

## **TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD - DATE: 11<sup>th</sup> MARCH 2015**

**PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18**

**REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL, HITESH PATEL, PHARMACEUTICAL ADVISER, NHS TELFORD AND WREKIN CCG**

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

Health and Wellbeing Boards have a legal duty<sup>1</sup> to publish revised Pharmaceutical Needs Assessments (PNA) for their area by 1<sup>st</sup> April 2015. The draft Telford & Wrekin PNA 2015/16 – 2017/18 has been developed in-line with national guidance and expectations and best practice. The statutory consultation took place between 12<sup>th</sup> December 2014 and 13<sup>th</sup> February 2015. This report describes the PNA process, the recommendations for the provision and development of community pharmacy services and the responses to the statutory consultation.

#### **2. RECOMMENDATIONS**

The Board is requested to:

- N  
note that the PNA process has been undertaken in-line with the national expectations and the associated statutory duties for the HWB
- C  
consider and agree the content of the PNA Equalities Impact Assessment and support the remedial actions set out to reduce the negative impacts identified
- C  
carefully consider all the consultation responses received from both the statutory consultees and wider respondents
- A  
adopt the draft Telford and Wrekin Pharmaceutical Needs Assessment 2015/16–2017/18, including the proposed recommendations, subject to any amendments which are appropriate in consideration of the consultation responses.

#### **3. IMPACT OF ACTION**

---

<sup>1</sup> Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

- The PNA, which is part of the wider JSNA, will be used to make decisions on which services, including public health services, need to be provided by local community pharmacies
- In addition, the PNA will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies

#### 4. SUMMARY IMPACT ASSESSMENT

|   |   |   |
|---|---|---|
| <b>COMMUNITY IMPACT</b>                 | Do these proposals contribute to a specific HWB Priority                              |   |
|   | Yes   | Potentially all health and wellbeing priorities can be influenced by the role of community pharmacy as a key provider of primary health care services.  |
|   | Do these proposals contribute to specific Co-Operative Council priority objective(s)? |   |
|   | Yes   | Improving the health and wellbeing of our communities and addressing health inequalities  |
|   | Will the proposals impact on specific groups of people?                               |   |
|   | Yes   | Local pharmacy has a key role in providing primary care services within our local communities.  |
| <b>TARGET COMPLETION/DELIVERY DATE</b>  | There is a requirement for the HWB to publish the PNA by April 2015.                  |   |
| <b>FINANCIAL/VALUE FOR MONEY IMPACT</b> | Yes   | <p>The PNA will be used to inform commissioning decisions for Public Health services which will need to be met from within the existing Public Health Grant.</p> <p>The remedial actions contained within the PNA Equality Impact Assessment to mitigate negative impacts include consideration of the extension of some sexual health services to over 25 year olds. Further modelling of this proposal will need to be carried out to assess the feasibility of this extension within the existing resource envelope.</p> <p>The total Public Health grant allocation to the Council in 2015/16 will be £10.9m.</p> |

|                     |     |  |
|---------------------|-----|--|
| <b>LEGAL ISSUES</b> | Yes | <p>The decision that the Health and Wellbeing Board (HWBB) are being asked to make today must include the following in order to ensure fair, transparent decision-making.</p> <ul style="list-style-type: none"> <li>• All members of the HWBB taking part in this decision must read this report in its entirety including the draft policy and recommendations at Appendix 1 and all of the consultation responses at Appendix 2 before making any decision.</li> <li>• Careful consideration needs to be given to the proposed assessment document and whether any of the responses at Appendix 2 should result in a change to the assessment. Whether consultation responses are agreed and acted upon or not, there should be a justification as to why proposed changes/suggestions have been accepted or rejected. In the main body of the report the report authors have made reference to the consultation responses and offered their views on the points raised. It is a matter for members of the HWBB as to whether they accept those views or not.</li> <li>• If any member of HWBB believes that any aspect of the report, document or consultation responses is ambiguous or requires further explanation then questions should be raised with those officers presenting the report before any decision is made.</li> <li>• If the consultation and/or responses include any suggested alternatives to the proposed assessment then those alternatives should be given full consideration before a final decision is made.</li> <li>• Statutory provisions requiring the Pharmaceutical Needs Assessment are outlined in the main body of this report at Part A paragraph 1 and Part B paragraphs 1.1 and 1.2. In particular it should be noted that the statutory deadline for publishing the PNA is 1<sup>st</sup> April 2015 (Section 5 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013).</li> <li>• The National Health Service (Pharmaceutical and Local Pharmaceutical Services)</li> </ul> |
|---------------------|-----|--|

|   |     |   |
|---|-----|---|
|   |     | <p>Regulations 2013 sets out requirements for the consultation process. The process undertaken is set out in this report at section 1.6 onwards. Regard has also been given to the Department of Health's supporting document entitled "Pharmaceutical needs assessments, Information Pack for Local Authority Health and Wellbeing Boards".</p>  |
| <b>EQUALITY &amp; DIVERSITY</b>         | Yes | <p>The PNA has a significant potential to positively influence health inequalities determined directly, or indirectly, by an individual's protected characteristics. As the assessment has significant relevance to our Public Sector Equality Duty, a Community Impact Assessment, (see Appendix III) has been conducted to highlight areas for improvement, or positive enhancement, in relation to outcomes between people who share protected characteristics.</p> <p>Recommendations within the PNA also have the potential to promote the human rights of individuals including those related to dignity and privacy.</p> <p>There is evidence that community pharmacy has a key role to play in health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.</p> |
| <b>IMPACT ON SPECIFIC WARDS</b>         | No  | <p>It is proposed that community pharmacy dispensing services are currently considered to be sufficient within each locality.</p> <p>Proposals are made regarding increasing the coverage of public health services more comprehensively across the borough.</p>  |
| <b>PATIENTS &amp; PUBLIC ENGAGEMENT</b> | Yes | <p>Public engagement is a specific requirement of the PNA process. A survey of community views, undertaken</p>  |

|   |     |  |
|---|-----|--|
|   |     | <p>in September and October 2014, was a key part of the PNA. The survey findings are summarised in the PNA document and the detailed survey report is provided as an appendix.</p> <p>The consultation was made publically available via the CCG website and all responses received were considered.</p> |
| <b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b> | Yes | <p>The PNA has relevance to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programme. The PNA should be used to support these programmes by defining community pharmacy current and future needs and provision.</p>   |

## **PART B) – ADDITIONAL INFORMATION**

### **1.1 Background**

- Community pharmacies are a valuable and trusted public health service. The scale of daily contacts with the public means there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.
- From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility<sup>2</sup> to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA).
- PNAs have been used historically by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. Now following transition of public health services to local authorities, PNAs should also be used to assess the contribution of community pharmacies to local public health programmes.
- In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.

