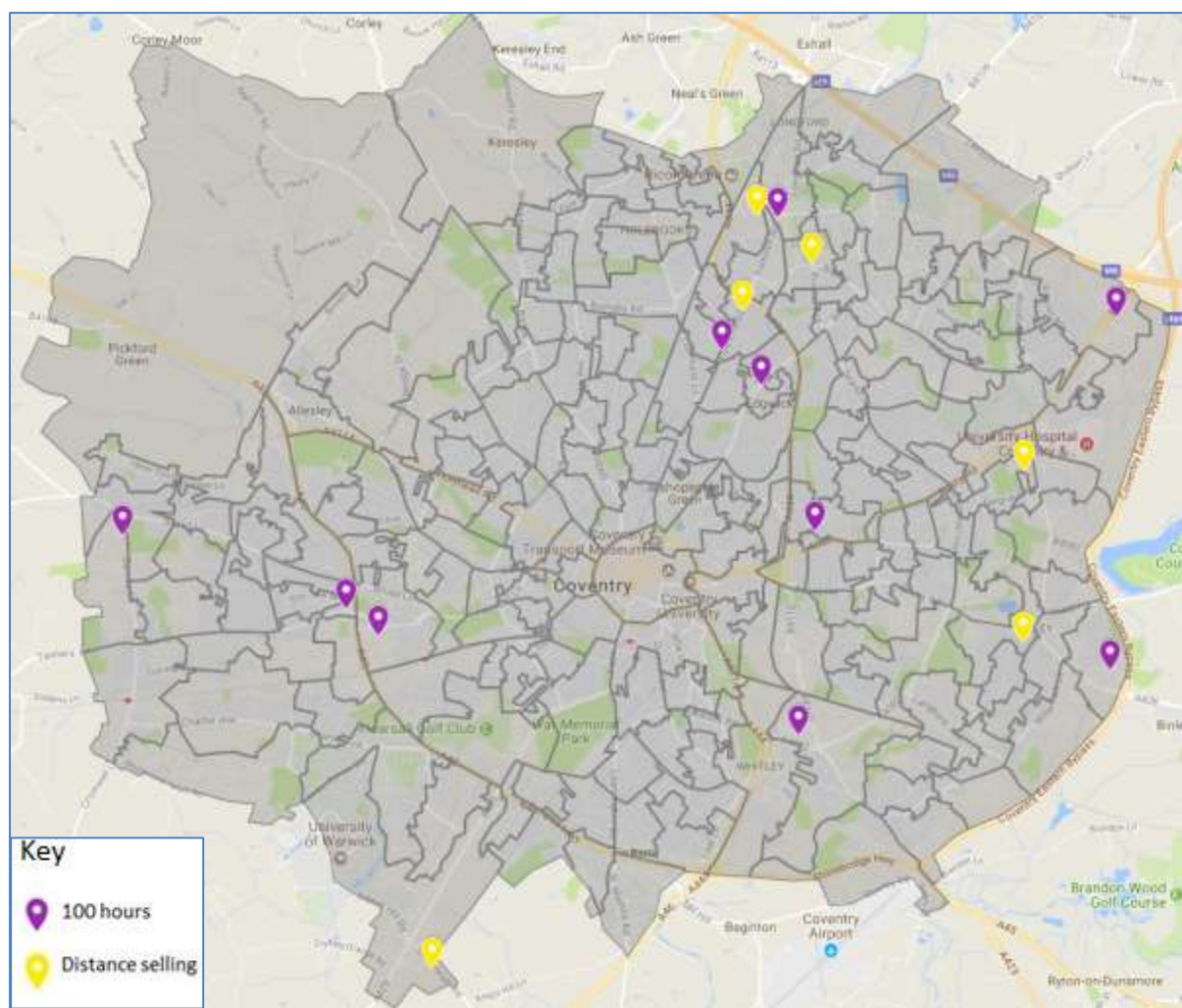


Figure 12 shows 100 hour pharmacies in Coventry with extended opening hours after 6pm on a weekday evening. 10 of the 97 pharmacies in Coventry are 100 hour so provision is available before 8.30am, after 5.30-pm and on weekends. The majority of Coventry's 100 hour pharmacies are concentrated mainly towards the north of city centre where there is good provision. These 100 hour pharmacies are located centrally in line with more deprived areas and areas of higher population density provision. This is ideal, as these 100 hour pharmacies provide service users in these areas who require additional services from pharmacies with good access to pharmaceutical services into the late evening and on weekends. They guarantee access to pharmaceutical services for circa 14/15 hours a day except on Sundays (due to the Sunday trading act 1994)

There are three 100 hour premises covering the west of Coventry and all three are located in areas of relatively higher population density and deprivation. The areas of Wainbody, Earlsdon and Cheylesmore in the south have no provision of 100 hour pharmacies. It is important to note that the University of Warwick falls within these southern regions and access to sexual health services in these areas should be considered further to meet the needs of the local population.

The north west of the city has no 100 hour provision. Areas in the North West such as Holbrook, Bablake, Sherbourne and Radford are also deficient in provision of 100 hour pharmacies. Consideration should be given to increasing the provision for these areas as service users would need to travel quite a fair distance outside of core hours to access any pharmaceutical services.

Within the east of Coventry in areas of lower population density there are two new 100 hr premises that have opened since the last PNA 2015 was developed. However, the areas of Henley, Wyken, Upper and Lower Stoke in the east of Coventry still do not have good provision for 100 hour pharmacies. Within these wards there is a high availability of standard opening hour community pharmacies so access to pharmacy services is more than sufficient during core hours.

### Conclusion to Access

Although the population is set to increase due in part to the growing student population and new housing developments in Coventry; the per capita assessment of pharmacies to people will still be above the West Midlands and national average. The rate of community pharmacy contractors per 100,000 population at 2.8 is considered adequate. Evidence in this section indicates there is currently adequate access to pharmacies in Coventry, which are generally well geographically distributed by population density and levels of deprivation. There is a greater concentration of pharmacies located in the central areas of Coventry. These central areas are also areas of greater socio-economic deprivation. Levels of deprivation are often used as a proxy for greater health need.

The public survey indicates that the majority of the public were happy with current access to pharmaceutical service providers. However there were 18 specific comments about a need for longer opening hours in pharmacy within the recent Healthwatch report. Opening hours indicate good access during usual working hours, on evenings and weekends across the city.

Pharmaceutical services are provided by a good mix of small and large multiples, supermarket and 100-hour contractors which offers a wide and sufficient level of choice. Into the evenings, provision of pharmaceutical services is reduced and relative to demand and need of the public. There are currently 10 pharmacies in Coventry which are contracted to open for at least 100 hours per week, therefore provision is available before 8.30am, after 5.30-pm and on weekends. The areas of Wainbody, Earlsdon and Cheylesmore in the south have no provision of 100 hour pharmacies

No more new pharmacies are required; however there are areas in the south of the city where pharmacies with extended opening hours could be commissioned. In addition to adequate provision of services, it is important to provide a reasonable choice of pharmacy to the population. Within the city, there appear to be a number of pharmacies within or close to all population centres, including generally wide spread 100-hour pharmacies.

## 7 PHARMACY SERVICES

### 7.1 Provision of Pharmacy services

In order to assess the adequacy of provision of pharmaceutical services, current provision by all providers has been reviewed. Examples of providers incorporated within this PNA include community pharmacies and dispensing doctors.

### 7.2 Essential services

There are 7 essential services which are briefly described and tabulated below. All of the 97 community pharmacies in Coventry are required to provide these essential services.

**Figure 13: Table of Essential Services**

| Essential Service                                      | Description of service  |
|--|---|
| <b>Dispensing</b>                                      | The safe supply of medicines or appliances ordered on NHS prescriptions. Advice and is given to the patient about the medicines being dispensed and also information on how to use them safely and effectively. Records are kept of all medicines dispensed and maintained.   |
| <b>Repeat dispensing</b>                               | The management and dispensing of repeatable NHS prescriptions for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before dispensing each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine and communicate any clinically significant issues to the prescriber.   |
| <b>Clinical governance</b>                             | Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to support the provision of excellent care:<br>Requirements include: provision of a practice leaflet for the public, production, management and use of standard operating procedures, patient safety incident reporting to the National Reporting and Learning Service, acting upon drug alerts and product recalls, conducting clinical audits and patient satisfaction surveys, having complaints and whistle-blowing policies and ensuring they having cleanliness and infection control measures in place |
| <b>Promotion of healthy lifestyles (Public Health)</b> | The provision of opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. These groups include diabetic patients, patients at risk of coronary heart disease especially those with high blood pressure, patients who smoke and patients who are overweight. Pharmacies must also support up to six local campaigns a year. Campaign examples may include topics such as promotion of flu vaccination uptake, healthy living, or stop smoking.  |
| <b>Disposal of unwanted medicines</b>                  | Community pharmacies accept unwanted medicines from households and individuals which require safe disposal. The medicines are then safely   |

|                              |   |
|------------------------------|---|
|                              | disposed of by a waste contractor engaged by NHS England.   |
| <b>Signposting</b>           | The provision of information provided by pharmacists and staff to refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national support groups.               |
| <b>Support for self-care</b> | The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service. |

The essential services dispensing and repeat dispensing, support patients living with LTCs by providing timely supply of medicines and advice to patients. Repeat dispensing is of particular benefit to patients on long term medicines as part of their treatment such as those requiring statins or insulin.

The clinical governance aspect of essential services provides the governance structure for the delivery of pharmacy services. It provides an opportunity to audit pharmacy services and influence the evidence base for the best practice and contribution of pharmacy services.

Further support to improving quality in pharmacies has been provided through a new Quality Payments (QP) scheme, introduced for the 2017/2018 Community Pharmacy Contractual Framework (see section on QPS).

The essential service, promotion of healthy lifestyles can support local and national campaigns informing people of managing risk factors associated with many long term conditions such as smoking, healthy diet, physical activity and alcohol consumption by:

- improve awareness of the signs and symptoms of conditions such as stroke e.g. FAST campaign,
- promote validated information resources for patients and carers,
- collect insight data from the local population on their awareness and understanding of different types of disease and their associated risk factors,
- target “at risk” groups within the local population to promote understanding and access to screening programmes e.g. NHS health checks.

Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity, provide advice, signpost to services and provide on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures.

The disposal of unwanted medicines service, allows pharmacies to direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines.

Pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition.

Pharmacies provide support for self-care by advising patients and carers on the most appropriate choices for self-care. Community pharmacy plays a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy (Pharmacy White Paper, 2008) and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms (Pharmacy White Paper, 2008).

Essential services are fundamental services for the population. Each pharmacy in Coventry dispenses on average 5970 items per month, which is lower than the West Midlands median of 6533. This could be the result of having a higher number of pharmacies than other localities, which may suggest current pharmacies have capacity to provide services to more people.

**Figure 14 Prescription items dispensed in Coventry**

| Area                 | Prescription items dispensed per month 2015/16 | Average monthly items per community pharmacy 2015/16 |
|----------------------|--|--|
| England              | 82,940,000                                     | 7096   |
| West Midlands Region | 6,402,000                                      | 6533   |
| Warwickshire         | 766,574  | 7232   |
| Coventry             | 543,339  | 5970   |

Source: NHS Digital and NHS Business Services Authority \*Excludes DACs and DSPs data \*\* 2016/17 figures to be incorporated in final PNA.

Results from the public survey showed that out of the essential services, 66.8% of respondents are aware of the repeat dispensing services, 91% were aware that you could dispose of their old medications at the pharmacy, 70% were aware that the local pharmacy team could provide healthy living advice and 75% were aware that the pharmacy can signpost to other services. There is a low level of awareness around the repeat dispensing service. In Coventry there is a NHS Prescription Ordering Direct (POD) service which allows patients to choose freely where they have their medicines dispensed and are able to exercise this right without influence. The centralised POD service is a straightforward way in which patients can order their repeat prescriptions. There are currently 27 GP practices in Coventry and Rugby CCG that are signed up to the POD service. Patients within these practices can call a dedicated number to speak to trained health professionals, who are available to discuss medication ordering needs of patients so that patients only order medication when it is needed. It is possible that this POD service could be expanded to include more GP practices. Furthermore promotion of this service could be increased to raise awareness. The recent Healthwatch report highlighted a significant issue in that people are not necessarily aware of all the services that are already available via different pharmacies. It was clear from our sample that repeat dispensing was the main service being used at pharmacies.

### 7.3 Cross Border Dispensing

Coventry shares borders with the metropolitan areas of Solihull and Warwickshire. There are a range of community pharmacies accessible near the borders and it is likely that residents have prescriptions dispensed in these areas. Further work to establish the extent of cross border dispensing should be undertaken, however at the time of writing this PNA, data was not available.

### Conclusion of Essential Services in Coventry

Essential Services are provided by all of our pharmacy contractors in Coventry. This includes dispensing of NHS prescriptions which is a fundamental service that is commissioned nationally by the NHS. Essential services appear to be very accessible for the majority of Coventry's population both geographically and at different times of day. There are no gaps in the provision of essential services for the city's population. Distance selling pharmacies are also able to provide essential services for their local populations (and nationally) safely and effectively without face to face contact. Many patients are not aware of essential services available from community pharmacies. Although provision of these services is adequate across Coventry further work needs to be undertaken to raise awareness of these services and their benefits.



## 8.0 Advanced Services

In addition to essential services, the CPCF allows community pharmacies to optionally provide any of the six advanced services to support patients. Data within the advanced services sections below in the tables has been received from NHS BSA. Pharmacy survey results have been illustrated throughout the document to show the correlation from pharmacy contractors based in Coventry.

The provision of Advanced Services is linked to the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey. In addition, the Disability Discrimination Act 1995, replaced by the Equality Act 2010, sets out a framework which requires providers of goods and services, not to discriminate against persons with a disability. It is expected that the pharmacy would make reasonable adjustments, if this is what is needed in order to allow the person to access the service. The presence of consultation areas in many pharmacies presents an opportunity to commission pharmacies in new and potentially exciting ways to deliver new services. In some respects this is already happening through commissioning enhanced and other locally commissioned services.

From the pharmacy contractor survey results, out of 72 pharmacies that responded it can be said that 98% have consultation areas and provide good facilities to carry out confidential consultations with patients. 92% of these have wheelchair access and only 6% did not have wheelchair access. The results of the pharmacies that have consultation areas concluded that all consultation areas are a closed room facility (100%) allowing privacy and that at least 77.1% provide hand washing facilities within the room.

