

Joint Strategic Needs Assessment update 2014

Dr Ruth Milton

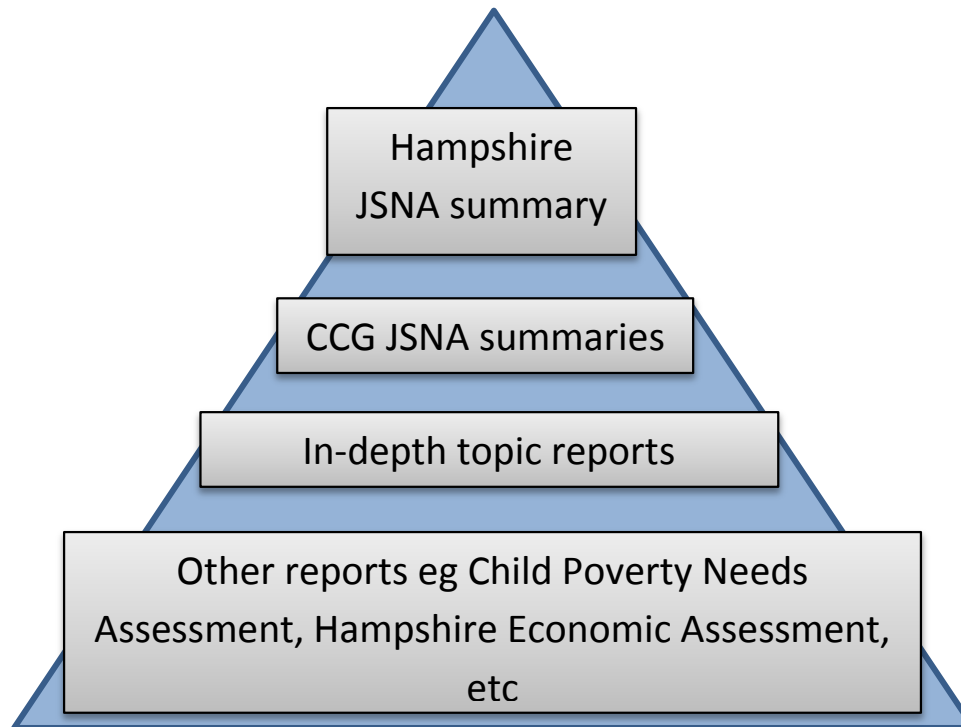
Director of Public Health

&

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JSNA 2013



Process

- Sub group of Health and Wellbeing Board established
 - Agree format for main body of JSNA, agree that Pharmaceutical Needs Assessment to be completed subsequently – within legal timeframe – end of march 2015
 - Agree chapter responsibilities and timescales
 - Editorial oversight from Public Health – to ensure consistency across and between chapters

Key issues

- Cancer now most common cause of death
- Changing demographic profile & subsequent impact on need for services
 - Increasing birth rate
 - BME and economic issues
 - (20% Rushmoor non-White = national average)
 - Ageing, environment, education and housing
 - Cancer
 - How people use services

Recommendations

- JSNA recommendations
 - Prevention – must scale up and systematise
 - Review services for young and old – planning
 - Integration across health and social care
 - Early years – cross-organisation work
 - Role of primary care crucial
 - Reducing inequalities & Supporting prevention
- Review process for JSNA

Further work:

- PNA –
- Review JSNA process
 - Data set availability, access & use
 - Telling the story
 - Asset based approach

Pharmaceutical Needs Assessment

- A statement of the pharmaceutical needs of the population within the local area.
- Is there sufficient choice with regard to obtaining pharmaceutical services?
- Different needs of different localities within its area



What are Pharmaceutical services?