### **1.2 Expectations for Health and Wellbeing Boards**

- HWBs have a legal duty<sup>3</sup> to check the suitability of existing PNAs, originally compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes.
- Each HWB needs to publish its own revised PNA for its area by 1<sup>st</sup> April 2015. This will require board-level sign-off and a period of public consultation beforehand.
- HWBs need to ensure that the NHS England Area Teams have access to their PNAs.
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

### **1.3 Key Expectations for PNAs**

- PNAs should include pharmacies and the services they already provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- PNAs should also consider other services, such as dispensing by GP surgeries, dispensing appliance contractors, and services available in neighbouring HWB areas that might affect the local need for services.

---

<sup>2</sup> Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

<sup>3</sup> Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

- PNAs should examine demographics of the local population, across the area and in different localities, and their health and wellbeing needs.
- PNAs should consider gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.

#### **1.4 Refreshing the Telford and Wrekin PNA: The Process**

The first Telford & Wrekin PNA was published by the Primary Care Trust in February 2011. A core group (including the CCG Pharmaceutical Adviser and the Council's Consultant in Public Health and Research & Intelligence Officers) began working to refresh the PNA refresh in April 2014. A steering group was established to ensure that the proposed refreshed PNA was prepared for the Health and Wellbeing Board in March 2015, to fit with the Board's statutory obligations for publication. The steering group includes representatives from HWB partner organisations, including: the CGG, the Council, NHS England Shropshire and Staffordshire Area Team, the Local Pharmaceutical Committee and Health Watch Telford & Wrekin. The purpose and aims of the Telford and Wrekin PNA Steering Group and its terms of reference are included in the PNA document.

The key elements of the PNA process were as follows:

- Service provision mapping exercise for community pharmacies and the dispensing GP practice, to provide information on: contact details, opening hours and provision of pharmaceutical services. This also included gathering of more detailed information on community pharmacy premises and the current workforce.
- Survey of views from community pharmacies services regarding gaps in the context of needs of their local population.
- A public survey of views and opinions on community pharmacy.
- Refreshed JSNA intelligence (including locality maps where relevant) covering:
  - Demographic and socio-economic factors,
  - Health and wellbeing priority facts and figures
  - Population health outcomes and surveillance trends
- Community pharmacy service activity monitoring and analyses.
- The mapping of pharmaceutical services outside Telford and Wrekin's borders.
- Development of PNA recommendations for dispensing provision and enhanced and advanced services in the context of need assessed through intelligence described above.
- Equalities Impact Assessment on the key findings and proposed recommendations.

## **1.5 The Consultation Process**

The consultation on the draft Telford & Wrekin Pharmacy Needs Assessment ran for 60 days from Friday 12<sup>th</sup> December to Friday 13<sup>th</sup> February 2015. The consultation draft is provided in full in Appendix I of this report. The PNA was made available on the NHS Telford & Wrekin website with responses invited to be returned to a specific PNA consultation email address. All the statutory consultees were formally notified of the consultation launch via email, as follows:

- Shropshire Local Pharmaceutical Committee
- Staffordshire Local Pharmaceutical Committee (as the neighbouring LPC)
- Shropshire Health & Wellbeing Board and Staffordshire Health & Wellbeing Board (as neighbouring HWBs)
- All Telford & Wrekin pharmacy contractors
- Shropshire Local Medical Committee
- Healthwatch Telford & Wrekin
- Shrewsbury and Telford Hospitals NHS Trust
- NHS England Shropshire and Staffordshire Area Team

The launch was also well publicised across the CCG and Council, with wider responses beyond the statutory consultees also invited. Members of the Health & Wellbeing Board were formally notified of the consultation.

In addition, two PNA steering group members attended a meeting of the Shropshire LPC on 13<sup>th</sup> January 2015 to present the key findings and draft recommendations. Two meetings were also held with Health Watch Telford & Wrekin representatives to discuss the PNA proposals.

## **1.6 Consultation Responses**

A total of 14 consultation responses were received, including from key the statutory consultees and from a community group and a member of the public. See Appendix II for copies of all the consultation responses.

### **1.6.1 Responses on the coverage of dispensing services recommendation**

There were three consultation responses which referenced the draft recommendation on the coverage of dispensing services (from the Shropshire LPC, Healthwatch Telford and Wrekin and a pharmacy contractor). These comments related to the proposed early review of the recommendation to re-assess the coverage of dispensing services within 18 months of April 2015, to take into account any changes to: primary care and community health services provision and to reflect housing expansion and potential population growth in the Borough.

The LPC commented that there should be further clarity on the criteria of how this will be assessed and the processes that will be followed. The pharmacy contractor indicated that in other areas of the country Health & Wellbeing Boards have stated the conditions when they would consider a new pharmacy was necessary. The rationale given was that this provides clarity for both contractors and prospective applicants and highlights the conditions necessary before applications will be considered. Further, the consultee recommended that this approach is adopted in Telford & Wrekin given the volume of new housing that is planned.

Healthwatch Telford and Wrekin welcomed the early review of the dispensing provision recommendation, in light of proposed substantial changes to primary care and community health provision and reflection of population growth in our borough. Specifically, Healthwatch highlighted the impact of any changes to care plans for frail and elderly patients, who will be increasingly cared for in the community in future. This will impact on the issue of drugs currently only available through hospital pharmacy. Healthwatch proposed an additional recommendation be added to review accessibility of these medications.

Further, Healthwatch welcomed the expansion to opening hours across the borough through 100 hour pharmacies in their response, but encouraged consideration be given to the provision of a 24 hour pharmacy delivery service, in light of hospital admission avoidance strategies.

In light of these consultation responses it is proposed that the dispensing services recommendation is expanded to more fully describe the scope and process which will be undertaken to review the PNA within the 18 month period.

### **1.6.2 Responses of Public Health Services provided through pharmacy**

Healthwatch responded regarding the sexual health services recommendations endorsing the proposal, based on findings from the equalities impact assessment, to remove age restrictions to Emergency Hormonal Contraception (EHC).