### 8.1 Medicines Use Reviews (MURs) Advanced Service

The MUR service is a medicines adherence service designed to improve patient outcomes for those taking regular medication. The service will provide support to people with long term conditions in particular the elderly. The MUR process involves accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines. The MUR process aims to establish a picture of the patient's use of their medication. The review allows patients to understand their therapy and why it has been prescribed. It is also an opportunity to identify any problems the patient is experiencing and provide solutions (whilst concurrently providing feedback to the prescriber). An MUR Feedback Form is provided to a patient's GP where there is an issue for them to consider.

Each pharmacy can provide a maximum of 400 MURs a year. 70% of MURs undertaken have to be from a specified group of patients:

- Patients taking high risk medicines (NSAIDs, anticoagulants, antiplatelets and diuretics)
- Patients recently discharged from hospital – ideally within 4 weeks of discharge
- Patients prescribed certain respiratory medicines
- Patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease.

**Figure 15: Mean number of MURs per provider in Coventry 2015/2016**

| Area          | Mean number of MURs/<br>pharmacy in 2012/13 | Mean number of MURs/<br>pharmacy in 2015/16 |
|---------------|---|---|
| Coventry      | 269   | 275   |
| Warwickshire  | Data unavailable                            | 278   |
| West Midlands | 267   | 294   |
| England       | 267   | 300   |

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data \*\*2016/17 figures to be incorporated in final PNA.

There were 25,026 MURs conducted in Coventry 2015/16 by 91 providers. Figure 15 shows that the average number of MURs conducted per pharmacy in Coventry in 2015/2016 was 275 which has increased slightly compared with 269 that were previously completed in 2012/2013.

### Pharmacy Survey Results

99% of respondents to the Pharmacy survey (71/72) are accredited to deliver this service. 100% of contractors responding to the pharmacy survey stated that their pharmacy would be willing to undertake consultations in patient's homes. This facility could potentially be used to conduct more MURs for housebound patients. The pharmacy contractor and public survey results concluded that there is a good awareness of this service. Results from the public survey of Coventry residents showed that 76% (198/260) of respondents were aware that medicines use review service was available from Coventry pharmacies with 80% (140/258) of respondents who have used the service, being very satisfied with the service.

Medication errors in care homes for older people can also be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. Pharmacists and pharmacy technicians can work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste. Consideration should be given to commissioners to offer a care home advice service that could include MURs. Permission is required for domiciliary and care homes visits from NHSE.

MURs should be offered to patients with complex needs and complex prescriptions to enable achievement of the best outcomes from these interventions. When looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths. Many cardiovascular deaths can be prevented or delayed by simple lifestyle interventions. Improvements in the medical management of COPD are estimated to reduce hospital admissions by 5% and the MUR service is crucial in doing so. Patients with cardiovascular disease and COPD can be targeted further. There is an opportunity for MURs to target patients with more complex needs and long term conditions. MURs serve as useful indicators for Coventry HWB to achieve their strategic health aims by improving the quality of life for people with multiple long-term conditions which will in turn help to reduce hospital admissions and thus increase life expectancy.

The 'Community Pharmacy Clinical Services Review' (The 'Murray report', 2016)<sup>53</sup> recommends that "the MURs element of the pharmacy contract should be re-designed to include on-going monitoring and regular follow-up with patients as an element of care pathways". The report proposes that MURs evolve into full clinical medication reviews for patients with long term conditions and/or multiple morbidities. This would require a national service change or to be commissioned as a locally commissioned service.

### Conclusions for MURs

The average number of MURs conducted per pharmacy in Coventry in 2015/2016 was 275. This highlights there is capacity for Coventry pharmacies to increase the number of MURs completed. There is also an opportunity for MURs to be embedded into wider care pathways thus allowing patients to be targetted with more complex needs and long term conditions.

MURs should be offered to patients with complex needs to enable achievement of the best outcomes from these interventions. MURs can help prevent unnecessary GP appointments which fit in with the urgent and emergency care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy. Pharmacy survey results showed community pharmacies are willing to undertake consultations in patient's homes and this could improve MUR numbers and help target those who require the service the most.

MURs are considered a **relevant** service.

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<sup>53</sup> [Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. \(December 2016\) Page 18. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf)

## 8.2 New Medicines Service (NMS) Advanced Service

This service introduced in 2011, provides support for people, (often with long-term conditions) newly prescribed a medicine. This service helps to improve medicines adherence and patient outcomes. Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. Currently the service is limited to a specific range of drugs

The service can only be provided to patients with the following conditions and medications and this therefore limits the total numbers of eligible patients:

- **Asthma and COPD** (adrenoreceptor agonists, antimuscarinics bronchodilators, theophylline, compound bronchodilator preparations, corticosteroids, cromoglycate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors)
- **Type 2 diabetes** (short acting insulins, intermediate and long acting insulins, antidiabetic drugs)
- **Antiplatelet/anticoagulant therapy** (oral anticoagulants and antiplatelet drugs)
- **Hypertension** (thiazides and related diuretics, beta blockers, vasodilators, centrally acting antihypertensive, alpha blockers, drugs affecting the renin-angiotensin system, Calcium-channel blockers)

The primary aim of the NMS consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition. The NMS service helps to identify any need from the patient for further information and support in relation to the treatment or the long-term condition.

Pharmacy teams should be able to identify patients eligible for the NMS who present a prescription. Currently a patient can also be referred into the service by a secondary care provider that has already dispensed the new medicine as part of the discharge process. Usage and awareness of the service could increase if patients were referred or signposted to the NMS service at the time of prescribing for example from a patient's GP or hospital contact. The NMS process involves the pharmacist providing a patient with information on their new medicine and how to use it when it is first dispensed. The second stage involves the pharmacist and patient to meet or speak again by telephone in around a fortnight, meaning that the patient has met with the pharmacist on two separate occasions before their review at four weeks with their GP. The pharmacist will discuss with the patient how they are getting on with their new medication.

If during the process the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP. The NMS is conducted in a private consultation area which ensures patient confidentiality. The optimal use of appropriately prescribed medicines is vital to the management of long term conditions, and the pharmacist is fundamental to this service as they can intervene and offer support and advice to patients who are newly prescribed a medicine that will be used to manage a long term condition.

Community pharmacy contractors earn between £20 and £28 for each completed NMS they provide (depending on the total number of patients who receive the service in the month). Payments are based on the number of prescription items dispensed, i.e. the actual count of physical items processed by the Pricing Authority. There are four target payment levels (20%, 40%, 60% and 80%).

Under the payment structure the price per completed NMS increases with each target level; this means that contractors will be rewarded for providing the NMS to as many patients as possible. More information on NMS can be accessed via the PSNC website <sup>54</sup>

#### Pharmacy survey results show:

Within Coventry, the results of the pharmacy contractor survey identified that 100% of pharmacies (of the 72 that responded) in the city provide this service. When comparing the mean number of NMS reviews locally and nationally, as shown in Figure 16, Coventry is performing well below the West Midlands and national average.

#### Public survey results show:

The results from the public survey demonstrated 72% (186/260) patients are aware of this service and 53% (89/167) were very satisfied and 19% (32/167) satisfied with the delivery of this service. It can therefore be said that provision of this service (from a patient perspective) is generally good across the city but could be improved and promotion of this service to patients from community pharmacies could be increased.

**Figure 16: Mean number of new medicines services consultations 2015/16**

| Area          | Total NMS 2015/16 | Mean number of NMS/ pharmacy in 2015/16 |
|---------------|-------------------|---|
| Coventry      | 5708              | 63                                      |
| Warwickshire  | 6006              | 57                                      |
| West Midlands | 544073            | 555                                     |
| England       | 1237651           | 106                                     |

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data \*\*2016/17 figures to be incorporated in final PNA.

Coventry pharmacies dispense on average 5970 items per month based on NHS Digital data for 2015/16. This indicates that as per the NMS targets of 20%, 72 NMS' per pharmacy should be completed each year. To achieve a 100% target, 360 NMS' need to be completed each year. Coventry pharmacies completed 63 NMS' in total for the year 2015/16. This equates to just over 5 NMS' per month. All pharmacies who responded to the pharmacy survey stated they were undertaking NMS consultations. LPC data shows that currently almost all community pharmacies in Coventry offer the NMS service.

There is therefore scope for community pharmacies to do more NMS consultations to help improve long term conditions, care and compliance and safety with new medicines. Non-adherence to prescribed medicines in patients with long term conditions is often a hidden problem and ends up costing the NHS a great deal in the long term. The NMS service can further support patients with cardiovascular disease. Within the UK, CVD mortality is 50% higher in the most deprived

<sup>54</sup> <https://psnc.org.uk/funding-and-statistics/funding-distribution/advanced-service-payments/>

communities compared to the least deprived. This inequality is apparent within Coventry. For example, there is more than twice the number of emergency admissions for heart attacks in Foleshill compared to Earlsdon. When looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths. NMS consultations could be increased in particular in these areas. Many cardiovascular deaths can be prevented or delayed by simple lifestyle interventions.

Data from the Coventry and Rugby Clinical Commissioning Group suggest that 1.6% of GP-registered patients have documented COPD, compared to the national proportion of 1.8%. Emergency admissions for COPD are four times more common within residents of Binley and Willenhall compared to Earlsdon, (this difference may well be due to the underlying variations in smoking rates). NMS consultations should target patients with respiratory disorders in these areas to ensure patients get the most out of this community pharmacy intervention.

### Conclusion for NMS

There is adequate provision of this service in Coventry with almost all contractors providing the service. Coventry level of delivery is less than the national average for the NMS service. There is therefore capacity to offer the NMS service more widely and based on the data, to offer more NMS consultations per month on average by those pharmacies currently providing the service. There is potential for this service to be accessed by more people. Awareness of the NMS service amongst prescribers should be promoted to boost onwards signposting to the service.

NMS is considered a relevant service.

### 8.3 Appliance Use Reviews (AUR) Advanced Service

This particular service can be carried out by a pharmacist or a specialist nurse, in the pharmacy or at a patient's home. Similar to the MUR service, the AUR service should serve to improve the patient's knowledge and use of any 'specified appliance' by:

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

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require these services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide this appliance use review service.

#### Public Survey Results

Results from the public survey show that more than half of patients were not aware they could receive advice from their local pharmacy around appliance use. It is unclear how well advertised the AUR service is to those who may benefit; without knowing this, or the demand for such a specialist service, it is not possible to determine if the service is reaching those that could benefit.

#### Pharmacy Survey Results

The survey also shows that only 13% (9/72) of pharmacies offer the AUR service. According to the survey a further 11% (8/72) of pharmacy contractors do intend to offer the appliance use review service within the next 12 months.

**Figure 17: Mean number of Appliance Use Reviews per provider 2015/16**

| Area          | Community pharmacy contractors providing AURs | Total AURS 2015/16 |
|---------------|---|--------------------|
| Coventry      | 1   | 16                 |
| Warwickshire  | 0   | 65                 |
| West Midlands | 15  | 1,666              |
| England       | 140   | 37,807             |

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data \*\*2016/17 figures to be incorporated in final PNA.

Figure 17 shows community pharmacy contractors in Coventry completed very few AURs in 2015/16. All of these AURs took place in the premises and none were conducted in a patient's home. The results of the pharmacy survey indicate that in 2017/18 there are at least 9 community pharmacies

offering the AUR service, with more contractors indicating they are planning to do so in the next 12 months.

NHS BSA data shows that during 2015/16, the AUR service was available from a single community pharmacy in Coventry (Allesley Pharmacy, CV5 9HA). In addition, provision of the AUR service for Coventry residents is available from a DAC (Salts Medilink, WR12 7DT) located in Worcester. This low level of delivery of the AUR service reflects the specialist nature of the provision of appliances. The AUR service is also available through GP and secondary care settings, so part of the reason for fewer AURs from community pharmacy is that provision is available elsewhere in the wider health economy.

With life expectancy increasing; the population of residents aged 65 years plus is likely to increase faster than younger age groups in the future. An ageing population is perhaps an indicator that patients in Coventry will require greater access to AUR services in the future. NHS England continues to encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

### Conclusion for AURs

Provision of the AUR service from community pharmacies is very low in Coventry. Pharmacies are free to choose whether they should provide this service. There is an opportunity in Coventry for existing pharmacies to provide more AURs. Pharmacies could offer this service in areas of the city that have an older population.

This service is viewed as **relevant** service.



## 8.4 Stoma Application Customisation (SAC) Advanced Service

This service involves the fitting and use of stoma appliances, based on a patient's measurements. The aim of the service is to ensure proper use and comfortable fitting of a stoma appliance.

In order to provide this service, certain criteria must be fulfilled. The main criteria being the service must be provided from an 'acceptable location' meaning an area within the pharmacy that is distinct from the public area and:

- is clearly designated as a private area whilst the service is being provided
- is suitable and designated for the retention of the appropriate equipment for customisation
- is suitable and designated for modification of the appliances
- that it is suitable for the volume of customisation being undertaken at any given time

Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide this appliance use review service.

### Pharmacy Survey Results

Results from the pharmacy contractor survey recognised that of the 72 pharmacies that responded to the survey, 92% (66/72) dispense all types of appliances, 1% (1/72) dispense appliances but not stoma appliances, 4% (3/72) dispense only dressings and 3% (2/72) dispense no appliances.

The 2017 pharmacy contractor survey results identified 12/72 respondent pharmacies offered the SAC service. A further four premises proposed to provide this service within the next 12 months.

### Public Survey Results

Results from the public survey show that more than half of the public responding were not aware they could receive advice from their local pharmacy around appliance use. It is unclear how well advertised the SAC service is to those who may benefit the most from it. When asked later on in the same survey which services patients would like to see from their pharmacy in the future; using medical devices was in the top 10 key themes.

**Figure 18: Mean number of SACs in West Midlands 2015/16**

| Area          | Community pharmacy contractors providing SAC | Total SAC 2015/16 |
|---------------|--|-------------------|
| Coventry      | 12   | 325               |
| Warwickshire  | 13   | 306               |
| West Midlands | 492  | 544073            |
| England       | 11776  | 1237651           |

Source: NHS Digital and NHS Business Services Authority \*Excludes DSPs and DACs data \*\*2016/17 figures to be incorporated in final PNA.