- For the purposes of the PNA pharmaceutical services include:
 - **essential services** - which every community pharmacy providing NHS pharmaceutical services must provide
 - **advanced services** - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary
 - Medicines Use Reviews
 - New Medicines Service
 - **Locally commissioned services** commissioned by NHS England

Pharmacy description

Pharmacy Contract Type	Description	2014
Standard 40 hours contract	Open for a minimum 40 hours per week. Starting a new 40 hour pharmacy is restricted based control of entry test	205
100 hour opening	Open for 100 hours. Formerly Starting a 100 hour pharmacy under the former exemption from the control of entry test	27
Essential Small Pharmacy	A pharmacy contracted in a location where a 40 hour pharmacy would not be commercially viable	4
Distance Selling	A registered pharmacy which offers to sell or supply medicines over the internet, or makes arrangements for the supply of such products or provision of such services over the internet	5
Dispensing Appliance Contractor	Dispensing appliance contractors, supply various appliances such as incontinence and stoma products. They are not able to supply medicines. These are often serving a national population.	0
Total		241

The Needs

- The demography
- Choice
- Other NHS services provided in or outside its area which affect the need for pharmacy services.
- Future needs

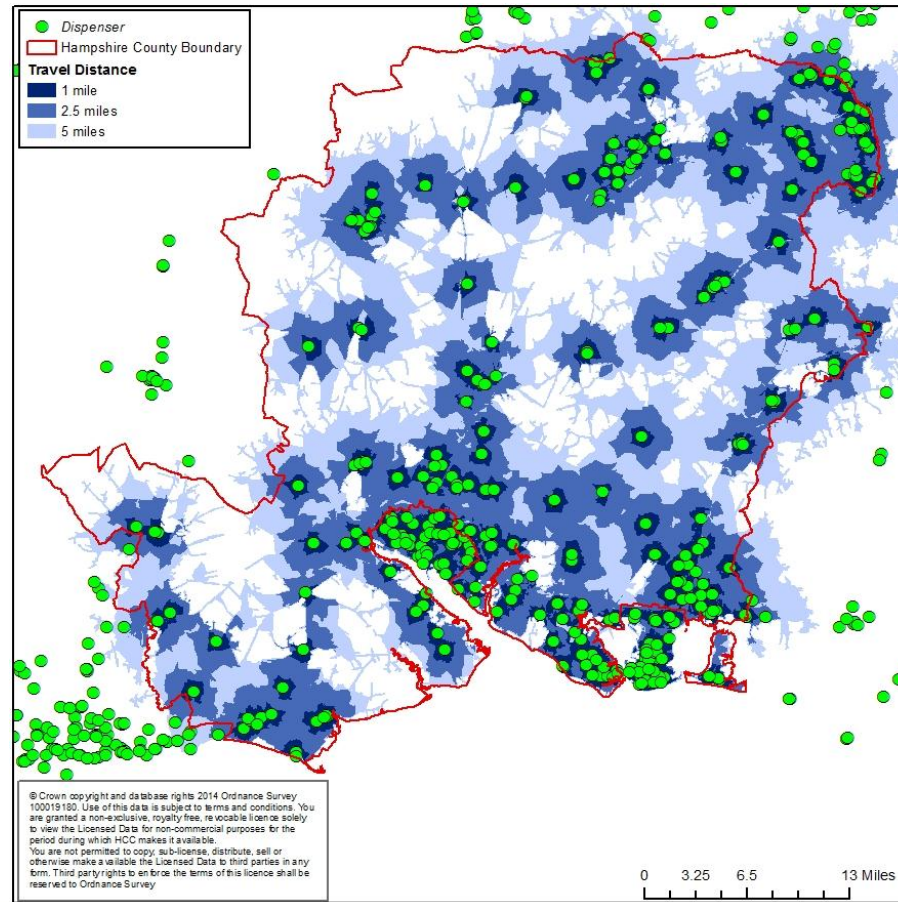
Engagement and Consultation

- The regulations stipulate a consultation on a draft PNA at least once during its development for 60 days.
- This is a consultation with professionals and the following parties must be consulted as part of this process
 - Local Pharmaceutical Committee
 - Local Medical Committee
 - any persons on the pharmaceutical lists and any dispensing doctors list for the area.
 - any Local Pharmaceutical Service chemist in its area
 - Local Healthwatch organisation
 - NHS trust or NHS foundation trust in the area
 - NHS England
 - Neighbouring Health and Wellbeing Boards