Healthwatch also strongly supported the recommendation to make the availability of EHC universal across all pharmacies in Telford & Wrekin, encouraging pharmacies to make clear the services they offer.

With respect to substance misuse services Healthwatch welcomed the proposed increase to services available across the borough, and asked that the two pharmacies currently offering the needle exchange service are identified to increase public awareness.

It is proposed, based on consultation responses and the equalities impact assessment, that the recommendation on Emergency Hormonal Contraception be expanded to include the scoping of age expansion to the service.

### **1.6.3 Pharmacy Contractor Contact Details and Service Provision – Additions, Updates and Amendments**

A series of consultation responses were received which provided: updates, amendments and additions to the pharmacy contract contact details and service provision information set out in the draft PNA. It is proposed that these responses are used to update the final publication providing a correct up-to-date record of pharmacy provision.

### **1.6.4 Public and Community Group Responses**

Responses were received from a community group and a member of the public. Both these responses commented on the readability of the document, referencing the difficult to understand technical aspects and acronyms included. A public survey pharmacy users was a key component of the PNA and this intelligence supported the development of the recommendations, specifically in terms of awareness raising of the local services on offer.

It is proposed that subsequent reviews of the PNA incorporate an enhanced level of community engagement beyond the survey, for example through focus groups and presentations at community group meetings.

It is also proposed, in response to these comments, that a short easy-to-read PNA summary statement is prepared and made publically available.

### **1.6.5 Document Formatting, Style and Layout and Wording Responses**

A series of consultation responses were received which highlighted formatting, style and layout issues and technical wording issues. It is proposed that these responses are used to update the final publication, where considered relevant.

## **1.7 The PNA Equalities Impact Assessment**

Throughout the development of the PNA consideration has been given to how the evidence and recommendations can support our Public Sector Equality Duty (PSED). An equalities impact assessment (EIA) was undertaken on the draft PNA, in line with the Equalities Act duties and the Telford & Wrekin Council Constitution. The recommendations particularly support the elimination of discrimination and advancement of equality of opportunity. The impact assessment (Appendix III) has been conducted to demonstrate our due regard to the PSED. The findings included; brief notes of some positive elements of the PNA and a more fuller note of negatives with mitigation actions.

Specifically, a series of positive impacts were identified relating the following protected characteristics: age, disability, pregnancy and maternity and people affected by socio-economic deprivation.

Two negative impacts for specific protected groups were identified as follows:

- Age: The age cut-off for the free Emergency Hormonal Contraception service which is currently offered to people under 25 years only
- Race: Supporting people with language barriers was specifically noted as a need issue by pharmacists in the professional stakeholder survey

A series of remedial actions has been developed to minimise these two negative impacts which were identified in the EIA, see the full EIA for further details.

Healthwatch Telford and Wrekin specifically commented on equality and diversity aspects in their consultation response, recognising the difficulties in reaching the diverse populations within the borough. Healthwatch wholeheartedly supported the production of a summary document in an easy read format at the earliest opportunity.

Healthwatch also supported the proposal to use a Health Equity Audit approach to investigate and define equality and diversity issues more fully. This is seen as being extremely beneficial to provide a focus for targeted activity with respect to health inequalities. A Health Equity Audit process will be supported by the recommendation relating to improving data systems to enhance quality monitoring for pharmacy services.

### **1.8 Wider links**

There is a key requirement for PNAs to be aligned with other plans for local health and social care. The Telford and Wrekin PNA will be strongly aligned to the Health and Wellbeing Strategy and associated priorities and will be an integral part of the wider JSNA process.

The PNA also has relevance to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programmes. The Futurefit2 phase will involve GPs and other stakeholders to define in more detail the integrated models of care which will provide support for more people for them remain independent and reduce hospital admissions and lengths of stay. The Better Care Fund aims to help to bring together health and social care, to keep people in good health for as long as possible, reducing the time they spend in ill health and reducing time spent in hospital.

Community pharmacy services and innovations will be important to the development of the models of care developed through these programmes and the PNA should be used to defining community pharmacy current and future needs and provision in an integrated way.

## **2 IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

- See page 3-4 for the Equality and Diversity comment.
- Section 1.7 summarises the Equalities Impact Assessment (EIA) undertaken for the PNA
- The full EIA can be found in Appendix III

### **3 PREVIOUS MINUTES**

Health and Wellbeing Board 24<sup>th</sup> September 2014, Minute Number – HWB-12

### **4 BACKGROUND PAPERS**

None.

**Report prepared by Helen Onions, Consultant in Public Health  
Telephone: 01952 38102**

**APPENDIX I**

**PNA consultation draft in full plus appendices – See attached documents.**



## Telford & Wrekin Pharmacy Needs Assessment Consultation Responses

### Shropshire LPC Consultation Response

#### SHROPSHIRE LOCAL PHARMACEUTICAL COMMITTEE

Chair: Nicola Roe

Service Development Officer Lynne Deavin

Vice Chair: Joanne McMurray

Secretary: Lindsey Fairbrother

3rd February 2015

#### Telford & Wrekin Pharmaceutical Needs Assessment (PNA)

On behalf of the Shropshire Local Pharmaceutical Committee (LPC) may I thank you for consulting with us on the draft Telford & Wrekin PNA 15/16- 2017/18.

The LPC welcome the document and I have detailed the comments below:

#### Emergency Supply

Emergency Supply is not an NHS service. Within the Medicines Act there are legal parameters to allow supply of a POM in an emergency scenario. Under Contract Law, pharmacies are in breach of their NHS Contract if they make a loan against a prospective NHS script.

If a patient requests an emergency supply, many pharmacies take the business decision to charge for drugs supplied.

If this clause remains in the PNA, it should be specified that this is not a NHS service and therefore the patient may be charged.

#### New homes

PNA states that there will be 20,000 new homes over 20 years. The Executive recommendation states that PNA will be reviewed in 18 months for any impact of service changes and new buildings and the adequacy of service provision will be assessed.

There should be further clarity on the criteria of how this will be assessed and the processes that will be followed.

#### Section 8 Advanced Services

This section discusses Flu vaccination and winter pressures common ailments. These are both "Enhanced Services" and should be under a separate heading.

#### Section 7.2 "Current provision service provision"

Should this heading read "current service provision"?

#### Appendix VI

Doesn't seem to show the location of the pharmacies.