NHS BSA data shows that in 2015/16 there were 12 community pharmacies engaged in providing stoma appliance customisation reviews in Coventry. The SAC service, like the AUR service is a specialist service. Fittleworth Medical, a DAC located in Coventry, undertake the majority of SAC

reviews in Coventry. The SAC service is also available for Coventry residents from a DAC located in nearby Worcester (Salts Medilink, WR12 7DT). Stoma customisations are also available through other healthcare settings. Patients may also access a stoma nurse from secondary care for advice or guidance regarding their stoma. Community pharmacies in Coventry providing the SAC service have an opportunity to provide AURs to the same patients as a follow up. Demand for the appliance based advanced services (SAC and AUR) is lower than for the other advanced services such as MURs and NMS', due to the smaller population demographic requiring access to these services.

### Conclusion for SAC

Based on the information available at the time of developing this PNA, no gaps have been identified in the need for more stoma appliance reviews for Coventry residents.

This SAC service is viewed as **relevant service**.

## 8.5 Seasonal Influenza (Flu) Vaccination Advanced Service

Each year the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

The aims of the service are to:

- Sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

JSNA information shows that in Coventry, around 37,500 people are eligible for the flu vaccine. In the over-65s, 72.4% received the vaccine in 2014/15. This has risen from 70.8% in 2011/12 and is currently similar to national vaccination rates. Fewer eligible people under the age of 65 are successfully vaccinated, with only 54.8% receiving the vaccine in 2014/15. This is higher than the national average (50.3%).

In 2017/18 the following groups were eligible for flu vaccination:

- All children aged two to eight on the 31<sup>st</sup> August 2017 are offered the nasal spray of Live Attenuated Influenza Vaccine (LAIV). Children aged 2 and 3 receive the vaccine via their GP practice and children aged 4 to 8 (in reception class and school years 1, 2, 3 and 4) receive the vaccine via their school.
- all primary school-aged children in former primary school pilot areas (with LAIV; via school)
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- Frontline health and social care workers (provided with flu vaccination by their employer)

There has been a local flu vaccination scheme in place since 2012 in Coventry and Warwickshire. From 2015/16 NHS England also commissioned flu vaccination scheme from community pharmacy as a new Advanced Service. All Pharmacy contractors can choose to provide the Flu vaccination service. Eligible adults (18 years and over) have the choice of getting their flu vaccine at a pharmacy from September to March each year. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

### Pharmacy Survey Results

59 of the 72 (82%) pharmacy contractors responding to the pharmacy survey stated they provide seasonal flu vaccinations in Coventry. There are 91 community pharmacies in Coventry and data is currently unavailable as to whether these remaining contractors offer the flu service. Community

pharmacies may also provide private seasonal flu vaccinations (at a cost) to those who are not in the NHS at risk groups.

### Public Survey Results

The public survey showed that 80% (208/260) of respondents were aware of the NHS funded flu service provided from community pharmacy. Of those respondents who had used the flu service, a high level of satisfaction was expressed with the service. Flu jabs was one of the themes from the question asked to the public in the survey around which services they would like to see. This shows that awareness of this being available from community pharmacy needs to be increased.

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. In line with the STP strategy, vaccination against flu can reduce pressures on health services by reducing hospital admissions and limiting exacerbations of existing medical conditions. NHSE data shows that the vast majority of patients vaccinated in community pharmacy are aged 65 and over. Approximately 1 in 10 patients vaccinated in community pharmacy belong to the eligible patient group chronic respiratory disease.

Community pharmacies in Coventry should be encouraged to provide the flu vaccine and could help target the large proportion of eligible under-65s who do not routinely attend for immunisation.

### Conclusion for Flu Vaccination

The Flu vaccination service is a cost effective health protection intervention. Influenza vaccinations have the potential to reduce morbidity and mortality in those infected with the virus, as well as to prevent the spread to those who are not immunised.

**There is adequate provision of this service in Coventry** (data regarding geographical distribution of the community pharmacies and wider providers, would enable further focus on opportunities for equity of service provision in Coventry).

Flu vaccination is considered a **relevant service**.

## 8.6 NHS Urgent Medicines Supply Advanced Service (NUMSAS)

In December 2016, the Department of Health (DoH) commissioned a national NHS Urgent Medicine Supply Advanced Service (NUMSAS) **pilot** as part of the wider Quality Payments Scheme (QPS) changes to the Community Pharmacy Contractual Framework (CPCF). The NUMSAS pilot service commenced on 1st December 2016 and will run until 31st March 2018.

As part of the NHS 111 pathway, the NUMSAS service is available to patients who have been directly referred to a pharmacy via NHS 111 and not to patients who self-present at the pharmacy without referral. Fundamentally the NUMSAS service allows a pharmacist to supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM in an emergency situation and at the request of a patient via NHS 111 telephone service. The aim is to manage more efficiently the approximate 200,000 calls per year to NHS 111 for urgent repeat prescription medications. These calls normally default to a GP out of hour's appointment to arrange an urgent prescription and as a result, block access to GP appointments for patients with greater clinical need and it will route patients away from A&E who might otherwise attend to request urgent medicines. The aim of the NUMSAS service is to reduce the burden on urgent and emergency care services to ensure patients have access to the medicines or appliances when needed. NUMSAS focusses on the handling of urgent medication requests and offers an avenue by which NHS 111 requests for urgent medicine supply can be managed appropriately. The NUMSAS service can resolve problems leading to patients running out of their medicines and increase awareness of electronic repeat dispensing.

### Pharmacy Survey Results

19 of the 72 (26%) pharmacy contractors responding to the pharmacy survey stated they provide the NUMSAS service in Coventry. There are 91 community pharmacies in Coventry and data is currently unavailable as to whether these remaining contractors offer the NUMSAS service. 32 of the 72 respondent (44%) pharmacies are intending to begin this service with the next 12 months. Pharmacy contractor engagement is relatively low as this is a relatively new service.

### Quality Payments Scheme Data

Currently it can be seen that 27 pharmacy contractors in Coventry are registered to provide the NUMSAS service. Local LPCs in conjunction with HLP Public Health specialists have engaged with community pharmacies since the initiation of the QPS scheme to encourage community pharmacies to adopt the quality based aspects of the CPCF. The local LPC have been vital in increasing the uptake of the NUMSAS service.

### Public Survey Results

Results from the public survey showed that 62% (160/260) of respondents were aware that they are able to get an emergency supply of medication from the pharmacy. Almost all patients were very satisfied or satisfied with being able to obtain an emergency supply from pharmacy. Getting an emergency supply of medication was the second most requested service from the question asked to the public in the survey around which services the public would like to see offered from their local pharmacy. This shows that awareness of this service availability from community pharmacy needs to be increased.

**Conclusion for NUMSAS**

Provision of this service is available from 27 community pharmacies in Coventry. Evaluation of the pilot NUMSAS service in terms of; referral rates to community pharmacy and impact on GP OOH appointments for urgent repeat prescription requests is necessary, before an assessment of adequacy of provision can be made.

NUMSAS is considered a **relevant service**.

## 9.0 Quality Payments Scheme

The CPCF introduced a new scheme for 2017/2018 called the Quality Payments scheme (QPS). To become eligible for QPS payments the contractor must meet the following gateway criteria:

- Offer at least one of the specified advanced services (MUR/NMS/FLU/NUMSAS)
- Keep an up to date NHS Choices entry – this allows the public to ascertain which pharmaceutical services are available in their area
- Be able to send and receive NHS mail – to receive referrals for NUMSAS
- Use the Electronic Prescription Service (EPS) – to prevent patients running out of medications.

Pharmacies meeting the gateway criteria will receive a quality payment if they also meet one or more of the following quality domains: **patient safety, patient experience, public health, digital, clinical effectiveness** and **workforce**. Patients benefit from pharmacies meeting the QPS gateway criteria and the achievement of quality domains by increasing patient safety. Having an up to date NHS choices profile allows the public to view services offered from pharmaceutical providers. Being able to send and receive NHS mail allows access to the NUMSAS advanced service.

There are two review dates during the year at which pharmacies can claim for quality payments. Results from contractor declarations in April 2017 have been analysed and are presented below.

### 9.1 NHS BSA Data at April 2017 QPS Review Point

The NHSBSA has published the declaration data for the April 2017 review point of the Quality Payment Scheme.<sup>55</sup> The data for community pharmacies and DSPs shows:

#### Gateway Criteria

- 96% (93/97) of pharmacies in Coventry met the essential gateway criteria for QPS.
- Of those pharmacies that meet the gateway criteria in April 2017;
  - 91/93 (98%) of pharmacies in Coventry stated they provided the MUR advanced service as part of meeting the gateway criteria.
  - 90 of 93 (97%) stated they provided the NMS advanced service as part of the gateway criteria.
  - 27 of 93 (29.0%) stated they provided the NUMSAS advanced service as part of the gateway criteria.

#### Quality Domains

- 69% (64/93) of pharmacies stated they had they had completed a **written a safety report** at premises level. The report covers analysis of incidents and actions taken in response to national patient safety alerts. The report patterns evidence of shared learning locally and nationally,
- 97% (90/93) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 **safeguarding** status for children and vulnerable adults in the last two years.
- 92% (85/93) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire (**CPPQ**), was available on the pharmacies NHS choices page.
- 15/93 of pharmacies reported that they were a **Healthy Living Pharmacy** – Level 1 (self-assessment).

<sup>55</sup> <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/quality-payments-scheme-statistics/>

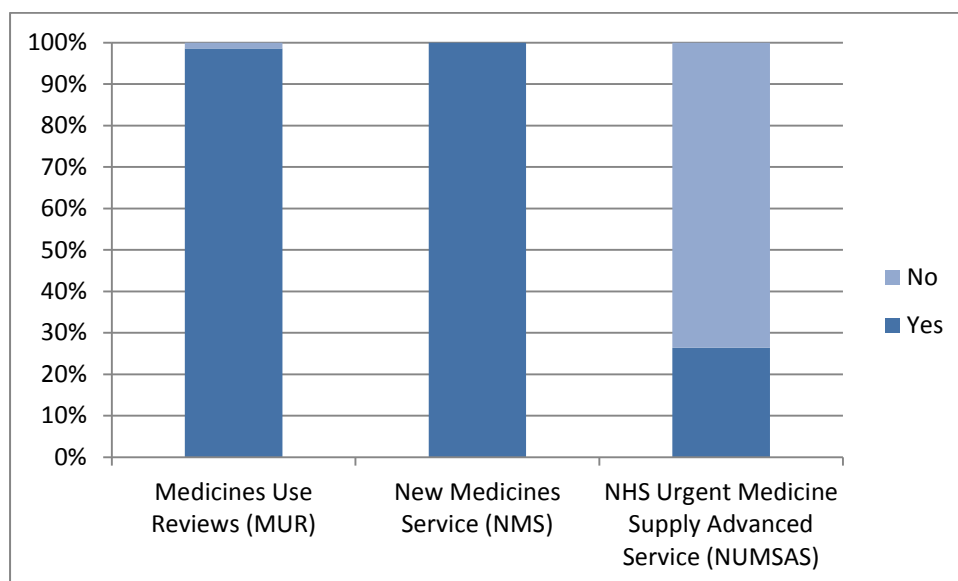
- 85% (79/93) of pharmacies reported that they had increased access to their **Summary Care Records** over two given time periods
- 97% (90/93) of pharmacies reported that their entry on the NHS 111 **Directory of Services** was up to date at the time of survey.
- 95% (88/93) pharmacies reported that on the day of the review, the pharmacy could show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an **asthma review**.
- 95% (88/93) of pharmacies reported that 80% of their staff working within the pharmacy were **Dementia Friends**.

## 9.2 Pharmacy Survey QPS declarations

### Gateway Criteria

- 72/72 (100%) pharmacies have an up to date NHS Choices entry
- 53/72 (74%) pharmacies used NHS Mail
- 72/72 (100%) pharmacies are Electronic Prescription Service Release 2 enabled
- 71/72 respondents (99%) respondents provide MURs, with the remaining contractor intending to do so within the next 12 months.
- 72/72 (100%) respondents provide the NMS service.
- 19/72 (26%) respondents provide NUMSAS with 32 (44%) intending to begin within the next 12 months. 9 respondents (13%) do not intend to provide NUMSAS

Figure 19 Pharmacy Survey results showing Advanced Services provided at Coventry pharmacies



### Quality Domains

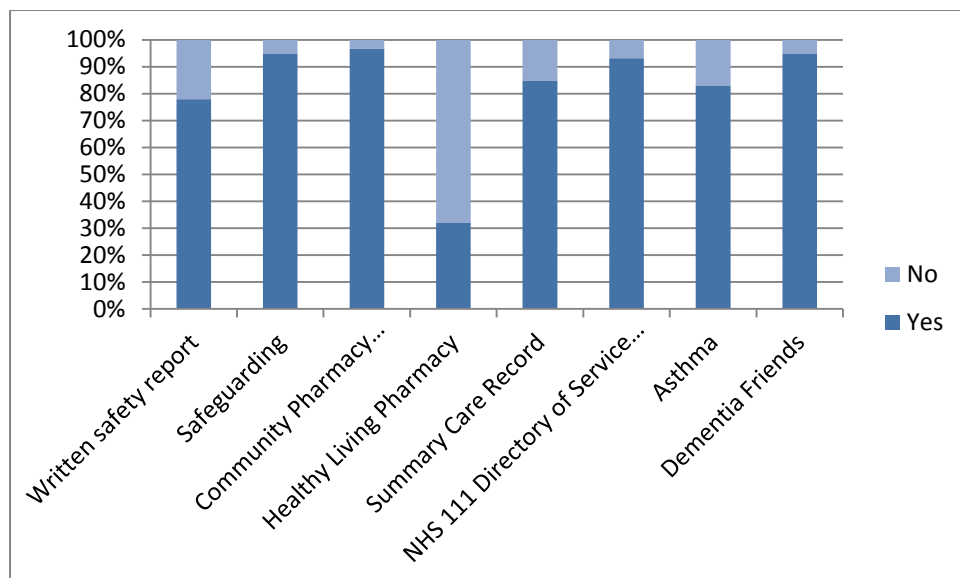
59 out of the 72 respondents to the pharmacy survey were eligible to respond to the quality criteria section of the survey.

- 46 (78%) pharmacies reported that they had written a safety report at premises level.
- 56 (95%) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.



