

# Health Scrutiny Panel

21 March 2024

**Report title:** Pharmaceutical Services in Wolverhampton

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## **Recommendation(s) for action or decision:**

The Health Scrutiny Panel is recommended to receive for information and assurance a joint update on the Pharmaceutical Needs Assessment and the commissioning arrangements for community pharmaceutical services in Wolverhampton.

## 1.0 Introduction

- 1.1 It is the statutory duty of every Health and Wellbeing board to publish a Pharmaceutical Needs Assessment for their geographical footprint, on a 3-year cycle. The current Pharmaceutical Needs Assessment (PNA) was published in 2022, for the 3-year period 2022-2025.
- 1.2 On behalf of the Wolverhampton Health and Wellbeing Together Board, members of the Public Health department worked closely with partners across the pharmaceutical sector in Wolverhampton on this PNA, including the Local Pharmaceutical Committee, the Black Country ICB, Healthwatch and Central Health. The PNA can be found here: <https://www.wolverhampton.gov.uk/health-and-social-care/health-and-wellbeing/pharmaceutical-needs-assessment-2022-2025>

## 2.0 Pharmaceutical Needs Assessment

- 2.1 The PNA process involves surveying pharmacies, as part of this process 100% of pharmacies in the city were surveyed, which ensures that there were no gaps in the intelligence used to inform the assessment of inequalities. The PNA looked to highlight any gaps and inequalities that may have become evident during the assessment. A public survey posted on the council website was promoted in the press and on social media. 311 residents responded giving us valuable insights into how people use community pharmacies and their opinions on the accessibility of services.
- 2.2 The PNA concluded that there was sufficient provision of pharmaceutical services for the population of Wolverhampton, but there had been a reduction in out of hours services, including the loss of a 100-hour pharmacy, therefore the situation should be monitored closely.
- 2.3 Since October 2022, when the PNA was published, there have been 4 closures of community pharmacies, 7 changes in ownership, 1 new distance selling pharmacy and 8 changes in opening hours. A supplementary statement (Appendix 1) has been prepared to outline these changes. There are not deemed to be any new gaps in provision at this current time.
- 2.4 The next iteration of the PNA is due in 2025 and work on this will commence in the autumn of 2024.

## 3.0 ICB Commissioning of Pharmaceutical Services

- 3.1 From 1 April 2023 NHS England delegated responsibility to all ICBs for the direct commissioning of pharmaceutical services with the aim to provide opportunity for managing local population health needs, tackling inequalities, and addressing fragmented pathways of care. This enables ICBs to support approaches to designing services and pathways of care that better meet local priorities. Delegation should also provide greater

flexibility to integrate services across care pathways, ensuring continuity for patients, improved health outcomes for the local population and optimised use of resources. Certain functions are retained by NHS England such as national pharmaceutical contract development and negotiations, performers list management, wider aspects of professional regulation and national transformation programmes.

- 3.2 During 2022/23 the Black Country ICB worked with NHS England and the other West Midland ICBs to plan for delegation, with a first key objective of ensuring a smooth transfer of the delegated pharmacy services in April 2023. This included retaining the expertise residing in the West Midlands pharmaceutical, general optometry, and dental services (PODs) through the establishment of a host and lead ICB arrangements. This POD group, work to an agreed West Midlands-wide work programme, and the ICBs benefit from working together and at scale, to provide value and benefits to their populations and systems. There is a West Midlands multi-ICB and NHSE Joint Committee that provides underpinning governance, by providing commissioning operational oversight and making commissioning decisions.

- 3.3 The ICB commission the following locally commissioned services:

**Minor Ailments Service:** this service aims to improve access and choice for people with minor ailments by enabling those who wish to, to be seen by a community pharmacist. The pharmacist will provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription.

In Wolverhampton, there are 31 pharmacies providing this service and from April 2023 to January 2024 a total of 3,741 consultations took place saving just over 574 hours of GP time (based on [unit costs of Health and Social Care 2022 document](#); it takes on average 9.22 minutes for a GP consultation.)

**Community Urgent Eyecare Service (CUEs):** This service allows the pharmacist the supply of medication requested directly to a patient where an optometrist working within the CUEs pathway decides to manage a condition and prescribes/recommends medication for patients to gain prompt access to their care or treatment for their ocular condition.

**Specialist Palliative Care Drugs Service:** Four pharmacies across Wolverhampton stock End of Life medication to allow prompt access.

The ICB have supported the implementation of the national advanced service Pharmacy First to improve access to primary care. This service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions: sore throat, sinusitis, shingles, urinary tract infections, infected insect bites, impetigo and acute otitis media. The latter four have been provided in Wolverhampton for a few years as they were commissioned by the Midlands Regional NHSE and due to their success locally, have now been incorporated into the seven clinical pathways of the national

Pharmacy First Service. Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices and others. In Wolverhampton, 57 out of 60 Pharmacies are registered to provide the service.

Since the commencement of Pharmacy First 31<sup>st</sup> January 2024, nationally thousands of consultations have taken place in the first few days of the service. The new service has been a huge undertaking for the sector, community pharmacy teams have worked extremely hard to prepare for the launch.

Pharmacy First also incorporates the elements of the **Community Pharmacist Consultation Service** (CPCS), i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral. (Urgent supply referrals are not allowed from general practices).

Since December 2021, under the CPCS minor illness element, 7657 referrals were made, saving a total of 1,176 hours of GP time.

## 4.0 Implications

4.1 Please detail any known implications in relation to this report:

- Financial implications – no immediate financial implications
- Legal implications - Health and Wellbeing Boards are under a statutory duty to produce and publish a Pharmaceutical Needs Assessment. This duty has been fulfilled as a result of the completion of the PNA for 2022-25.
- Equalities implications – considered
- Environmental implications – N/A
- Human resources implications – N/A
- Corporate landlord implications – N/A
- Risks – None noted

## 5.0 Schedule of background papers

6.0 The background papers relating to this report can be inspected by contacting the report writer:

Appendix 1 – PNA Supplementary Statement

**INSERT YOUR SIGNATURE AND DETAILS**