Appendix X

How often do you visit the pharmacy- the results should be in order of frequency, ie from the top down more than once a month, once a month, every 2-3 months, every 6 months, once a year, never

The LPC is looking forward to working with the Telford & Wrekin Health & Wellbeing Board and Clinical Commissioning Groups to deliver current and newly commissioned pharmaceutical services to meet local health needs and priorities.

Yours sincerely,

Lynne Deavin  
Service Development Officer

## Neighbouring LPC Consultation Responses

### South Staffordshire LPC

Please find below comments from South Staffordshire LPC on the above consultation

- All references to "Control of Entry" should be replaced with "Market Entry" - following implementation of the The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the terms market entry and market exit are now in use (eg Paragraph 5.1.1 Title and within 5.1.2)
- Rural Dispensing (para 5.1.2 and 5.3) - CCGs do not determine rurality; this is defined and determined as described in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Part 7, regulation 36. This is the responsibility of the NHS Commissioning Board (NHS England); the former Telford & Wrekin Primary Care Trust would have formerly discharged this responsibility under the 2005 and 2012 regulations.
- Dispensing Doctors (para 5.3) - This LPC notes the bracketed comment: *"A range of other services are also offered through the GP contractual system. These are not in the scope of this needs assessment but it should be noted that when assessing service needs, all providers current service provision is considered"* SSLPC does not consider that the latter part of the second sentence is relevant to the PNA nor the consultation or any subsequent application for new pharmacy premises; only the services provided by dispensing practices to be considered in such applications are those which fall under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ie dispensing of medicines and appliances. The comment should therefore read *"A range of other services are also offered through the GP contractual system. These are not in the scope of this needs assessment."*
- Mapping of Controlled Localities - SSLPC suggests that maps showing rurality and defining Controlled Localities should be included within the PNA or appendices
- Home delivery (para 5.5) - Delivery of medicines does fall outside of NHS commissioned services, however if a pharmacy normally provides appliances in the course of its business, and is presented with a prescription for a 'specified appliance', the pharmacist must offer to deliver the specified appliance to the patient's home. For further detail please see the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Part 2 Regulation 12

- Emergency Supply (para 5.6) - this paragraph should make clear that this service is purely voluntary, not a commissioned service and provided outside the terms of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. However the NHS England Shropshire & Staffordshire Area Team did commission such a service in January-March 2014 and could be referenced here as a model for future provision with the aim of reducing attendance at out-of-hours medical services, walk-in centres or accident and emergency departments..
- Consultation rooms & MURs (paras 7.2 & 8.1.2) - the total number of contractors able to deliver MURs is only 33 as only this number have the approved consultation rooms necessary to deliver these services.

### Other Pharmacy Professionals Consultation Responses

#### Dudley CCG

##### Jag Sangha MRPharmS IP Pharmaceutical Adviser - Community Pharmacy and Public Health

Well done on your comprehensive PNA. I have read through and it reads very well and well organised. Only comment to make from me is to update section on NMS and extension for this financial year based on academic findings of evaluation via Nottingham University and others from memory. Even then the official line from PSNC is extension until March 14 for NMS and beyond that still unclear about what this may look like.

Other than that, I think you have closed any gaps for market entry which is always a good sign.

### Community Pharmacy Contractor Responses

#### Rowlands Pharmacy

- We agree with the assessment that no further pharmacies are required in Telford and that, by implication, there is capacity in the current providers to accommodate growth during the life of the PNA. We also agree with the assessment that opening hours and geographical locations are well-spread.
- The PNA would benefit from a thorough proof-read. There are numerous sections which 'jump about' and do not flow clearly making this a difficult document to read and follow. For example;
  - section 6 is supposed to talk about the contracting framework but doesn't really with essential services discussed in section 7 and advanced in section 8. There is no section for Enhanced services (which are included in section 8 as advanced services – see below)
  - We suggest putting the recommendations at the end of either each sub section (e.g. 9.1.1) or at the end of each chapter. Currently there appears to be a mixture and some recommendations are at the start of chapters not the end.
  - Section 13 (services outside Telford) should really be considered alongside the assessment of essential and advanced and should all be done together otherwise it is difficult to assert that the popn of Telford can properly access services
  - The 'future service developments' section comes after the summary of the patient survey. Surely this sits earlier in the document with locally commissioned service opportunities.

## APPENDIX II

- It is not clear from the emergency supply service comments whether NHSE or the CCG will commission this as a free NHS service or whether it is to be conducted as a private service. NB loaning medication to patients is illegal.
- The PNA highlights that 20,000 homes are to be built over the next few years (i.e. longer than the life of this PNA). In other areas of the country the HWB have stated the conditions when they would consider a new pharmacy was necessary. For example, in Stockport in a development where 960 homes are being built, the HWB have stated that applications will be invited via supplementary statement once the 460<sup>th</sup> home has been occupied. This provides clarity for both contractors and prospective applicants and highlights the conditions necessary before applications will be considered. We recommend a similar approach in Telford given the volume of housing that is proposed.
- There are a number of inaccuracies:
  - Winter flu and common ailments are Enhanced Services not advanced services as indicated
  - If the smoking cessation contract is being awarded in January 2015 it will be a current service in when the PNA is being published in April 2015.
  - A statement is made that no decision has been made about the future of NMS. This is incorrect

## Healthwatch Telford and Wrekin Response



### Telford and Wrekin Pharmaceutical Needs Assessment (PNA)

Healthwatch Telford and Wrekin would like to thank you for consulting with us on the draft Telford & Wrekin PNA 2015/16 - 2017/18. Please find our comments below:

- **Access to Dispensing Services** - we welcome the early review of this recommendation in light of proposed substantial changes to primary care and community health provision and reflection of population growth in our borough.

We would like to highlight the specific issue of drugs currently only available through hospital pharmacy, which would be impacted by changes to care plans for frail and elderly patients who will be increasingly cared for in the community. We would like to see an additional recommendation to review accessibility of these medications.

We welcome the expansion to opening hours across the borough through 100 hour pharmacies, but would encourage the provision of a 24 hour pharmacy delivery service in light of hospital admission avoidance strategies.

- **Sexual Health Services** - We endorse the proposal, based on findings from the equalities impact assessment, to remove age restrictions to Emergency Hormonal Contraception (EHC). It would be beneficial to see the numbers of prescriptions issues at all ages by both pharmacy and Primary Care to review the impact of this on our already challenged primary care providers.