- 57 (97%) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire was available on the pharmacies NHS choices page.
- 19 (32%) of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment). See HLP section.
- 50 (85%) pharmacies reported that they had increased access to their Summary Care Records over two given time periods.
- 55 (93.2%) pharmacies reported that their entry on the NHS 111 Directory of Services was up to date at the time of survey.
- 49 (83.1%) pharmacies reported that on the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.
- 56 (94.9%) pharmacies reported that 80% of their staff working within the pharmacy was a Dementia Friend.

Figure 20: Pharmacy Survey results Quality Criteria: Achievement



### 9.3 Healthy Living Pharmacies (HLP)

The Healthy Living Pharmacy (HLP)<sup>56</sup> is a tiered commissioning framework which was developed by the Department of Health. Pharmacies meeting the gateway criteria of the QPS scheme are able to receive payment for achieving HLP status – one of the QPS quality domains. The objective of Healthy Living Pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

The services provided as part of HLP are tailored to meet local health needs and build on the existing core pharmacy services with a series of enhanced services at three different levels of engagement:

- **Promotion (Level 1)**
- **Prevention (Level 2)**
- **Protection (Level 3).**

These levels of engagement reflect local health need and increasing capability within the pharmacy to deliver. HLPs aim to improve the health and wellbeing of the local community and help to reduce health inequalities by delivering a broad range of high quality public health services to meet local health needs.

In July 2016 the Pharmacy and Public Health Forum, accountable to Public Health England, developed a profession-led self-assessment process for level 1 HLPs, based on clear quality criteria and underpinned by a proportionate quality assurance process. *“Achieving level 1 Healthy Living Pharmacy status will require pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment.”*<sup>57</sup>

In terms of what patients or customers can expect from a HLP, the Pharmaceutical Services Negotiating Committee (PSNC) states that: *“The public will feel the difference when entering an HLP; the Health Champion and other staff may proactively approach them about health and wellbeing issues and will know about local services for referral or signposting. If a health trainer service exists locally then Health Champions can extend their reach. There will be a health promotion zone and there should be a health promotion campaign running linked into local priorities and health needs.”*

#### HLP Gateway Requirements

The stipulations below are gateway requirements which must be met before a pharmacy can be registered as an HLP:

- The pharmacy has a consultation room which is compliant with the Advanced Services standards and is appropriate for services on offer.
- In the past year, the pharmacy has participated in the provision of both Medicines Use Reviews (MURs) and the New Medicine Service (NMS), and has proactively engaged in health promoting conversations

<sup>56</sup> <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

<sup>57</sup> PSNC Briefing. ‘Healthy Living Pharmacies: Information for Local Authorities’ (May 2015) Available at: [http://psnc.org.uk/wp-content/uploads/2013/08/LA\\_HLP\\_briefing\\_May2015.pdf](http://psnc.org.uk/wp-content/uploads/2013/08/LA_HLP_briefing_May2015.pdf)

- In the past year, the pharmacy has participated in the provision of the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service (FLU) or has actively referred patients to other NHS providers of vaccinations
- The pharmacy complies with the General Pharmaceutical Council's Standards for Registered Premises and Standards of Conduct, Ethics and Performance; and
- The pharmacy complies with the NHS Community Pharmacy Contractual Framework (CPCF) requirements.

A pharmacy can only be considered as an HLP if it is already meeting all the contractual requirements for essential and advanced Services provided within the pharmacy contract. To qualify for HLP status, a pharmacy must also meet a set of agreed criteria:

- Consistently deliver a broad range of health and wellbeing services to a high quality.
- Promote healthy living & wellbeing as core activity.
- Support a team that is proactive in promoting health & wellbeing and the community's health at the centre of what it does.
- Staff meet locally agreed training and accreditation requirements to provide customers with health and wellbeing advice. They will signpost patients to community pharmacy services and other services where appropriate.
- Is identifiable to the public and other healthcare professionals

Public Health England (PHE) have published the national criteria and assessment process which now enables any pharmacy to become a Level 1 Healthy Living Pharmacy if they meet the required standards and complete an online Assessment of Compliance.

### HLP Framework

The HLP framework is underpinned by three enablers<sup>58</sup>:

- **Workforce development** – a skilled team to pro-actively support and promote behaviour change.
- **Premises** that are fit for purpose
- **Engagement** with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities

From the April QPS review point data available from the PSNC, it can be seen that 15/93 of pharmacies (including DSPs) reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment). Information provided by Coventry LPC in November 2017 shows that there are now 58 pharmacies accredited with HLP level 1 status.

Following on from the good uptake of HLP level 1 to date, it is recommended that in the future opportunities for new services be developed and commissioned based on local health needs from HLP pharmacies. Existing HLP Level 1 (Promotion) pharmacies providing locally commissioned services should be supported to develop to HLP Level 2 (Prevention) status to integrate with and boost the impact of locally commissioned prevention services. Opportunities should be considered for commissioning of new services from HLP pharmacies and integrating these providers within the wider STP strategy.

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<sup>58</sup> <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

- The STP and local commissioners should consider the opportunities that HLP status can support wider programmes of work, including physical and mental health and wellbeing, diabetes, and cardiovascular disease. Evaluations<sup>59 60</sup> of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quit rates, extensive delivery of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services. It is recommended that HLP be utilised to support brief interventions now and to build on this with development of commissioned service that align with the priority requirements identified within the STP strategy.

We value the contribution that pharmacies make to help deliver the public health agenda in Coventry and look forward to continuing work with the LPC and pharmacies to further support public health programmes.

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<sup>59</sup> University of Bradford. 'Evaluation of the West Yorkshire Healthy Living Pharmacy Programme' (Jan 2016). Available at: <http://www.cpsy.org/doc/973.pdf>

<sup>60</sup> Mohan L, McNaughton R & Shucksmith J. Teeside University. 'An Evaluation of the Tees Healthy Living Pharmacy Pilot Scheme' (2013) Available at: <https://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites/messageboard/hlp-forum/358672516/600199395/healthy-living-pharmacy-electronic-3-pdf>

## 10.0 Enhanced and Locally Commissioned Services

The third sets of pharmaceutical services as per the CPCF that can be provided from pharmacies are Enhanced Services or locally commissioned services. These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services.

These services are commissioned to meet an identified need in the local population and pharmacies can choose whether to provide these services.

### 10.1 Integrated Sexual Health Service (ISHS)

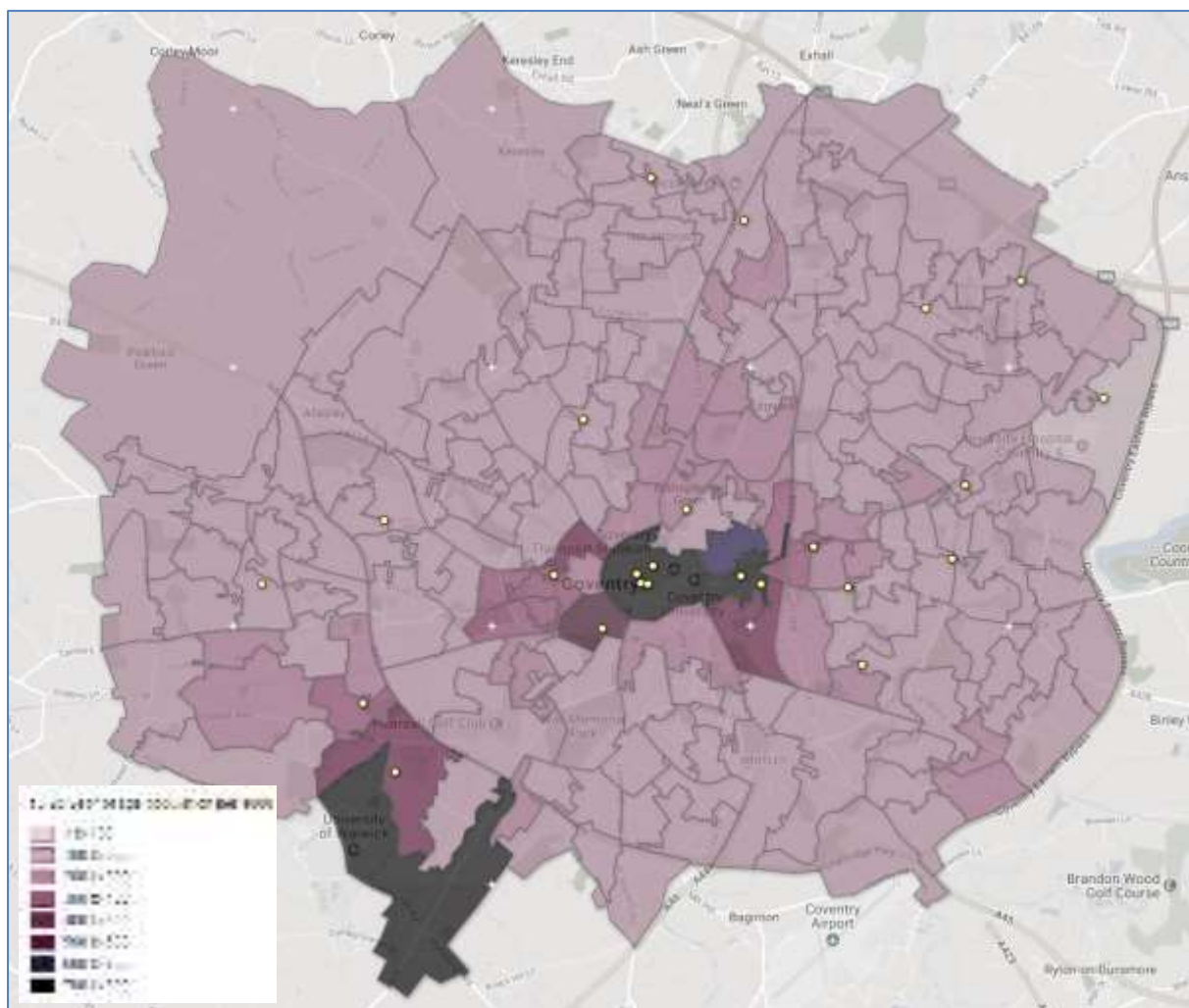
Coventry City Council is the commissioner for the ISHS. Coventry & Warwickshire Partnership Trust are the lead provider holding the council contract for ISHS. Community pharmacies are one element of the ISHS model. Testing, treatment and advice for people with Sexually Transmitted Infections; full contraception choices, pregnancy testing, emergency contraception, HIV management and outreach provision is also available from the city of Coventry health centre (CV1 4FS). Free and confidential chlamydia screening and treatment is available for under 25s in Coventry via the post and provision is also available from school nursing services and GP practices.

Under the ISHS service, community pharmacies are able to make key interventions across a range of sexual health areas including: chlamydia screening, emergency hormonal contraception (EHC), and the C-card scheme. Community pharmacies are sub-contracted to offer all of these services as an essential component of their agreement with Integrated Sexual Health Services (ISHS).

The public survey showed that over 50% of respondents (132/260) were aware of the sexual health service. This shows awareness of sexual health services provided from pharmacies could be better, however it should be caveated here that the majority of respondents to the public survey were aged 40 or over. Only 5% of respondents were aged between 13 – 25 years. The survey showed that of the 89 people who responded to the awareness and satisfaction for this service question, 66% (59/89) answered this question as non-applicable. Of the 30 people who did respond, two thirds were either satisfied or very satisfied with the service. One third of respondents were neither dissatisfied nor satisfied. It is important to note that although the survey indicates that awareness of the service needs to be increased, interpreting the results in this manner may not be a true reflection of service user views.

ISHS services in Coventry are offered as chlamydia screening, EHC, C-card distribution and pregnancy testing. See below for more detail.

Figure 21 Sexual Health service providers mapped over population (per 1000) aged 13-25 years.



### 10.1 Chlamydia Screening

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). Chlamydia infection is the most frequently diagnosed sexually transmitted infection (STI) in genitourinary medicine (GUM) clinics in England. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

There are **24** community pharmacies commissioned to offer the chlamydia screening service in Coventry. 32% (23/72) of pharmacies that responded to the pharmacy survey stated they offer the chlamydia screening service (19 pharmacies did not reply). Results showed that 25% (18/72) intended to begin this service within the next 12 months where available.

Community pharmacies are ideally positioned to provide opportunistic chlamydia screening to clients aged 13 - 25 years who are at highest risk of this infection. Young people aged 13 - 25 years that attend a pharmacy for EHC or C-card services are encouraged to complete the chlamydia screening test. The screening test involves providing a urine sample, which is then tested. If the sample returns positive, a referral to the GUM services is made for treatment and subsequent follow ups where necessary.

Coventry has a young population profile and this is due to many factors, but mainly due to the presence of two large universities within the city. The student population means there is a continually large population of residents aged between 18-24 years. Evidence shows the younger population; particularly those in the age group ranging from 15 to 24 years are at highest risk of chlamydia infection. In 2008 the National Chlamydia Screening Programme commenced to screen young people aged between 15 and 24 years of age for the infection and to reduce the underlying prevalence of this STI.<sup>61</sup> The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others. Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set at a level that would encourage high volume screening and diagnoses<sup>62</sup>.

- In 2016, in Coventry the rate of chlamydia detection per 100,000 young people aged 15 to 24 years was 1936 below the PHE target of 2300.
- In 2016, in Coventry, 15.9% of the population aged 15 to 24 years old were screened for chlamydia via ISHS providers; this was below the national level of 20.7%.

To improve the rate of chlamydia detection, the screening programme could be developed to allow more pharmacies to offer this service. The role of pharmacies in chlamydia is invaluable. There is scope for community pharmacies to support health needs by increasing chlamydia detection rates. There is also potential to increase the range of diseases being screened for. There is also potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

### 10.1.2 Emergency Hormonal Contraception (EHC)

As part of the wider ISHS contract from Coventry City council, community pharmacies can provide a free EHC service to women aged from 13 to 24 years of age to prevent unintended pregnancies. The purpose of the Emergency Hormonal Contraception (EHC) Pharmacy service is to provide rapid access to emergency contraception in the under 25 age group, support the promotion of safer sexual practices, and signpost young women into appropriate services. Patients aged 13 to 15 are able to access the PGD service within pharmacies.

The EHC service helps to reduce the number of teenage pregnancies. JSNA data in Coventry shows that in 2013 there were 39.5 conceptions in women aged under 18 years per 1,000 females (aged 15-17 years). In total this equates to 227 teenage conceptions in Coventry. This is the ninth highest for any local authority in England and Wales. This is higher than the levels seen in the West Midlands (28.9) and England as a whole (24.3). There are 7.3 conceptions per 1,000 females aged 13-15 years compared to 4.8 for England.

