

Consultation Summary on the Pharmaceutical Needs Assessment 2022

1. Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. A PNA was last published for Birmingham and Solihull in 2018 and updated with supplementary statements reflecting changes in needs as required, with the next PNA due to be published in April 2021. Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This joint PNA for Birmingham and Solihull (BSOL) HWBs fulfils the regulatory requirement.

1.1. Aim, objectives, and methodology

The aim of the BSOL PNA is to enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This was achieved by gathering the views on the adequacy of pharmaceutical services from a wide range of stakeholders, including the public, through the distribution of surveys, one aimed at members of the public and one at pharmacy contractors. These were co-produced by a steering group that included representation from NHS England, the Local Medical Committee, the Local Pharmaceutical Committee, the Integrated Care Board, Healthwatch, and Public Health. The surveys addressed five key themes:

1. Necessary Services¹: current provision
2. Necessary Services: gaps in provision
3. Other relevant services: 2 current provision
4. Improvements and better access: gaps in provision
5. Other services

¹ This includes Essential Services

² This includes Advanced, Enhanced and Locally Commissioned Services.

533 responses were received from members of the public. 84 responses were received from pharmacy contractors (out of a total of 317 pharmacies in BSOL). The relatively low response rate has been noted.

2. NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHSE. The types of providers are:

- Pharmacy contractors
 - Community pharmacies
 - Local Pharmaceutical Service (LPS) providers
 - Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Dispensing GP practices

NHS pharmaceutical services refers to services commissioned through NHSE. The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF)³ are as follows:

- **Essential Services:** These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles.
- **Advanced Services:** These are services community pharmacy contractors and DACs can choose to provide, subject to accreditation as set out in the Secretary of State Directions.
- **Enhanced Services:** These are services commissioned directly by NHSE, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHSE, it is in some cases addressed by **Locally Commissioned Services**, funded by the local authority or CCG. These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

³ The CPCF was last agreed in 2019.

3. Birmingham and Solihull population

The BSOL areas are in the West Midland region, with a combined population of 1,358,012. Birmingham is the second largest city in the UK, with an estimated population of 1,144,900 in 2021 whilst Solihull is a metropolitan district with an estimated the total population of 216,200 in 2021.

For the purpose of this PNA, BSOL has been divided into six localities: North, East, South, West, Central and Solihull.

Birmingham has a relatively large working-age population, with nearly 66% of the total population being between the age 15-64, which is above England (64%). Solihull has a larger proportion of over 65s at 21% which is above England (19%).

Deprivation varies significantly across BSOL. Birmingham suffers from high levels of deprivation and is ranked the seventh most deprived local authority in England. While there are pockets of deprivation in all parts of the city, deprivation is most heavily clustered in the area surrounding the city centre. However, there is a positive correlation between the number of community pharmacies and the level of deprivation in BSOL (i.e. a greater number of pharmacies in the more deprived areas)

Solihull is the 32nd (of 151) least deprived of the upper tier local authorities in England. However, there is significant variation in deprivation, with large parts of the borough ranking among the least deprived areas of England and a concentration of neighbourhoods among the most deprived.

Life expectancy at birth for Birmingham residents was 77.1 years for males and 81.8 years for females (2018-20), significantly lower in comparison to the England life expectancy, which was 79.4 for males and 83.1 for females. By comparison, life expectancy at birth for Solihull residents was 80.4 years for males and 84 years for females (2018-20), significantly higher than the England life expectancy, which was 79.4 for males and 83.1 for females

Ethnicity across BSOL also varies significantly. The localities with the largest groups of people of Asian ethnicity are West (39.7%), East (37.6%) and Central (31.9%) significantly higher than for England (7.8%). West locality has the largest percentage of people with Black ethnicity (19.3%), which is significantly higher than England (3.0%). The areas with the largest groups of people of White British ethnicity are Solihull (88%), South (77.5%) and North (80.8%) localities, similar to England (85.8%).⁴

⁴ Birmingham locality ethnicity profiles. [Accessed July 2022.]
www.birmingham.gov.uk/info/50268/joint_strategic_needs_assessment_jsna/1332/local_area_health_profiles

4. Lifestyle and burden of disease

Adult obesity rates across BSOL (Birmingham 63.5% and Solihull 62.8%) are similar to the England average (63.5%). Whilst not statistically different to England, this level of obesity represents nearly two-thirds of the adult population and presents a significant health burden.

Smoking prevalence in Birmingham is 16.9%, which is significantly higher than England (12.8%). There are inequalities in smoking prevalence between certain groups with higher prevalence amongst those living in areas of higher deprivation, and those in routine and manual occupations. Whilst in Solihull smoking prevalence is 10.3%, and amongst at-risk groups 20.2%, both similar to the England (12.8% and 21.4% respectively).

The under-18 conceptions per 1,000 girls aged 15–17 in Birmingham were slightly higher but statistically similar to the rest of England. In Solihull, these figures were lower than England.

Regarding long term conditions, the prevalence hypertension across BSOL localities is lower than the England average (13.9%), other than in North (13.8%), which is similar to the England average of 13.9%. Solihull (14.7%) has a higher prevalence of hypertension than England.

Diabetes prevalence is higher in BSOL than the England averages.

Birmingham localities have a similar or lower prevalence of COPD than the England average, but Solihull has a higher prevalence (2.2% v 1.9%).