We would strongly support the recommendation to make the availability of EHC universal across all pharmacies in Telford & Wrekin and would encourage pharmacies to make clear the services they offer.

*Please note that Healthwatch Telford and Wrekin are currently researching awareness of Sexual Health provision in the borough, in collaboration with colleagues at T&W council, which will in turn support the review process.*

- **Substance Misuse Services** - We welcome the proposed increase to services available across the borough, and would ask that the two pharmacies currently offering the needle exchange service are identified to increase public awareness.
- **Equality & Diversity** - Healthwatch Telford and Wrekin recognise the difficulties in reaching the diverse populations within the borough. We wholeheartedly support the proposal to produce a summary document in Easy Read format at the earliest opportunity. Healthwatch Telford and Wrekin would offer support in engaging hard to reach groups in future activities.
- **Health Equity Audit** - We understand that a new reporting tool is to be used which will allow greater analysis of data, particularly in relation to demography of service users in relation to specific services. We see this as extremely beneficial in providing focus for targeted activity.

**PODS Parent/Carer Forum (for families with Disabled Children)**

We have been notified of the Pharmacy Needs consultation documentation. From looking at this online via CCG website – it is very confusing and lengthy – we don't feel we would be able to share all this information would be appropriate for parent carers

How is it been shared with general public please – is there a questionnaire/survey somewhere that can be accessed?

**By email from member of the public**

What is a Healthy Living Pharmacy programme? (I have seen page 63 but it is not clear)

Cardiovascular Disease, recommended consideration be given to developing a pharmacy services to tackle CVD. No idea what this means, would include, what the benefits would be? Seen page 65 (or 51 depending on the page numbers or pdf file) and would suggest it may be a nice idea, but if it is not well promoted and taken up it is a waste of resources. It seems people aren't aware of the current services available at pharmacies, why would this be any different?

Medicines use Review (MUR) – how do you know these are conducted appropriately, is there any way of sending questionnaires where payment has been claimed for a review to the patient to get feedback? Have you considered, sending in 'mystery shoppers'?

Same comments as above for appliance user Review (AUR)

New Medicines Services (NMS)- how are patients & carers made aware of this services?

Common Ailment's scheme – how many people are using this services? How are you judging if it is successful?

Palliative care 'Just in Case' boxes – what happens to unused boxes?

**Document Formatting, Style and Layout Responses**

**Local Pharmaceutical Committee**

Appendix VI doesn't seem to show the location of the pharmacies.

Appendix X -how often do you visit the pharmacy- the results should be in order of frequency, i.e. from the top down more than once a month, once a month, every 2-3 months, every 6 months, once a year, never.

## Pharmacy Contractor Contact Details and Service Provision – Additions, Updates and Amendments

### CliniSupplies Ltd

Clinidirect provides a home delivery dispensing service for NHS prescriptions for continence, stoma and woundcare products. As well as a dedicated customer service team, we also have health professionals on hand to answer any queries.

| Dispensing appliance contractor | Address              | Address       | Address | Postcode | Tel Number    | Fax Number    |
|---------------------------------|----------------------|---------------|---------|----------|---------------|---------------|
| Clinidirect Ltd                 | Unit 10 Horton Court | Hortonwood 50 | Telford | TF1 7GY  | 0800 012 6779 | 01952 670 120 |

Hours of opening:

|                  |               |
|------------------|---------------|
| <b>Monday</b>    | 08.30-17.30   |
| <b>Tuesday</b>   | 08.30-17.30   |
| <b>Wednesday</b> | 08.30-17.30   |
| <b>Thursday</b>  | 08.30-17.30   |
| <b>Friday</b>    | 08.30-17.30   |
| <b>Saturday</b>  | <b>Closed</b> |
| <b>Sunday</b>    | <b>Closed</b> |

### Rowlands Pharmacy

Correction to Rowlands Pharmacy opening hours

| Pharmacy    | Standards hours     | Core hours                     | Lunch break            |
|-------------|---------------------|--------------------------------|------------------------|
| Hollinswood | M-F 9-6<br>Sat 9-13 | M-F 9-13 14-1730<br>Sat 9-1130 | M-F 1300-1320          |
| Stirchley   | M-F 9-6<br>Sat 9-12 | M-F 9-13 14-1730<br>Sat 9-1130 | M-F 1300-1320          |
| Sutton Hill | M-F 9-1245 1345-300 | M-F 9-1245 1345-300            | Branch closed 1245-345 |

**Anstice Pharmacy**

8.45-6pm Mon – Thursday ; 8.30-5.30pm (Fri) & 9-1pm (Sat)

It appears on spreadsheet that it opens at 9AM all week?

With Regards to **Service provision**; the current situation differs from spreadsheet as follows:

| Service                             | Currently showing                  | Actual situation                                  |
|-------------------------------------|------------------------------------|---|
| NMS                                 | Willing to provide if commissioned | Currently providing under contract                |
| Care Home Service                   | No response                        | Willing if commissioned                           |
| Chlamydia Treatment                 | No response                        | Willing if commissioned                           |
| Contraception Service               | No response                        | Willing if commissioned                           |
| Supply of Condoms                   | Willing if commissioned            | Will provide as soon as Phcist completed training |
| EHC (Levonelle)                     | Willing if commissioned            | Will provide as soon as Phcist completed training |
| EHC (ellaone)                       | Willing if commissioned            | Will provide as soon as Phcist completed training |
| Gluten free                         | No response                        | Willing if commissioned                           |
| Home Delivery                       | No response                        | Willing if commissioned                           |
| Medication review                   | No response                        | Willing if commissioned                           |
| Medication assessment               | No response                        | Willing if commissioned                           |
| MA Scheme                           | No response                        | Willing if commissioned                           |
| Obesity Mgement                     | No response                        | Willing if commissioned                           |
| On demand –specialist drugs         | No response                        | Willing if commissioned                           |
| PGDs                                | No response                        | Willing if commissioned                           |
| Prescriber support                  | No response                        | Willing if commissioned                           |
| <b>Supervised Administration***</b> | No response                        | <b>Willing to Provide</b>                         |
| Vascular Risk Assessment            | No response                        | Willing if commissioned                           |
| Alcohol                             | Not willing                        | Willing if commissioned                           |
| Cholesterol                         | Currently providing                | Willing if commissioned                           |