Community pharmacies offering the EHC service do so via the provision of an oral EHC pill (levonorgestrel) which can be taken up to 72 hours post unprotected sexual intercourse. In community pharmacy the EHC service is supplied under a Patient Group Directive (PGD) to women who meet specific PGD inclusion criteria and believe they are at risk of becoming pregnant. There are 24 community pharmacies commissioned to offer the EHC service in Coventry. 35% (25/72) of community pharmacies that responded to the pharmacy survey stated they offered the EHC service. Another 32% (23/72) are intending to offer this service within the next 12 months.

EHC treatment is also available from:

<sup>61</sup> <https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview>

<sup>62</sup> Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: [www.phoutcomes.info](http://www.phoutcomes.info)

- GP Practices and can be prescribed via a FP10 prescription.
- Specialist Contraception clinics
- Sexual Health clinics
- Over the counter from pharmacies at a cost of approximately £25 (users 16 years or over).
- NHS Walk in Centres

The under 18s and under 16s conception rate has been decreasing gradually in line with national trends. It is reasonable to state that interventions from EHC service providers have contributed to this decrease in conception rates in Coventry. It is known that the rate of teenage conceptions is can be up to ten times higher in the most deprived areas. Therefore provision in settings and at times that most suit vulnerable groups is an important public health measure to reduce the adverse outcomes associated with some unplanned pregnancies. As Coventry has two universities, commissioners should also ensure that existing pharmacies are able to provide this service in areas that are highly populated by students.

### 10.1.3 C-Card Distribution

Pharmacies are commissioned to provide free availability and easy access to condoms. Condoms are the only type of contraception that protect from a pregnancy and most STIs. Pharmacies provide support and advice to people accessing this service, including advice on safer sex, condom use and on the use of regular contraceptive methods.

45% (32/72) of pharmacies that responded to the pharmacy survey offer the C-card service. Results showed that another 18% (13/72) are intending to begin this service with the next 12 months

The C Card service is a free condom supply service aimed at young people aged between 13 and 25 years with the main intention of the service is to reduce rates of teenage pregnancy in Coventry. The C Card can be presented to any of the service providers who will issue a supply of free condoms.

### 10.1.4 Pregnancy testing

This is a service available from community pharmacy which offers free pregnancy testing to any woman up to the age of 25 years, who may suspect she is pregnant. Increasing access to pregnancy testing services will allow young women to make informed choices at an early stage regarding their pregnancy - with streamlined referral pathways to the most appropriate services. This service is commissioned by Coventry & Warwickshire Partnership Trust. EHC and pregnancy testing kit distribution can be provided in line with the EHC PGD.

31% (22/72) of respondents to the survey are currently providing the pregnancy testing service. 21% (15/72) of pharmacies are intending to begin this service within the next 12 months

## Assessment of Sexual Health Providers

Information provided by the sexual health service commissioner shows that **24** pharmacies have been commissioned to provide sexual health services across Coventry.

Figure 21 shows the location of pharmacies offering sexual health services mapped over population aged 13 to 25 years old. The map illustrates there is an adequate geographical spread of providers of sexual health services across the city. Pharmacies commissioned to provide the service appear to be well located, in areas where the population of women aged 13 to 25 is at its highest in Coventry and where levels of deprivation are high. The vast majority of pharmacies offering sexual health services are located centrally in and around the city. Pregnancy testing, condom provision and EHC services are widely available on a private or retail basis and advice continues to be available through GP Practice, sexual health clinics and alternative providers. Unlike the EHC service, pregnancy testing



and condom provision service; chlamydia screening provision can only be accessed from community pharmacy under the wider ISHS scheme and not on a retail basis. When considering provision of sexual health services across Coventry provision of pregnancy testing, condom provision and EHC is considered to be adequate.

There are however areas of Coventry where provision of chlamydia screening is reduced. Figure 21 illustrates the following areas have no Chlamydia screening provision from community pharmacy: Keresley & Holbrooks, Allesley village & Bablake, Courtaulds & Edgwick, Radford & Canal Basin, Whoberley, Central, Torrington & Canley, Green Lane, Finham & South Cheylesmore and Wyken & Sowe Valley. All of these areas are within 1 mile of pharmacies offering sexual health services. In addition these low provision areas also have some of the lowest populations of females aged 13 – 25 years, therefore the demand for this service is relatively low. It can also be seen that although there are a large number of pharmacies in Coventry providing sexual health services, most of these pharmacies are located in less densely populated areas of the younger female population (13 -25 years). The south east of the city (Binley and Willenhall, Chelysmore, Wyken) has no provision and service users would need to travel into the city centre to access services.

Coventry has two large universities located centrally and towards the south of the city in Wainbody. Provision for chlamydia screening from community pharmacy centrally is good. However near Warwick University in the south, provision is sparse and not easily accessible to the student population. Sexual health service provision is also available from a GP practice located in the area. Additional pharmacies could be commissioned to ensure adequate provision of sexual health services in those areas that are highly populated by the target demographic.

### Conclusions for Sexual Health Services

Although the level of provision is generally good and well distributed with the city centre, consideration needs to be made into providing more pharmacies offering sexual health services in some areas across Coventry, in particular to the south west and south east of the city, to cater to the needs of the younger population.

Sexual health services are viewed as **relevant services**.

## 10.2 Substance Misuse Services

Until the end of October 2017, the needle exchange (NEX) and supervised consumption service was sub-contracted by the LA to the Recovery Partnership. From November 2017, the contract now sits with Change Grow Live (CGL) Coventry for an initial three year period. CGL state that the NEX and supervised consumption service will remain broadly unchanged however with technical changes in the manner the services will be provided. A major change to the previously commissioned drug action service is the addition of two new services:

- Alcohol screening & Intervention service and the,
- Naloxone service.

There are a range of services available in Coventry for drug and alcohol users. CGL Coventry provides advice, support and treatment for adults affected by drug or alcohol misuse. Compass helps young people (aged 18 and under) move away from substance misuse and achieve their full potential. Coventry Recovery Community can offer support and mutual aid to those in recovery.

Substance misuse services available from community pharmacies, improve the health and wellbeing of local residents by helping them to lead healthier lifestyles and reduce health inequalities among the city's adult population by supporting people to change lifestyle behaviours including excess alcohol consumption.

Public views on awareness and satisfaction from service users can be difficult to capture, as there is a tendency to provide little or no information about themselves.

### 10.2.1 Needle Exchange

Pharmacies are commissioned to provide intravenous drug users with sterile injecting equipment in order to reduce the transmission of blood borne infections such as HIV and Hepatitis. Community pharmacies will arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service. Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users.

The service aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV by providing sterile injecting equipment and safe disposal of used injecting equipment
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction. There are 26 pharmacies in Coventry commissioned to provide the needle exchange service.

The Coventry Drug and Alcohol Strategy 2017 - 2020 estimated 2,000 adults in Coventry use opiates and/or crack cocaine on a regular basis. The prevalence of opiate or crack users amongst 15 to 64 year olds in the city is 9.2 per 1000, lower than cities of a similar deprivation profile, but still higher than the England average of 8.4 per 1000. Early intervention in substance misuse can prevent loss of employment and income, decrease drug-associated crime, and limit the risk of further physical and mental health conditions as a result of substance misuse, such as blood borne virus infection.

### Pharmacy survey results:

The pharmacy contractor survey showed that 32% (23/72) of pharmacies that responded to the survey offer the needle exchange service. Results show that 14% (10/72) intended to begin this service within the next 12 months.

**Figure 22: Location of pharmacies offering the Needle Exchange service mapped over Indices of multiple deprivations in Coventry**

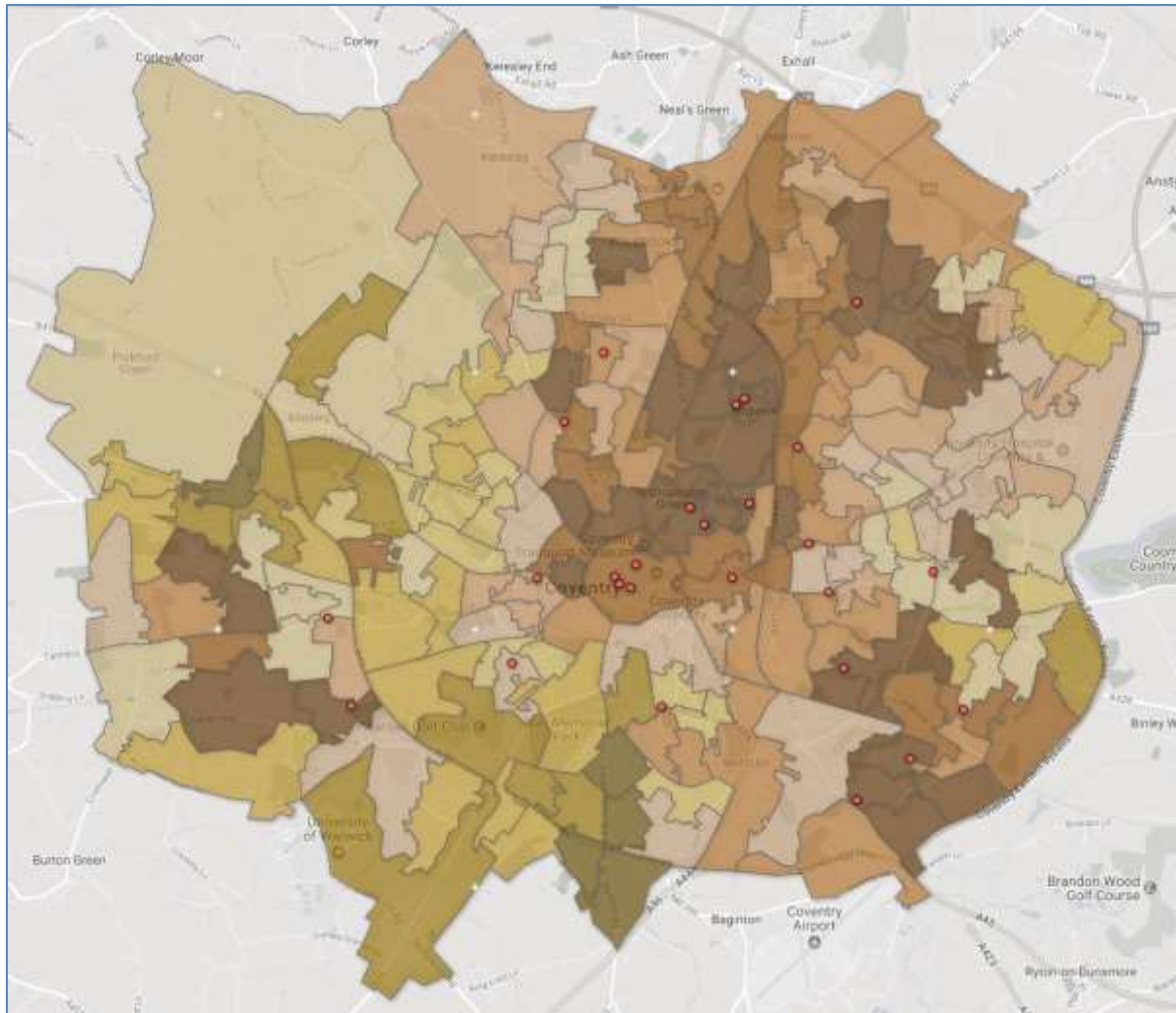


Figure 22 shows the location of pharmacies offering the Needle Exchange service mapped over indices of multiple deprivations in Coventry. The map shows that pharmacies commissioned to provide the service appear to be reasonably well located with respect to the most deprived areas of Coventry. There is a greater provision in the centre and east of the city than any other region.

The following areas have gaps in needle exchange provision: Cheylesmore and Wainbody in the south, Longford and Henley located in the north east of the city and a large majority of areas in the west of the city such as Whoberley, Woodland and Sherborne. However these areas are less deprived but consideration should be given to commission pharmacies to offer this service in these areas. Gaps in provision must be improved for this service in the previously mentioned areas which have no needle exchange provision and are located in more deprived areas.

The needle exchange service is an important public health service which reduces the risk to drug users and the general population. The provision of needle exchange service from pharmacies is a **necessary service** and there are currently some gaps in geographic distribution of commissioned substance misuse pharmacies.

### 10.2.2 Supervised Consumption

The overall aims of pharmacy services to drug users are to assist the service user to remain healthy, reduce risk, and provide service users with regular contact with a healthcare professional and help them access further advice or assistance. Pharmacies can act as an important primary access point for drug users. The supervised consumption service reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. There is compelling evidence to support the effectiveness of supervised administration with long term health benefits to drug users and the whole population.

Pharmacies are commissioned to provide registered drug addicts with regular monitored doses of opiate substitute to support them becoming progressively drug free. Clients often need support to prevent them stopping treatment. The supervised consumption service provides access to substitute therapy with methadone or buprenorphine for people with an opiate addiction, via direct supply through community pharmacies. This service requires the pharmacist to physically witness and supervise the consumption of the prescribed medicines at the point of dispensing in the pharmacy against a valid prescription. Contracted pharmacies aim to offer a user-friendly, non-judgmental, client-centred and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. This service ensures frequent (usually daily) contact between the service user and the pharmacist especially during the early and more chaotic stages of treatment. This also allows the opportunity to monitor patients closely.

All community pharmacies in Coventry are currently commissioned to provide the supervised consumption service. The pharmacy contractor survey results showed that 67% (48/72) of pharmacies that responded to the survey offer the supervised consumption service. Results show that 8% (6/72) intended to begin this service within the next 12 months.

**Figure 23: Location of pharmacies offering the Supervised Consumption Service mapped over Indices of multiple deprivation in Coventry**



In Coventry, a total of 75 pharmacies provide this particular service. Figure 23 shows the location of pharmacies offering the supervised consumption service mapped over indices of multiple deprivation in Coventry. The most deprived areas of Coventry have good provision of pharmacies located within these areas providing this service. Looking at the map, it can be said areas of Westwood, Wainbody, Sherborne and Bablake and Holbrook have no supervised consumption service accessible from community pharmacy. Some of these areas are deprived, but less so than the city centre. Although there are pharmacies nearby providing this service, these areas would be suitable for an increased provision of the supervised consumption service. It is important to note that in these areas such as Bablake and Westwood there is a reduced number of pharmacies in these areas in line with reduced population density, rather than an absence of pharmacies commissioned to offer the supervised consumption service.