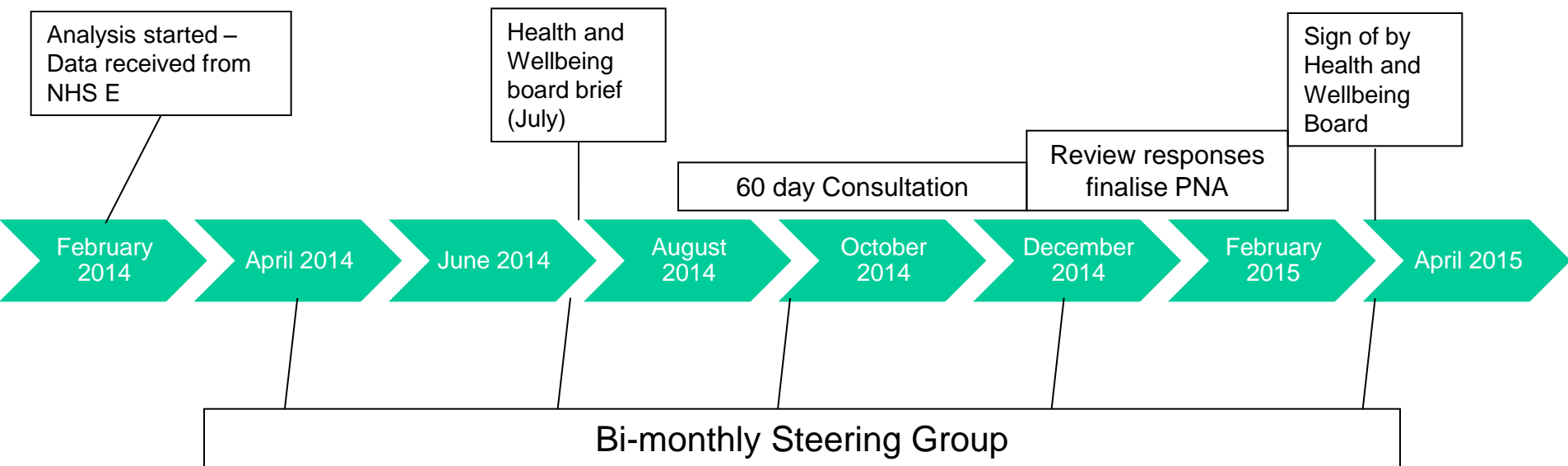
Provision

- Patient access to pharmacies within Hampshire is good
- 241 pharmacy venues across Hampshire
- Nearly 87% of pharmacies open on a Saturday and there is good 'out of hours' availability across all areas.
- There are 27 Pharmacies in Hampshire who provide 100 hour pharmacy service and 52 services open on a Sunday.

Distances to Pharmacy venues



Time line



PNAs bordering Hampshire

- Hampshire Health and Wellbeing Board will be consulted on PNAs of the Authorities of those that have a county boundary with Hampshire
- Responses should consider the impact on our local population.
- If these are outside of the Local Pharmaceutical Committee area (HIOW) we need to respond taking their views into account.

Public Health Datasets

- Public Health England knowledge and intelligence role
- Need for local collation, access and interpretation
- Hampshire Hub

Needs and Assets

Deficit approach

- Focus on needs and deficiencies
- Understand communities by their problems
- Services commissioned to fill gaps/fix problems
- Dependency on professionals
- Individuals/communities engaged but passive recipients

Asset approach

- Values, skills knowledge, connections, capacity & potential of communities
- What works well
- active participation in solutions
- Co-producing in health & wellbeing & community resilience

Asset based JSNA

- Relies on local community engagement, identification of assets and desire and motivation to change things for their communities
- Led by professionals, staff intensive
- Found to be effective in small, well defined, relatively affluent communities with clearly defined community assets

Telling the story

- People relate to stories, not numbers or risk levels
- Need to translate information plus people's views into meaningful stories

Proposed next steps

- Develop intelligent links into the data
- Focus on local populations and their assets adapting model for circumstance
 - Range from – full asset approach to intermediary approach –
 - Ensure active public health surveillance to identify emerging issues/changes
 - Annual update to Board