**APPENDIX II**

|                             |                     |                         |
|-----------------------------|---------------------|-------------------------|
| Diabetes                    | Currently providing | Willing if commissioned |
| Gonorrhoea                  | Not willing         | Willing if commissioned |
| H.Pylori                    | Not willing         | Willing if commissioned |
| HbA1C                       | Not willing         | Willing if commissioned |
| Hepatitis                   | Not willing         | Willing if commissioned |
| HIV                         | Not willing         | Willing if commissioned |
| Seasonal Flu                | Not willing         | Willing if commissioned |
| Childhood Vaccines          | Not willing         | Willing if commissioned |
| Hepatitis (at risk workers) | Not willing         | Willing if commissioned |
| HPV                         | Not willing         | Willing if commissioned |
| Travel                      | Not willing         | Willing if commissioned |
| Allergies                   | No response         | Willing if commissioned |
| Alzheimers                  | No response         | Willing if commissioned |
| Cardiovascular              | No response         | Willing if commissioned |
| Depression                  | No response         | Willing if commissioned |
| Epilepsy                    | No response         | Willing if commissioned |
| Parkinsons                  | No response         | Willing if commissioned |

**Kitchings chemist**

At Kitching's chemist we currently do do the c-card scheme and have now done the training to be a c-card distribution centre.

Under disabilities/premises we have a low counter in addition to electronic doors.

I may have read our opening times wrong on the spreadsheet, but just to clarify,

Mon-fri 08.30-17.30

Sat 08.30 - 14.30

Our supplementary hours are 08.30-14.30 sat and 12.30-13.30 Mon to Fri 08.30-12.30 then 13.30-17.30 Mon to Fri are

|   |
|---|
| <b>Telford &amp; Wrekin Pharmacy Needs Assessment 2015/16 – 2017/18</b><br><b>Community Impact Assessment</b> |
|---|

It is intended that you complete this form if you have identified a high negative impact to our communities and employees.

Sections 1 & 2 should be completed early in policy development and before any consultation/engagement activity takes place

Sections 3 & 4 should be completed before policy approval.

**You will find the information from this assessment useful for the Equality Implications section of any report you are completing.**

**Make use of the supporting guidance – Community Impact Assessment**

**Section 1 – Overview**

1. What is the title of the policy?

|   |
|---|
| <b>Telford &amp; Wrekin Pharmacy Needs Assessment (PNA) 2015/16 – 2017/18</b> |
|---|

2. What are the objectives of the policy? For example, what are we aiming to achieve? Who does it benefit?

- |   |
|---|
| <ul style="list-style-type: none"> <li>➤ Community pharmacies are a valuable and trusted public health service. The scale of daily contacts with the public means there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.</li> <li>➤ From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA).</li> <li>➤ PNAs have been used historically by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. Now following transition of public health services to local authorities, PNAs should also be used to assess the contribution of community pharmacies to local public health programmes.</li> <li>➤ In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.</li> </ul> |
|---|

3. Who does this policy affect? All – as specified

- Customers/service-users – the general public
- **Partners** – Health & Wellbeing Board partners: the Council, NHS Telford & Wrekin, NHS England Shropshire and Staffordshire Area Team, Health Watch Telford & Wrekin
- **Employees** – providers of community pharmacy services and their staff

## APPENDIX III

4. What period does the policy cover? (start date & end/review date)

|                          |
|--------------------------|
| <b>2015/16 – 2017/18</b> |
|--------------------------|

5. Your contact details:

|  |  |
|--|--|
| Name of person completing impact assessment and their post | Helen Onions, Consultant in Public Health,<br>Hitesh Patel, Pharmaceutical Advisor<br>Richard Taylor-Murison, Equalities Officer   |
| Contact details  | <a href="mailto:Helen.onions@telford.gov.uk">Helen.onions@telford.gov.uk</a><br><a href="mailto:Hitesh.patel@telfordccg.nhs.uk">Hitesh.patel@telfordccg.nhs.uk</a><br><a href="mailto:Richard.taylor-murison@telford.gov.uk">Richard.taylor-murison@telford.gov.uk</a> |
| Date started   | December 2014  |
| Other officers/Stakeholders involved                       | See below for Telford and Wrekin Pharmaceutical Needs Assessment Steering Group membership   |

| Name            | Role/Title                                  | Organisation                              |
|-----------------|---|---|
| Helen Onions    | Consultant in Public Health (chair)         | Telford & Wrekin Council                  |
| Paul Thomas     | Senior Research & Intelligence Officer      | Telford & Wrekin Council                  |
| Lynne Deavin    | LPC Business Development Officer            | Shropshire Local Pharmaceutical Committee |
| Kate Ballinger  | Patient/Public Representation               | Healthwatch Telford & Wrekin              |
| Dr A Egleston   | Dispensing Doctors Representative           | GP Wellington Road, Newport               |
| Ruth Bolderston | Assistant Contracts Manager                 | Shropshire and Staffordshire Area Team    |
| Jacqui Seaton   | Head of Medicines Management                | NHS Telford & Wrekin CCG                  |
| Manir Hussain   | Chair – Pharmacy Local Professional Network | NHS England Area Team                     |
| Hitesh Patel    | Pharmaceutical Adviser                      | NHS Telford & Wrekin CCG                  |

**Section 2 – Impact Assessment**

1. Will this policy have a significant impact on any of the following groups of people with regard to the General Equality Duty?

Positive and negative impacts should be assessed with regard to the General Equality Duty;

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations between different groups

People of different ages

[Helpbox - Age](#)

People with ill health or people with a disability

[Helpbox - Disability](#)

People of different gender

[Helpbox - Gender \(Sex\)](#)

People who are transgender

[Helpbox - Transgender](#)

Different racial groups

[Helpbox - Race](#)

People with different religion or beliefs

[Helpbox - Religion or Beliefs](#)

People of different sexual orientation

[Helpbox - Sexual Orientation](#)

Women who are pregnant or breast-feeding

[Helpbox -Pregnancy and Maternity](#)

People that are married or in a civil partnership

[Helpbox - Marriage or Civil Partnership](#)