Where pharmacies do not offer the needle exchange or other substance misuse services, patients should be signposted to other providers of the service.

Supervised consumption is considered a **necessary service**. Service provision is considered to be adequate.

### 10.2.3 NEW Alcohol Screening and Interventions Service

Alcohol, drugs and substance abuse services improve the health and wellbeing and reduce health inequalities among the city's adult population by supporting people to change lifestyle behaviours including excess alcohol consumption.

The reduction of alcohol-related harm is one of the key indicators within Public Health England's national strategy. Alcohol is a significant contributory factor for a range of health conditions and is estimated to cost the NHS approximately £3.5 billion per year and society as a whole £21 billion annually.<sup>63</sup> The latest data shows that the rate of hospital admissions for alcohol related harm is 768 admissions per 100,000 compared to the England rate of 647 admissions per 100,000. Rates of admissions for males are higher compared to the England average. The rate of admissions for females is higher than the England average. For the new alcohol screening and intervention service in community pharmacy, service users will undergo an initial AUDIT C screen at the pharmacy. Depending on the score, the patient may then go on to receive a brief intervention, and possibly a referral into CGL's alcohol services. There are currently 12 pharmacies providing the alcohol screening service in Coventry. The new alcohol and screening intervention service should also reduce alcohol related admissions to hospital among adults

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<sup>63</sup> Indicator Definitions and Supporting Information: Admission episodes for alcohol related harm – narrow definition Available from: [www.phoutcomes.info](http://www.phoutcomes.info)

**Figure 24: Location of Pharmacies offering the Alcohol Screening Service mapped over Indices of multiple deprivation in Coventry**



Figure 24 shows that there is a low level of provision of alcohol screening in Coventry. The pharmacies offering this service are well located in a large majority of the deprived areas of Coventry such as Foleshill, Henley, Binley and Willenhall. The east of the city has reduced provision as there are no pharmacies offering this service and although areas within this region (Upper Stoke, Wyken, and Lower Stoke) are not the most deprived, there are still pockets of deprivation within them. The north west of the city, areas such as Bablake, Woodlands and Holbrook also have no provision of the alcohol screening service but these areas are much less deprived and have fewer inhabitants due to the rural nature of the areas.

The new alcohol screening service is considered a **necessary service**. Commissioners need to raise awareness of support available for alcohol related issues. This is a relatively new service and service uptake should be reviewed and expanded where necessary in the future.

### 10.2.4 NEW Naloxone Service

Naloxone is a safe and effective antidote to opioid overdose. It works by blocking and rapidly reversing the effects of respiratory depression. Prior to 2015 it could only be distributed on prescription so the supply of naloxone kits and training was restricted to clinical teams. This often meant that treatment was not in place when needed at the time of a critical drugs overdose. A change in the law in 2015 meant naloxone could now be given directly to service users. Within 2016/17 over 13,000 kits were issued across England and Wales. Naloxone has already been used in 464 overdose situations.

For the new naloxone service, a take home Naloxone kit will be offered to all service users; they will be given training in how to administer the Naloxone and issued with a kit. Kits are available from CGL Coventry and pharmacies commissioned to provide this service. There are currently 10 pharmacies commissioned to provide the new naloxone service in Coventry.

**Figure 25: Location of Pharmacies offering the Naloxone Kit Intervention service mapped over Indices of multiple deprivation in Coventry**



Similarly to the alcohol screening service offered by pharmacies, the Naloxone service too is in its early stages of development. The few pharmacies offering this service are located in the city centre, which is one of the most deprived parts of Coventry. Access to these services in the city centre is ideal in this case as getting to the centre of Coventry is very accessible for the majority of people with good public transport links to and from it. As this service develops further, it is suggested that



other areas of deprivation within the city such as north east of the city (Longford) and also areas north of the centre such as Foleshill could be considered for future service provision areas for this service. Increased uptake and awareness of this new naloxone service needs to be increased amongst service users and others by working with partners. Many people who use opioids do not access core treatment. Partner agencies that come into contact with these vulnerable cohorts such as hostel workers should be encouraged to train staff and help arrange supply of naloxone treatment.

The new alcohol screening service is considered a **necessary service**. Commissioners need to work with partners to raise awareness of naloxone kit provision. This is a relatively new service and service uptake should be reviewed and expanded where necessary in the future.

### 10.3 Smoking Cessation Services

Smoking cessation services commissioned by Coventry City Council and sub-contracted to Coventry and Warwickshire Partnership trust. Coventry city council is recommissioning a new integrated adult lifestyles service for April 2018. This new service will focus on delivering lifestyle behavioural change interventions among the adult population, including smoking cessation and weight management. The service(s) will also deliver the NHS Health Check programme in Coventry. It will replace provision currently delivered by stop smoking services, NHS health checks and lifestyle adviser (also known as health trainer) services and a smoking harm reduction service for people with mental health conditions. Service provision may be altered as a result.

The smoking cessation service helps reduce levels of smoking-related illness, disability, premature death, and health inequality. The aims of this service fit in with the CHWB plans to:

- improve access to and choice of stop smoking services
- reduce smoking related illness and deaths by helping people to give up smoking
- improve the health of the population by reducing exposure to passive smoke
- help the service users access additional treatment by offering referral to specialist services, where appropriate

There are around 50,000 smokers in Coventry. The prevalence of adult smokers stands at 15.6% which has decreased from 18.5% in 2013. Smoking prevalence figures are lower than that reported for England (18%) and broadly lower than in cities of a similar level of deprivation. Evidence for the effectiveness of pharmacies in contributing to smoking cessation has also led to a recommendation in the 'Community Pharmacy Clinical Services Review' (the Murray report, 2016)<sup>64</sup> for smoking cessation services to be considered an element of the national contract. Pharmacies are suitable locations for such a service as they are accessible, often open extended hours, and can provide medications without delay. SSS in pharmacies is recommended by the National Institute for Health and Clinical Excellence (NICE)<sup>65</sup>

Pharmacies are commissioned to provide patients who wish to stop smoking, with an assessment, appropriate nicotine replacement therapy and counselling support. Other providers operate in community outreach areas and in hospital. The service involves the provision of behavioural support and pharmacotherapy delivered via a time-limited intervention to support people to successfully and permanently stop smoking. Nicotine Replacement Therapy is provided via a voucher scheme and Champix (varenicline) is provided mainly via GP prescription or via a PGD (currently in a trial phase) Progress is then assessed after 4 weeks and success is assessed after 12 weeks. Any interventions are delivered by a stop smoking advisor, who has received stop smoking service training one-to-one and/or group support and NCSCT (National centre smoking cessation training). The Integrated Adult Lifestyle service (IALS) will take over all current provision from 1 April 2018. It will be a single provider (who may well subcontract) responsible for behaviour change around a number of lifestyle issues including smoking.

Across Coventry there are 57 pharmacies that have been commissioned to provide the stop smoking cessation.

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<sup>64</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>65</sup> Smoking Cessation Services. NICE Public Health Guidance PH10. <http://publications.nice.org.uk/smoking-cessation-services-ph10>

**Pharmacy survey results show:**

Community pharmacies remain well placed to ensure the services are accessible to the smoking population, particularly with many offering extended opening hours. 70% (57/72) contractors responded to the survey to state that they provide smoking cessation services with a further 6% (4/72) intending to provide the service over the next 12 months.

**Public survey results show:**

Results from the patient survey showed that the stop smoking service was one of the most recognised services amongst respondents at 81% (210/260). The smoking cessation service satisfaction rates amongst the 42 respondents indicated that over half were satisfied or very satisfied with the service. The other half were neither satisfied nor dissatisfied. No respondents echoed views showing dissatisfaction to the service.

**Figure 26: Map of pharmacies offering stop smoking services over Indices of multiple deprivation in Coventry**

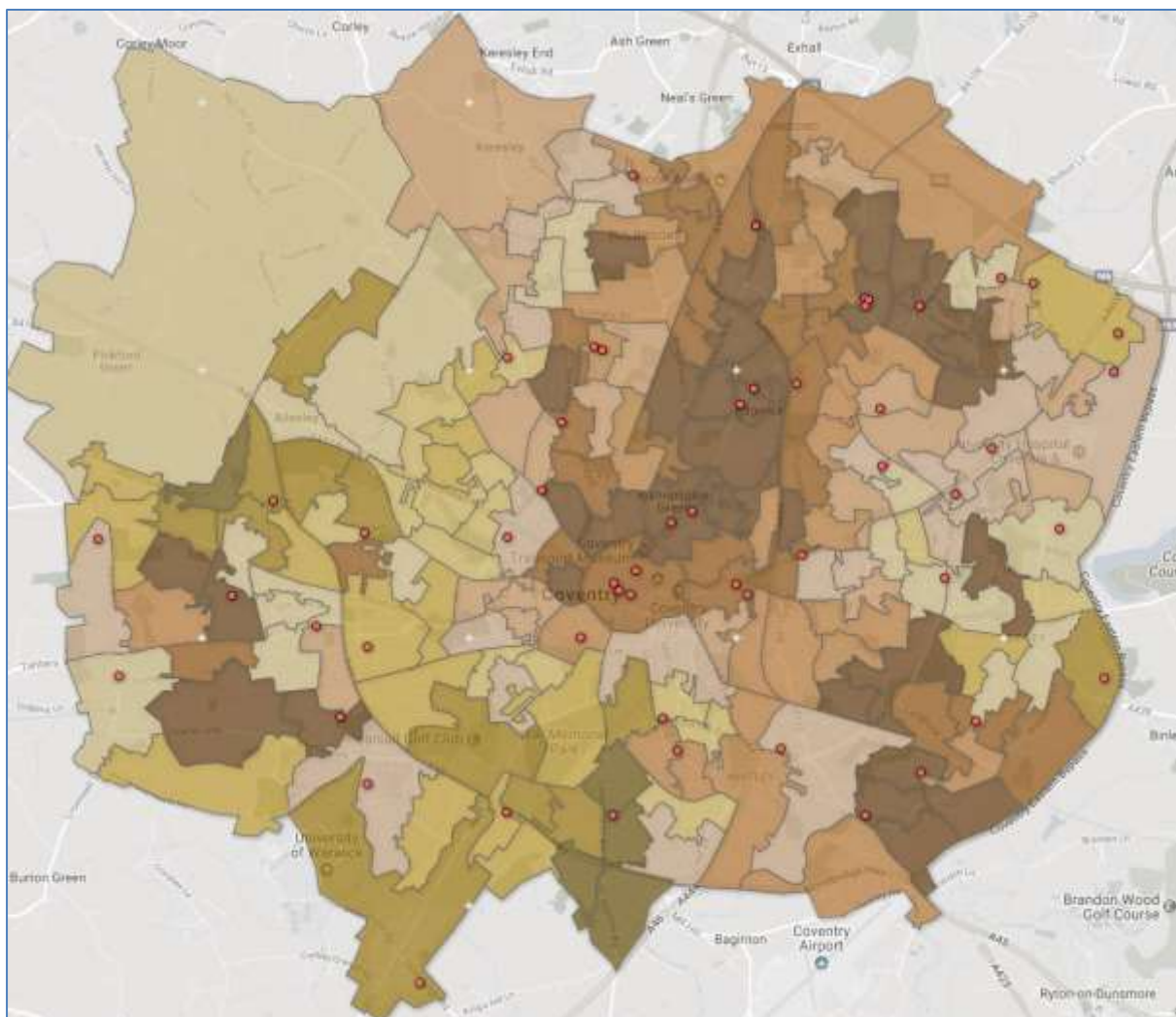


Figure 26 shows the location of pharmacies in Coventry commissioned to deliver smoking cessation services by level of deprivation (used as a proxy as recent data on smoking prevalence at ward level is not available and smoking is more prevalent in deprived areas). The pharmacies are well located and spread across all areas of the city. The map illustrates pharmacy distribution in relation to areas of deprivation and it can be noted that the most deprived areas situated mainly in the city centre (St

Michaels, Foleshill, Radford and Sherborne) have an adequate provision of community pharmacies offering the service. There are some gaps in provision however within the North West regions of the city (Bablake and Holbrook) but these areas are not densely populated and the prevalence of smoking varies by district. Despite some gaps from community pharmacy, smoking cessation provision is available from GP Practices and alternative providers.

Community pharmacies remain well placed to offer opportunistic smoking cessation advice when seeing patients attending for prescriptions and customers. This ensures services are accessible to the smoking population and evidence suggests community pharmacies can improve quit rates. Smoking remains one of the largest contributors to avoidable mortality and stopping smoking is one of the key areas to be tackled under the STP plans.