Advanced, Enhanced and Locally Commissioned Services are provided by many community pharmacies to contribute to addressing these lifestyle issues although this is varied and would benefit from additional communication across professionals and the public.

5. Pharmaceutical service providers in BSOL

BSOL has 302 contractors of which 317 are community pharmacies including 15 DSPs and 0 LPS providers, (273 in Birmingham and 44 in Solihull), and 2 DACs for a population of around 1,358,012. This equates to an average of 23.3 pharmacies per 100,000 population (including DSPs), compared with 20.6 per 100,000 in England.

Whilst the number of community pharmacies has decreased from 345 since the 2018 PNA, the average of 23.3 pharmacies per 100,000 is higher than both the West Midlands and national ratios. BSOL has a transient population with generally good transport links populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient, as well as providing further choice. Neighbouring areas include: Warwickshire, Coventry, Staffordshire, Walsall, Sandwell, Dudley, Worcestershire.

Across BSOL, independent pharmacies represent 72% of all pharmacy providers, which is higher than the England average (40%). No one provider has a monopoly in any locality, allowing for a greater choice of pharmacy type for BSOL residents.

6. Adequacy of pharmaceutical services in BSOL

6.1. Current and further provision of Necessary Services

BSOL HWBs have decided that all Essential Services are Necessary Services in BSOL.

Access to a community pharmacy within a 20-minute walk is better in BSOL than in England (97.8% compared with 89%), and 87% can reach a community pharmacy within 10 minutes by public transport. 100% of the population can drive to a pharmacy within 10 minutes regardless of time of day.

All community pharmacies provide all Essential Services as per the current CPCF. No gaps have been identified either now or in the future of Necessary Services.

6.2. Current and future provision of other relevant services that provide improvement or better access in BSOL (Advanced, Enhanced, Locally Commissioned)

These are services that the HWBs are satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. Once the HWBs decided which services are necessary, the remaining services were classed as 'other relevant services' and include Advanced, Enhanced and Locally Commissioned Services.

No gaps have been identified either now or in the future of other Relevant Services.

Advanced Services

There is currently provision of seven Advanced Services in BSOL, these include:

- Stoma Appliance Customisation (SAC)
- Community Pharmacist Consultation Service (CPCS)
- Flu vaccination service
- Hypertension case-finding service
- New Medicine Service (NMS)
- Smoking cessation Advanced Service
- Community pharmacy hepatitis C antibody-testing service

There is good access to the Advanced Services, i.e. New Medicines Service and Community Pharmacist Consultation Service, with 100% and 82% of community pharmacies, respectively, providing these services across BSOL. This is higher than the England figures of 91% and 81%, respectively.

The hypertension case-finding service commenced from 1 October 2021. Activity data is still low nationally, regionally and in BSOL.

The smoking cessation Advanced Service⁵ commenced on 10 March 2022 and has been put into place in 83 pharmacies across BSOL.

Provision for both, the hypertension case-finding and the smoking cessation Advance Service is therefore likely to increase from the time of writing this PNA as more providers become accredited to provide the service.

The hepatitis C service also has a low sign-up rate, which is similar to the national position.

Enhanced Services

There are currently three Enhanced Services commissioned in BSOL:

- COVID-19 vaccination service through 27 pharmacies in BSOL,
- Extended care service – Tier 1 is available through 164 pharmacies, and
- Extended care service – Tier 2 available through 124 pharmacies

These services from community pharmacy promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system.

Locally Commissioned Services

The following services are commissioned in BSOL by the local authority or ICB:

1. Sexual health service
2. Smoking cessation service
3. Supervised consumption
4. Needle exchange
5. COVID-19 Urgent Eyecare Service Medicines Supply (CUES-MS) service
6. Minor ailment service (MAS)
7. Specialist palliative care drugs supply service

At present it is not clear what shape services locally commissioned by the ICB will take in the long-term future. The development of the ICS across BSOL (and the wider area) will conceivably lead to an alignment of these LCS across the ICS area.

6.3. Public survey feedback

From the responses (533) received from the public questionnaire:

- 92% have a regular or preferred pharmacy
- 73% rated the pharmacy service as '8', '9' or '10' out of 10; 7% (38) identified the service from their pharmacy as '1', '2' or '3'.

⁵ Smoking cessation Advanced Service: NHS trusts can refer patients to a community pharmacy of their choice for continuation of smoking cessation support on discharge.

- 63% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 84% take up to 15 mins to travel to a pharmacy
- 92% their preferred pharmacy is open on the most convenient day

It should be noted the public responses are based on a small sample size and reflects the views of respondents only.

7. Conclusions

There are a wide range of pharmaceutical services provided across BSOL to meet the health needs of the population. The provision of current pharmaceutical services and Locally Commissioned Services is distributed across localities, providing good access throughout BSOL.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed necessary. Factors such as population growth and pharmacy closures have, and will, result in a reduction of the number of pharmacies per population in the area. With future housing growth in BSOL, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned to ensure services remain appropriate to the needs.

8. Recommendations: Opportunities to enhance local community pharmacy services in BSOL

Whilst no gaps have been identified in the current provision of pharmaceutical services across BSOL or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of BSOL residents in the following areas:

- a. Highlight to the public the services that are currently available from community pharmacies to support the improved utilisation of these existing services.
- b. Identify and promote the best way to deliver the new and current Advanced Services and Locally Commissioned Services.
- c. Consider the provision of new locally commissioned services to meet specific health needs in BSOL.