People affected by deprivation

[Helpbox - people affected by deprivation](#)

|  | Impact (X) |          |      |
|--|------------|----------|------|
|  | Positive   | Negative | None |
| People of different ages<br><a href="#">Helpbox - Age</a>  | X          | X        |      |
| People with ill health or people with a disability<br><a href="#">Helpbox - Disability</a>                   | X          |          |      |
| People of different gender<br><a href="#">Helpbox - Gender (Sex)</a>   |            |          | X    |
| People who are transgender<br><a href="#">Helpbox - Transgender</a>  |            |          | X    |
| Different racial groups<br><a href="#">Helpbox - Race</a>  |            | X        | X    |
| People with different religion or beliefs<br><a href="#">Helpbox - Religion or Beliefs</a>                   |            |          | X    |
| People of different sexual orientation<br><a href="#">Helpbox - Sexual Orientation</a>                       |            |          | X    |
| Women who are pregnant or breast-feeding<br><a href="#">Helpbox -Pregnancy and Maternity</a>                 | X          |          |      |
| People that are married or in a civil partnership<br><a href="#">Helpbox - Marriage or Civil Partnership</a> |            |          | X    |
| People affected by deprivation<br><a href="#">Helpbox - people affected by deprivation</a>                   | X          |          |      |

## APPENDIX III

It has been assessed that there are no positive or negative impacts of the PNA process or recommendations which have emerged for the following: gender, transgender, race, religion or beliefs, sexual orientation, marriage or civil partnership.

This decision has been made on the basis that the PNA is a fully inclusive process and as part of the wider Joint Strategic Needs Assessment, adopts the principles of the Health and Wellbeing Strategy vision “*To improve the health & wellbeing of our communities and address health inequalities*”. As such the community pharmacy services commissioned by Health & Wellbeing partner organisations are expected to be delivered irrespective of race, gender, transgender, religion or beliefs, sexual orientation or marital status.

### 2. What is the expected impact?

For each impact **positive** or **negative** please explain the reasoning and provide evidence for that response. Remember to fully reference the evidence and attach it if it is appropriate.

You can find more information to fill any gaps that may have by contacting Delivery & Planning - 80131

#### **People of different ages**

The public survey on views on community pharmacy was a key component of the PNA process. People aged 45-64 years accounted for 41.5% of all survey respondents therefore this middle aged group were over represented in the survey given that the proportion of this age group in the general population is circa 26%. However, this age group are key users of community pharmacy services along with people aged 65 years and over. *(Positive impact)*

Younger people under 25 years were under represented in the public views survey.

Teenage pregnancy is a health issue which has been prioritised by the Telford & Wrekin Health and Wellbeing Board. At present Emergency Hormonal Contraception is on offer free of charge to women under age 25 years, promoting equal opportunities of access to this emergency medicine for younger women *(positive impact)*. The Boots branch in Telford Town Centre is the single biggest prescriber of EHC across the Borough, which indicates that this service is easily accessible for young people and provider anonymity. *(Positive impact)*

However, there are concerns that the cut off at age 25 for this service produces a negative impact for women above 25 years *(Negative impact)*

Chlamydia testing is offered to young people under 25 in community pharmacies, in line with the National Chlamydia Screening Programme requirements. *(Positive impact)*

The PNA could be enhanced by incorporating a map identifying the distribution of pharmacies across areas with high proportions of older people.

**People with ill health or people with a disability**

61% of the PNA public survey respondents reported suffering from a long standing limiting illness, disability or infirmity, compared to 18.6% of people in the general population as a whole. Therefore people with a long standing illness or disability were over represented in the survey.

All community pharmacies have a responsibility to meet DDA requirements and pharmacies are actively expected to ensure patients/public are able to access their services.

Contractors work to resolve any associated issues where these arise. Specific examples of this would include prescription collection and delivery services, medication adherence support services (positive impact)

The PNA could be enhanced by incorporating a map identifying the distribution of pharmacies across areas with high proportions of people reporting long term limiting illness.

**Women who are pregnant or breast-feeding**

The Health Start Vitamins programme has operated in community pharmacies throughout Telford & Wrekin for a number of years. Under the national scheme the programme offers vitamins for pregnant women and their infants (positive impact)

**People affected by deprivation**

There are clear inequalities in health in Telford & Wrekin related to reduced life expectancy and socio-economic deprivation in our communities. As such improving life expectancy and reducing the associated health inequalities are included within the ten Health & Wellbeing Board priorities. There are also inequalities in health identified within the other priorities, including the following which are relevant to community pharmacy service provision: smoking, teenage pregnancy and sexual health and substance misuse. There are clear recommendations in the PNA made to expand the provision of Chlamydia testing and treatment, Emergency Hormonal Contraception, supervised consumption for opiate addiction, needle exchange and smoking cessation services across the Borough. (Positive impact)

**Human Rights**

Whilst the overall aim of a community impact Assessment is to document the demonstration of our public sector duties, related to Article 14 - Prohibition of discrimination, Human Rights Act (2000) (HRA). It is sometimes appropriate to include information related to the advancement of other articles of the HRA.

The recommendations to continue and enhance the provision of 'Just in Case' palliative care medical supply boxes has a positive impact on our duties to promote human rights in relation to Article 3 – Prohibition of torture and inhuman and degrading treatment. It does so by pre-empting the escalation of medicinal need helping to preserve the dignity of individuals at a time when they are particularly vulnerable to a loss of dignity.

3. What engagement and consultation have you already carried out?

Please answer the following questions and include any additional information that is relevant;

- Who have you consulted/engaged with?
- What the consultation/engagement told you?
- What you have changed or intend to change as a result of the consultation?
- How and when you intend to feedback?

**Consultation**

The national guidance for PNAs is explicit regarding the statutory consultees which must be considered as part of the 60 day consultation process. These consultees include the following:

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs) – **Shropshire and Telford Local Pharmaceutical Committee**
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs) – **Shropshire Local Medical Committee**
- any persons on the pharmaceutical lists and any dispensing doctors list for its area – **all community pharmacies and the one dispensing GP practice in Telford & Wrekin**
- any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area – **Health Watch Telford & Wrekin**
- any NHS trust or NHS foundation trust in its area – **Shrewsbury & Telford Hospitals NHS Trust, Shropshire Community Health Service Trust, Shropshire & Staffordshire Mental Health Services Foundation Trust**
- NHS England – **Shropshire and Staffordshire Area Team**
- Any neighbouring Health and Wellbeing Board – **Shropshire Health & Wellbeing Board**

The 60 day consultation period for these statutory consultees ran from Friday 12th December until Friday 13th February 2015. The draft PNA was published for consultation on the NHS Telford & Wrekin website. The consultees were all contacted regarding the publication and the launch was well publicised. Although there is not an expectation that PNAs are subject to public consultation the consultation was publically available and comments invited from all those who wished to contribute.