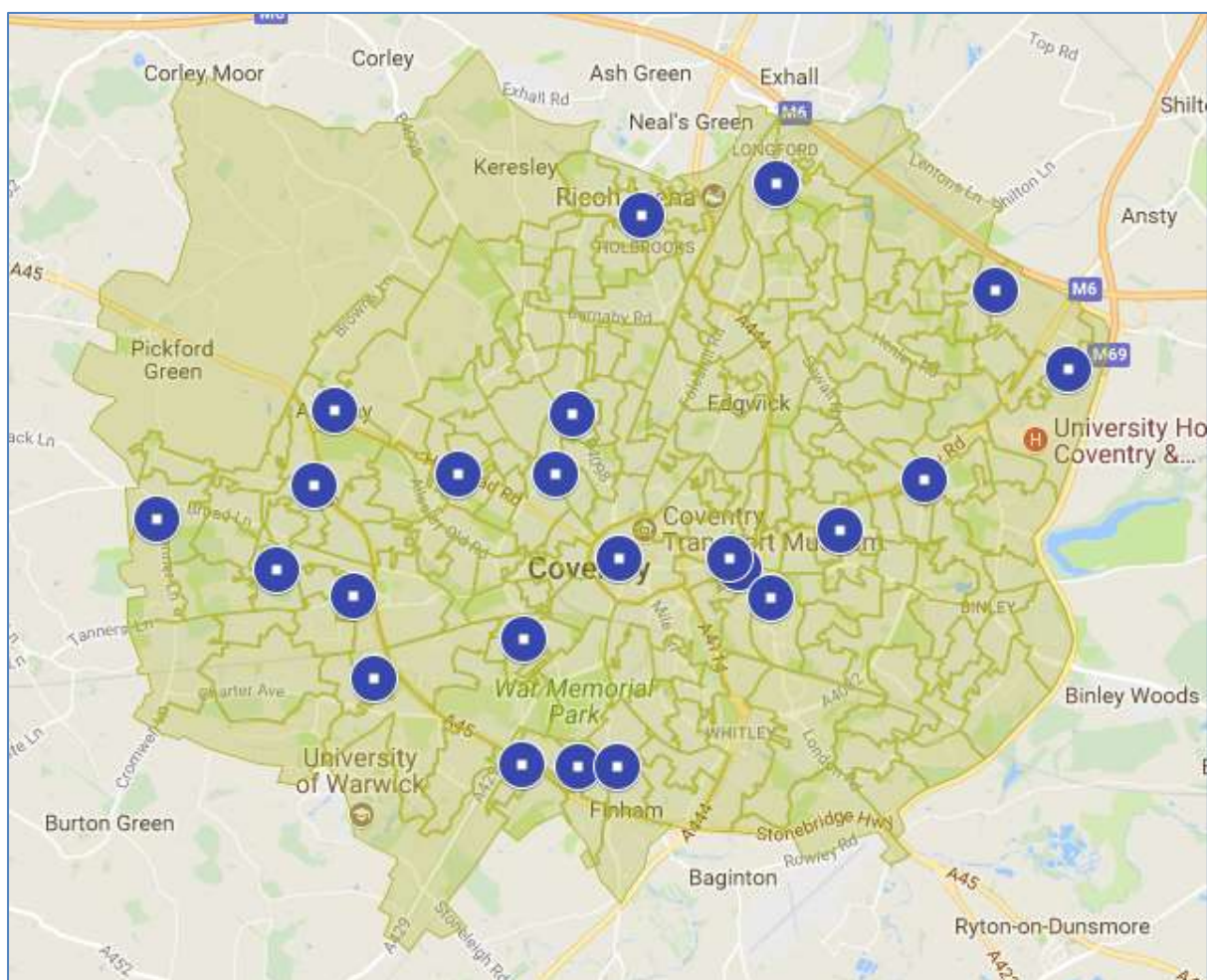
The stop smoking service is therefore considered a **necessary service** and provision is adequate across Coventry. Areas that are not as heavily served with pharmacies offering the smoking cessation service have access to GPs that provide cessation advice and services. Commissioners should ensure that on recommissioning of this service, provision is available across Coventry in a range of venues reflective of local needs.

### 10.4 Phlebotomy Service

University Hospitals Coventry & Warwickshire NHS Trust are currently commissioning the collection of blood samples by trained and competent members of staff from community pharmacy service providers. The providers are responsible for the delivery of blood samples to UHCW for analysis. UHCW will provide training, regular assessment, and all consumables necessary to community pharmacies to provide the service. The providers must ensure the premises comply with the accreditation standards set by the former PCT's.

Phlebotomy service offered by pharmacies in Coventry is an excellent opportunity to deliver a service which patients (especially the elderly and those with long term health conditions that require blood monitoring) find more accessible and convenient. A phlebotomy service has been available in pharmacy since 2005 – over 100,000 bleeds a year are done in pharmacy

**Figure 27: Map showing locations of phlebotomy services offered in Coventry**



A total of 23 pharmacies provide the service across the city. In addition 12 more sites including the University Hospital and various medical practices offer the phlebotomy service ensuring there is good access to this service across Coventry. Figure 27 shows the location of pharmacies offering the phlebotomy service. Provision of the Phlebotomy service is well spread out across Coventry with a slightly reduced provision on the outskirts of the city. Consideration needs to be given to those areas that have no provision of the service, as this will ease the burden on hospitals for this service and also prove more convenient access for patients.

The findings from the recent Healthwatch report showed that some patients were not aware of Blood Taking (Phlebotomy) services at local pharmacies, even though these services have been provided in this way for a considerable number of years. 86% (221/260) of respondents to the public survey as part of this PNA process were aware of the service with 64% (120/258) expressing satisfaction to the service. It can be interpreted therefore that current methods of communication and information provision are not especially effective. The report found that people relied a lot on getting information about pharmacy services from the pharmacy they used regularly so more could be done in terms of signposting to alternative service providers.

This service is considered a **relevant service**.

Commissioners can do more to raise awareness of this service.

### 10.5 Improvements and Other Commissioned Services in the future

There are opportunities to develop the contribution of community pharmacies further. As an example of the potential scope for community pharmacy provision we outline below potential opportunities to strengthen local provision and services which are being offered in other health and wellbeing areas that are not currently commissioned from Coventry community pharmacies:

- Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach.
- Pharmacies in Coventry could deliver outreach NHS Health Checks as part of a pilot service as is currently offered in Cambridge. The NHS Health Check is a health check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, in adults in England aged 40-74 without a pre-existing condition. In Coventry, when looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 205 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 58 deaths. Pharmacies located in St Michaels ward may therefore be suitable as a location for offering this health checks service.
- Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures. This could be harnessed more effectively to support health promotion at scale across Coventry.
- Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc. Pharmacy providers are also involved in part of 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.

- In addition, pharmacies could under a Patient Group Directions (PGDs) advice and immunisation to protect patients from diseases or blood-borne viruses.
- Minor ailments management - a NHSE Pharmacy First scheme is available in Birmingham for under 16s. The service aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments.
- Palliative care services – a specialist palliative care drugs supply (SPCD) scheme is available across Birmingham and the Black Country with the aim to improve end of life care.
- Pharmacy support in care home services - medication errors in care homes for older people can be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes
- Targeted case finding of individuals with pre-diabetes for the National Diabetes Prevention Programme
- Targeted case finding for Atrial Fibrillation – pulse checks combined with flu vaccinations

There is currently a wide variation in services commissioned on a local level from community pharmacy. There are opportunities for local service commissioning to assist in providing effective, integrated healthcare services. A wide range of services are described in the Drug Tariff which are locally commissioned across England including: head lice management services, services to schools, out of hours services, supplementary and independent prescribing by pharmacists and medicines assessment and compliance support.

## 11 CONCLUSION AND RECOMMENDATIONS

In conclusion, the Coventry Health and Wellbeing Board consider community pharmacies to be a key health and wellbeing resource and recognise that they offer potential opportunities to support health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies across all of the currently commissioned services. Local commissioning organisations should continue to consider pharmacies 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. Any commissioning of services or initiatives in community pharmacies should be informed by the evidence base and evaluated locally ideally using an evaluation framework that is planned before implementation.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to "ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these." At a local level, the Health and Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

Populations in Coventry are forecast to increase in the future and with an ageing population these are some of the factors which will contribute to an increased need for pharmaceutical services. However, it is important to note that on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs.

The expectations regarding Community Pharmacy are not laid out in the STP so far. There are however many opportunities where community pharmacies can support all workstreams of the STP, improving health and wellbeing and reducing health inequalities. Key opportunities for the STP exist around making the most of existing commissioned services (essential, advanced and locally commissioned services) particularly in relation to medicines optimisation. The PNA tells us that even though coverage of community pharmacies is adequate for our needs, all community pharmacy services could be more effectively integrated into local pathways to ensure maximum benefits for population level health and wellbeing. Community pharmacies are often located in deprived areas with high population density. They can provide an important first point of contact for patients seeking ad-hoc health advice alongside picking up regular prescribed medicines or purchasing over the counter medicines.

There is capacity for community pharmacy to address local priorities described in the JSNA and STP. Community pharmacies have close links with their communities and are therefore well placed to support CHWB to deliver their priorities. For example, the development of the Healthy Living Pharmacy programme, supporting health promotion and prevention across community pharmacies, can support many of the STP work streams. The contribution of community pharmacies and Healthy Living Pharmacies should be considered as local primary care and out of hospital services develop. Local commissioning organisations should therefore continue to consider pharmacies 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.



## Recommendations

The Sustainability and Transformation Programme should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population. The STP plan identifies Proactive & Preventative care as a key theme. The STP should consider better utilisation of community pharmacies to aid in reducing projected future demand growth. There are many avenues community pharmacy can offer such as the uptake of flu vaccinations in vulnerable groups and carers. Taking into account current service provision and other factors that may affect need for pharmaceutical services in the future; the following recommendations have been put forward:

- Patients and public should be provided with clear information on opening times, services offered (including provision of confidential consulting space), and alternative provision when pharmacies are not open.
- Community Pharmacies should be encouraged to integrate into the wider healthcare economy to create coherent, system-wide services and pathways. Increased referral from GP and secondary care can help encourage pharmacies to fulfil their full quota of Medicines Use Reviews and the New Medicines Service reviews by targeting appropriate patients who are most likely to derive greatest benefit from these interventions. MURs can help prevent unnecessary GP appointments which fit in with the urgent and emergency care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy.
- Community pharmacies in Coventry should be encouraged to provide the flu vaccine and could help target the large proportion of eligible under-65s who do not routinely attend for immunisation.
- To improve the rate of chlamydia detection, the screening programme could be developed to allow more pharmacies to offer this service.
- Commissioners should consider increasing access to alcohol and screening intervention services from community pharmacies located in areas of deprivation with no provision. Uptake and awareness of these new substance misuse services needs to be increased amongst partners and service users themselves.
- A Hospital discharge referral schemes leading to MURs and NMS help in particular the frail and elderly groups as part of the preventative strategy. This particular demographic largely have complex needs that put the urgent & emergency care network under strain.
- Community pharmacies should be supported to achieve standards set out in the national Quality Payments Scheme with development and support given to level 2 Healthy Living Pharmacies as part of a robust, system wide prevention offer. The use of Healthy Living Pharmacies is important to consider in supporting preventative care, in particular dementia in the community. Pharmacies can become dementia friends by integrating with the wider dementia network. Community pharmacies can contribute to the wider STP strategy of improving mental health. Pharmacy staff can act as mental health champions. HLP pharmacies can offer a safe space and resource for promoting patient wellness. STP leads could also utilise community pharmacies as a means for identifying patients at risk from alcohol abuse.
- It should be further considered as to how community pharmacy can be utilized to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing). The offering of all community pharmacy interventions should be embedded as an improvement into the day to day working practice. This is crucial to increasing the uptake of services.

- Improve connectivity between community pharmacy and other services (including exploration of sending electronic notifications of flu vaccination in pharmacy settings to GP practice systems).
- Community pharmacies should be encouraged to offer community pharmacy Advanced services such as NUMSAS. NUMSAS can contribute significantly to reduce the pressure on the urgent & emergency care network through less frequent hospital attendances.
- Pharmacies should be encouraged to have a specific focus on areas that have been considered to have a significant impact on the health of the local population. Community Pharmacy already support smoking cessation and encourage patients to self-care. There are many avenues community pharmacy can offer such as minor ailments schemes to reduce pressures on emergency services.
- Commissioners should consider increasing capacity for more services to be provided from community pharmacy including:
  - Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies
  - Outreach NHS Health Checks
  - Promoting awareness of good mental health
  - Pharmacies could under a Patient Group Directions (PGDs) provide advice and immunisation to protect patients from diseases or blood-borne viruses.
- Community Pharmacies can do more to target groups at greatest risk of experiencing poor health outcomes from unhealthy lifestyle behaviours, the following should be the target population:
  - People in greater deprivation. This will include people resident within deprived neighbourhoods and people on out-of-work benefits
  - Those with or most at significant risk of developing a preventable long term condition
  - People with serious and enduring mental health problems
  - People with two or more unhealthy lifestyle behaviours

The Coventry and Warwickshire Sustainability and Transformation Plan Board should consider the findings of this report especially regarding the promotion of pharmacy services and awareness. Commissioners should explore avenues of providing better online information. This will lead to better signposting information ensuring lists of pharmacies and their different services are available in GP surgeries, in pharmacies and other healthcare settings. The STP workstream needs to ensure pharmacy features strongly to help meet the objectives of the STP strategy, with particular regard to the 'out of hospital' and 'proactive and preventative' work programmes capitalising on the range of services offered from community pharmacies. HLP Pharmacies are an effective means to do so. This pharmaceutical needs assessment should be used as a basis for future planning around pharmacy provision.

## 12 CONSULTATION OVERVIEW

The PNA process comprises of a statutory requirement that involves having a consultation period of 60 days revolving around the contents of the PNA. The CHWB must consult with various organisations to ensure that the pharmaceutical providers and services supporting the population of Coventry mentioned within the document are accurately reflected.

Consultation responses will be collated and analysed. A report of the consultation, including any changes to the PNA will be produced before the final PNA is published and will be included in the appendices. All concerns raised as a result of the consultation process will have been considered in the redrafting of the final PNA. The final document will be presented to the Coventry HWB for ratification in February 2018 and the final PNA report published and available on local websites in March 2018.

The public consultation of the draft PNA for Coventry will run from 1<sup>st</sup> December 2017 to 05<sup>th</sup> February 2018. The consultation draft and summary will be distributed electronically on Coventry City Council website.

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# Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2017/18 7<sup>th</sup> March, 2018

Please see page 2 onwards for background to items

|  |
|--|
| <b>19<sup>th</sup> July 2017</b>   |
| <ul style="list-style-type: none"><li>- Update on Better Health, Better Care and Better Value Workstreams (STP)</li><li>- Update on Joint Health and Overview Scrutiny Committee</li><li>- Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts</li></ul>  |
| <b>13<sup>th</sup> September 2017</b>  |
| <ul style="list-style-type: none"><li>- Drugs and Alcohol Strategy</li><li>- Safeguarding Adults Board Annual Report</li><li>- Adult Social Care Annual Report (Local Account) 2016/17</li></ul>   |
| <b>11<sup>th</sup> October 2017</b>  |
| <ul style="list-style-type: none"><li>- System Performance, Winter 2017/18</li><li>- Maternity and Paediatrics Work Stream Update</li></ul>  |
| <b>18<sup>th</sup> October 2017 - PM</b>   |
| <ul style="list-style-type: none"><li>- Improving Standards – quality assurance and workforce development</li><li>- Better Care Fund</li></ul>   |
| <b>1<sup>st</sup> November 2017</b>  |
| <ul style="list-style-type: none"><li>- Visit to Coventry University</li></ul>   |
| <b>Tuesday 21<sup>st</sup> November 2017 (rearranged from 13.12.17)</b>  |
| <ul style="list-style-type: none"><li>- Primary Care Sustainability and Planning</li><li>- Proactive and Preventative Update to include a) Out of Hospital and b) Upscaling Proactive and Preventative</li></ul>   |
| <b>31<sup>st</sup> January 2018</b>  |
| <ul style="list-style-type: none"><li>- Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan</li><li>- Child and Adolescent Mental Health Services (CAMHS) Transformation Update</li><li>- Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents</li><li>- Adult Neurodevelopment Diagnostic Pathway Briefing Note</li></ul>   |
| <b>7<sup>th</sup> March 2018</b>   |
| <ul style="list-style-type: none"><li>- Community Pharmacies</li><li>- Integrated Care Systems</li></ul>   |
| <b>25<sup>th</sup> April 2018</b>  |
| <ul style="list-style-type: none"><li>- Urgent and Emergency Care</li><li>- Childhood Obesity</li><li>- System Performance and Winter Pressures</li><li>- Quality Account- Statements from Partners</li></ul>  |
| <b>Briefing Notes</b>  |
| <ul style="list-style-type: none"><li>- NICE Treatment Guidelines</li><li>- Coventry Safeguarding Adults Board Quality Assurance Framework</li></ul>   |
| <b>Joint Health Overview and Scrutiny Committee</b>  |
| <ul style="list-style-type: none"><li>- Stroke Services</li></ul>  |
| <b>Date to be determined</b>   |
| <ul style="list-style-type: none"><li>- Director of Public Health Annual Report</li><li>- Care Quality Commission review of the Health and Social Care system in Coventry Report</li><li>- Female Genital Mutilation</li><li>- Employment and Mental Health</li><li>- Improving Support – enablement approach for adults with disabilities</li><li>- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy</li></ul> |

## Health and Social Care Scrutiny Board Work Programme 2017/18

- Improving the system – opportunities arising from the Better Care Fund and the CQC local system

### **2018/19**

- Maternity and Paediatrics Work Stream Update
- Adult Social Care Annual Report
- Primary Care Workforce – Recruitment and retention of GPs
- Primary Care – Supporting Self Care
- Out of Hospital
- Upscaling Prevention
- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents

Health and Social Care Scrutiny Board Work Programme 2017/18

| <b>Date</b>                           | <b>Title</b>   | <b>Detail</b>  | <b>Cabinet Member/ Lead Officer</b> | <b>Context</b>  |
|---------------------------------------|--|--|-------------------------------------|---|
| <b>19<sup>th</sup> July 2017</b>      | - Update on Better Health, Better Care and Better Value Workstreams (STP)  | There are 5 main strands to the work – proactive and preventative care, urgent and emergency care, planned care, maternity & paediatrics and productivity and efficiency. This will provide BS5 with an opportunity to identify further items for the work programme.  | Andy Hardy/<br>Brenda Howard        | Better Health, Better Care, Better Value Programme      |
|                                       | - Update on Joint Health and Overview Scrutiny Committee   | To enable the Board to find out more about the purpose of the Joint Health and Overview Scrutiny Committee and how it links to SB5.  | Julie Newman                        | Request from Scrutiny                                   |
|                                       | - Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts | SB5 to decide whether to establish a task and finish group to consider areas of work to improve the quality of housing and the health and wellbeing of Coventry residents.<br><br>To appoint Members to a Joint Coventry and Warwickshire Task and Finish Groups with Healthwatch and WCC to look at CWPT and UHCW Quality accounts. First meeting of each October 2017 Date TBC | Liz Gaulton                         | Request from Scrutiny                                   |
| <b>13<sup>th</sup> September 2017</b> | - Drugs and Alcohol Strategy   | The strategy is due to be agreed at the Health and Wellbeing Board on the 10 <sup>th</sup> July. This will provide scrutiny with the opportunity to comment on and contribute to the action plan before the official launch.   | Liz Gaulton<br>Cllr Caan            | Organisational requirements - CCC                       |
|                                       | - Safeguarding Adults Board Annual Report  | To look at the Safeguarding Adults Board Annual Report, which is a report written by the independent Chair of the Board.   | Eira Hale                           | Organisational requirements – Adults Safeguarding Board |

| Date                                     | Title   | Detail  | Cabinet Member/ Lead Officer            | Context   |
|--|---|---|---|---|
|  | - Adult Social Care Annual Report (Local Account) 2016/17           | This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.                       | Andrew Errington/ Mike Holden           | Organisational requirements - CCC                               |
| <b>11<sup>th</sup> October 2017</b>      | - System Performance, Winter 2017/18                                | To look at system wide performance against targets over the winter period and mitigating actions being taken where performance targets are not being met.   | UHCW/ CWPT/ Coventry and Rugby CCG/ CCC | Supports the Better Health, Better Care, Better Value Programme |
|  | - Maternity and Paediatrics Work Stream Update                      | Brenda Howard will bring a report on the Maternity and Paediatrics work stream which forms part of the Better Health, Better Care, Better Value programme. Professor Meghana Pandit and Carmel McCalmont, UHCW and Jo Dhillon, Coventry and Rugby CCG have been invited to the meeting. | Brenda Howard                           | Better Health, Better Care, Better Value Programme              |
| <b>18<sup>th</sup> October 2017 - PM</b> | - Improving Standards – quality assurance and workforce development | Workshop/ formal meeting to consider Improving Standards – quality assurance and workforce development in light of the Adult Social Care Annual Report.   | Andrew Errington                        | Request from Scrutiny   |
|  | - Better Care Fund  | To provide an explanation of what the fund is, and how it will be used to enable existing strands of work including social care capacity, investment in prevention, supporting the NHS with delayed discharge, urgent care and sustaining a wider market around fees and                | Pete Fahy                               | Supports the Better Health, Better Care, Better Value Programme |



Health and Social Care Scrutiny Board Work Programme 2017/18

| Date  | Title   | Detail  | Cabinet Member/ Lead Officer                    | Context   |
|---|---|---|---|---|
|   |   | transactions. There is also a piece of work planned to look as system change from pre-admission to admission which the Board may wish to look at.   |   |   |
| <b>1<sup>st</sup> November 2017</b>                                     | - Visit to Coventry University  | Guy Daly will host a visit at Coventry University, giving Members the opportunity see the new Health Sciences Building and find out about the University's role in the Health Economy in Coventry.  | Guy Daly  | Request from Scrutiny/ Partnership Working                      |
| <b>Tuesday 21<sup>st</sup> November 2017 (rearranged from 13.12.17)</b> | - Primary Care Sustainability and Planning  | To include GPs and Community Pharmacies. Look at the CCG strategic plan to support primary care and how GP networks are developing across the City. There will be a particular focus on workforce and estates planning.<br>Public Health are due to review the role of community pharmacies this year which provides an opportunity to input into the services provided in the future.<br>Invite CCG, GPs and Community Pharmacy representatives. | Andrea Green                                    | Supports the Better Health, Better Care, Better Value Programme |
|   | - Proactive and Preventative Update to include a) Out of Hospital and b) Upscaling Proactive and Preventative | To look at the development of the infrastructure which supports the delivery of a more integrated model of care.  | Andrea Green/<br>Brenda Howard/<br>Gail Quinton | Supports the Better Health, Better Care, Better Value Programme |

| Date                          | Title   | Detail   | Cabinet Member/ Lead Officer       | Context   |
|-------------------------------|---|--|------------------------------------|---|
| 31 <sup>st</sup> January 2018 | - Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan  | Following the outcomes of the CWPT CQC re-inspection, the Board request that CWPT attend the meeting and present their action plan.  | Simon Gilby                        | Organisational requirements - CWPT                              |
|                               | - Child and Adolescent Mental Health Services (CAMHS) Transformation Update   | Following a meeting in March 2017, it was agreed an update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, An update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, Members to be given a viewing of the new website/ app being developed to provide information to children, young people and their carers including self-help and online counselling. | Jak Lynch, Alan Butler, Matt Gilks | Supports the Better Health, Better Care, Better Value Programme |
|                               | - Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents | To feedback from the task and finish group and ratify recommendations.   | Victoria Castree/ Karen Lees       | Request from Scrutiny   |
|                               | - Adult Neurodevelopment Diagnostic Pathway Briefing Note   | In response to a question by a Member of the public, a briefing note has been provided on the Adult Neurodevelopment Diagnostic Pathway.   | Matt Gilks                         | Request from Scrutiny   |

Health and Social Care Scrutiny Board Work Programme 2017/18

| <b>Date</b>                       | <b>Title</b>                               | <b>Detail</b>   | <b>Cabinet Member/ Lead Officer</b>            | <b>Context</b>                                     |
|-----------------------------------|--|---|--|--|
| <b>7<sup>th</sup> March 2018</b>  | - Community Pharmacies                     | To include an update on the Pharmaceutical Needs Assessment and an opportunity to think about how we best utilise community pharmacies. Invite representatives from the Local Pharmaceutical Committee.   | Liz Gaulton                                    | Request from Scrutiny                              |
|                                   | - Integrated Care Systems                  | 'Accountable care systems' (ACSs) have been rebranded to 'Integrated Care Systems'. The Board will scrutinise what these are and what this could mean for Coventry.   | Andrea Green/<br>Adrian Stokes<br>(NHSE)       | Better Health, Better Care, Better Value Programme |
| <b>25<sup>th</sup> April 2018</b> | - Urgent and Emergency Care                | To receive an update on the Urgent and Emergency Care STP workstream.   | Glen Burley<br>Andy Hardy<br><br>Brenda Howard | Better Health, Better Care, Better Value Programme |
|                                   | - Childhood Obesity                        | To look at the work going on across the city to reduce rates of childhood obesity.  | Liz Gaulton<br>Cllr Caan                       | Request from Scrutiny                              |
|                                   | - System Performance and Winter Pressures  | An update report on how the health system performed over the winter period to be submitted to a future meeting of the Board before the end of the current municipal year.   | UHCW/ CWPT/<br>Coventry and Rugby CCG/<br>CCC  | Request from Scrutiny<br>11.10.17                  |
|                                   | - Quality Account-Statements from Partners | As part of the Quality Account process, scrutiny are invited to provide commentary as part of the Quality Accounts. This piece of work follows on from the task and finish groups on the quality accounts for UHCW and CWPT which have been run by Healthwatch. | UHCW/ CWPT/<br>Healthwatch                     | Request from Scrutiny                              |
| <b>Briefing Notes</b>             | - NICE Treatment Guidelines                | To ask the CCG to explain which treatments are not offered according to NICE Guidelines, for  | Andrea Green                                   | Request from Scrutiny                              |

| Date  | Title  | Detail   | Cabinet Member/ Lead Officer  | Context   |
|---|--|--|---|---|
|   |  | example IVF, and the rationale behind these decisions.   |   |   |
|   | - Coventry Safeguarding Adults Board Quality Assurance Framework                         | A report on the quality assurance framework including how this is showing an improved quality practice be submitted to a future meeting of the Board – Raised at meeting 13.09.17  | Joan Beck   | Request from Scrutiny   |
| <b>Joint Health Overview and Scrutiny Committee</b> | - Stroke Services  | There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes. | Sue Carvill, NHS Arden and Greater East Midlands Commissioning Support Unit/ Andrea Green | Better Health, Better Care, Better Value Programme              |
| <b>Date to be determined</b>                        | - Director of Public Health Annual Report  | To present information on the annual report for 2017/18 and feedback on progress from previous reports.  | Liz Gaulton   | Organisational requirements - CCC                               |
|   | - Care Quality Commission review of the Health and Social Care system in Coventry Report | Following the CQC review of the Health and Social Care system in Coventry, the Board would like to scrutinise the report and any associated action plans.  | Pete Fahy   | Partnership Working   |
|   | - Female Genital Mutilation  | To receive an update at the appropriate time, on the partnership work being undertaken to address FGM.   | Liz Gaulton<br>Cllr Caan  | Organisational requirements - CCC                               |
|   | - Employment and Mental Health   | To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being  | Simon Gilby   | Supports the Better Health, Better Care, Better Value Programme |

Health and Social Care Scrutiny Board Work Programme 2017/18

| Date           | Title   | Detail  | Cabinet Member/ Lead Officer       | Context   |
|----------------|---|---|------------------------------------|---|
|                |   | undertaken by the WMCA Mental Health Commission.  |                                    |   |
|                | - Improving Support – enablement approach for adults with disabilities  | Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.   |                                    | Request from Scrutiny @ meeting on 13.09.17                     |
|                | - Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy | Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny. To include opportunities to use digital platforms from across the health service and social care. Primary Care Digital Strategy identified 21.11.17 | Marc Greenwood/<br>Health partners | Request from Scrutiny @ meeting on 13.09.17 & 21.11.17          |
|                | - Improving the system – opportunities arising from the Better Care Fund and the CQC local system   | Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.   | Pete Fahy/<br>Health Partners      | Request from Scrutiny @ meeting on 13.09.17                     |
| <b>2018/19</b> | - Maternity and Paediatrics Work Stream Update  | Identified 11/10/17 – to ensure future reports include information on the finances and the workforce to be made available at future appropriate meetings of the Board.  | Brenda Howard                      | Supports the Better Health, Better Care, Better Value Programme |
|                | - Adult Social Care Annual Report   | To included information on the new supervision regime, following 12 months of operation (as identified at the meeting on 18/10/17)  | Pete Fahy/<br>Andrew Errington     | Organisational requirements - CCC                               |
|                | - Primary Care Workforce –  |   | Andrea Green                       | Request from Scrutiny @   |

| Date | Title   | Detail   | Cabinet Member/ Lead Officer                    | Context                                     |
|------|---|--|---|---|
|      | Recruitment and retention of GPs  |  |   | meeting on 21.11.17                         |
|      | - Primary Care – Supporting Self Care   |  | Andrea Green                                    | Request from Scrutiny @ meeting on 21.11.17 |
|      | - Out of Hospital   | A further report on how the Out of Hospital model is working be submitted to a future Board meeting in approximately 6 and 12 months (between May and November 2018)             | Andrea Green/<br>Brenda Howard/<br>Gail Quinton | Request from Scrutiny @ meeting on 21.11.17 |
|      | - Upscaling Prevention  | Further reports to be submitted to the Board as appropriate  | Gail Quinton                                    | Request from Scrutiny @ meeting on 21.11.17 |
|      | - Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents | To look at progress on the recommendations approved at the meeting on 31 <sup>st</sup> January 2018. Going to Cabinet 6 <sup>th</sup> March 2018 and review 6 months after that. | Liz Gaulton/<br>Karen Lees                      | Request from Scrutiny @ meeting on 31.01.18 |