**Engagement**

The PNA process included a survey of public views on community pharmacy which was undertaken between 11<sup>th</sup> September and 9<sup>th</sup> October 2014. The survey consisted of 16 questions covering themes such as awareness of and access to services and levels of satisfaction. Standard socio-demographic questions were included. The survey was publicised on the NHS Telford & Wrekin website and to Council staff through the intranet. A number of visits to community support groups were undertaken to obtain survey responses. There were over 400 respondents in the survey (See Community Survey Report for further details)

A professional stakeholder survey was carried out as part of the PNA with all community pharmacies. The survey asked contractors to consider the needs of their local population and what gaps they felt needed to be addressed and which priorities were important.

Supporting people with language barriers was specifically noted by several respondents as a key current gap. (*Negative impact*)

4. Please give brief details of any further engagement/consultation you plan to carry out with any of the above groups, particularly where you feel you don't have sufficient information.

As part of our ongoing commitment to promote the use of our community pharmacies we will be actively seeking the views of our contractors about what they feel is required in their local communities.

We will continue to engage with our local Healthwatch colleagues to ensure we are continuously addressing local health needs.

**You are at the end of Section 2 - have you completed all questions in this section?**

**Please ensure all questions are answered and then send your information to;**  
[Equalityanddiversity@telford.gov.uk](mailto:Equalityanddiversity@telford.gov.uk)

You can ask questions or for any support by contacting 01952 382104 or e-mail

[equalityanddiversity@telford.gov.uk](mailto:equalityanddiversity@telford.gov.uk)

The Equality and Diversity Team will help you address/respond to any issues in **Section 3 – Mitigating Actions**

**Section 3 – Mitigating Actions**

1. For each significant **negative** impact identified in Section 2 (Questions 3 & 4), what action have you taken, or will you be taking, to reduce/manage these impacts?

Please bring forward any **negative** impacts identified earlier in the form and explain what action you will take to mitigate against them (The earlier help boxes include help on mitigating actions).

**Emergency Hormonal Contraception** – lack of access to free contraception for women aged over 25 years. The commissioner of sexual health services will be approached to consider expanding the service to women aged over 25 years old. A sexual health services health needs assessment is currently being undertaken to inform the future commissioning of services and these PNA findings will be incorporated into that process.

**Supporting people with language barriers** – this was specifically noted pharmacists in the professional stakeholder survey. Providing interpretation services for patients who have difficulty understanding English would ensure that they understand the benefits of their medication and that they are taking medications safely and accurately. Access to telephone language support services could be considered to help support community pharmacies that have expressed difficulties with communication. There is also a need to consider the use of Health promotion materials in different languages. For national campaigns these can often be accessed from Public Health England. Community pharmacies should review their local patient profiles and where possible try to support them with nationally available support materials printed in different languages. Using local community based support groups may also be considered. A number of our pharmacies are well positioned in local communities encouraging them to make links with community groups will raise the profile of pharmacy and potentially help to resolve communication difficulties.

The PNA could be enhanced by incorporating a map identifying the distribution of pharmacies across areas with high proportions non-English speaking communities.

2. For each significant **positive** impact you identified in Section 2 (Questions 3 & 4) what action have you taken, or will you be taking, to maximise the opportunity?

Please bring forward any **positive** impacts identified earlier in the form and explain what action you will take to enhance these. (The earlier help boxes include help on enhancing positive impacts).

**Remember to integrate any actions you have identified in to your service/team plans.**

## APPENDIX III

3. How do any of the above actions contribute to the aims of the General Equality Duty;
  - eliminate unlawful discrimination, harassment and victimisation
  - advance equality of opportunity
  - foster good relations between different groups

The expansion of pharmacy services more widely across the Borough will improve access to services, offering more comprehensive response to the local needs identifies in the PNA. This approach which is designed to reduce inequalities will advance the equality of opportunity for people living in Telford & Wrekin.

The PNA sets out recommendations to further develop the relationship with community pharmacy, the commissioners of these services in the council and the NHS and more widely across the health economy. This is foster good relations between different groups and across Health & Wellbeing Boards partners.

### Section 4 – Review and Monitoring

1. From what date will this policy be implemented?

**The PNA is due to be considered by the Health & Wellbeing Board on 11<sup>th</sup> March 2015 and will be published by 1<sup>st</sup> April 2015 in line with the statutory duties of the Board.**

2. How will the actual impact of the policy be monitored and reviewed?

**Health Equity Audits (HEAs)** will be undertaken for public health services provided in community pharmacies to assess the provision, uptake and outcome of public health services in relation to age, gender, ethnicity and socio-economic deprivation. This will be part of the development of the Healthy Living Pharmacy Programme and supported by the implementation of the pharmoutcomes system which in line with the PNA recommendations.

Actions:

Agree set of HEAs to be incorporated into the HPL programme from Sept 2015.

First review of HEA cycle to be completed by March 2016

**Emergency Hormonal Contraception**

Actions:

Model the demand/need for EHC prescribing in women aged over 25 (June 2015)

Incorporate EHC age expansion into the prioritisation process for public health services as part of the public health grant budgeting (September 2015)

**Enhanced PNA Mapping to support Equalities Impact Assessment**

Actions:

Incorporate maps indicating levels of older people, people reporting long term limiting illness and non-English speaking communities alongside community pharmacy provision into the PNA review process.

**Supporting people with language barriers**

Action:

Scope the feasibility of providing interpretation services and/or telephone language support services for community pharmacy patients who have difficulty understanding English

Ensure that the campaign and awareness raising programme recommended to publicise community pharmacy services uses resources and materials in different languages and that local community based support groups are used, where relevant to develop local publicity materials

Community Impact Assessments will be published online and available on request. This will include the subject document, equality analysis, data sources and consultation evidence.

Please make sure that your Line Manager/Head of Service has been made aware of the content of the impact assessment and that they agree with it.

Arrange for your Line Manager/Head of Service to e-mail confirmation of agreement to; [equalityanddiversity@telford.gov.uk](mailto:equalityanddiversity@telford.gov.uk)

The Equality and Diversity team will create a summary for ease of access, please make sure that you forward any relevant documentation you have referred to with the e-mail, or a link to the appropriate web page.

**Thank you conducting this Community Impact Assessment, should you have any questions please contact 01952 382104 or e-mail**

[equalityanddiversity@telford.gov.uk](mailto:equalityanddiversity@telford.gov.uk)