

Warwickshire Health and Wellbeing Board Sub-Committee

Agenda

21 December 2015

A meeting of the Warwickshire Health and Wellbeing Board Sub-Committee will take place at **Shire Hall, Warwick** on **Monday 21 December 2015 at 1:00pm**. The agenda will be:-

1. General

- (1) **Appointment of Chair for the Meeting**
- (2) **Apologies for Absence**
- (3) **Members' Disclosures of Pecuniary and Non-Pecuniary Interests**

Members are required to register their disclosable pecuniary interests within 28 days of their election or appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;

- Must leave the meeting room until the matter has been dealt with (Standing Order 43); and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the new Code of Conduct. These should be declared at the commencement of the meeting.

2. Application to Pharmaceutical List

Gareth Wrench / Kate Butler (Arden CSU)

3. Any other Business (considered urgent by the Chair)

General Enquiries: Please contact Paul Spencer on 01926 418615

E-mail: paulspencer@warwickshire.gov.uk

All public papers are available at www.warwickshire.gov.uk/cmris

Warwickshire Health and Wellbeing Board Sub-Committee

21 December 2015

Application to Pharmaceutical List

Recommendation

That the Health and Wellbeing Board responds to the consultation as detailed in paragraph 2.1 below.

1.0 Background / Introduction

- 1.1 Applications for changes to the Pharmaceutical List are considered by NHS England. These applications for inclusion must include certain information and are to be processed and determined in accordance with the 2013 Regulations.
- 1.2 The Health and Wellbeing Board is responsible for Warwickshire's Health & Wellbeing Board Pharmaceutical Needs Assessment (PNA), and is a consultee for applications to join the pharmaceutical list.
- 1.3 Warwickshire's Health and Wellbeing Board PNA was agreed by the Board in March 2015, and found that:

The level of access to, range of, level of choice and delivery of pharmaceutical services currently commissioned is adequate and generally meets the needs of the population. The service is provided by appropriately located contractors, delivering services at appropriate times to allow reasonable access. No significant gaps have been identified that constitute pharmaceutical needs warranting new providers.

- 1.4 An application has been submitted to NHS England for "offering to meet an identified current need" at South Warwickshire Foundation Trust Hospital, Warwick. This application is attached as an appendix to this report. The Health and Wellbeing Board is asked to provide a response to this application by 24th December 2015, to enable NHS England to make a decision.

2.0 Conclusion

- 2.1 It is suggested that the Health and Wellbeing Board responds to the consultation as follows:

The Warwickshire Health & Wellbeing Board's Pharmaceutical Needs Assessment has not identified a current need which this application would meet.

Background Papers

Letter from NHS England

	Name	Contact Information
Report Author	Rachel Robinson Kate Butler	rachelrobinson@warwickshire.gov.uk kate.Butler@ardengemcsu.nhs.uk
Head of Service	John Linnane	johnlinnane@warwickshire.gov.uk
Strategic Director	Monica Fogarty	monicafogarty@warwickshire.gov.uk
Portfolio Holder	Les Caborn	lescaborn@warwickshire.gov.uk

1.3 Provision of fitness to practise information

I am/We are already included in the pharmaceutical list for the health and well-being board in whose area the premises listed in section 2 below are located.

I/We have already provided the fitness information on a previous occasion to NHS England or, before 1 April 2013, to a home primary care trust, and there is no missing information

I/We have already provided the fitness information on a previous occasion to NHS England or, before 1 April 2013, to a home primary care trust, but there is missing information

I/We have not already provided the fitness information required by paragraphs 2 and 3 or 4, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

(Please tick relevant box.)

1.4 Relevant fee

I/we include the relevant fee for this application.

2 Address of the proposed premises

SOUTH WARWICKSHIRE FOUNDATION TRUST HOSPITAL LAKIN ROAD WARWICK CV34 5BW

These premises are currently in my/our possession* Yes No

* by rental, leasehold or freehold

3 Opening hours

3.1 Proposed core opening hours²

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	—	—	40

3.2 Total proposed opening hours³

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	09.00 - 17.00	—	55.5

² Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to meet an identified current need.

³ The total opening hours includes the core hours and any supplementary opening hours.

4 Pharmaceutical services to be provided at these premises

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)

Clinical governance (paragraph 28, Schedule 4 or paragraph 18, Schedule 5)

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if it is intended that the pharmacy will not provide appliances).

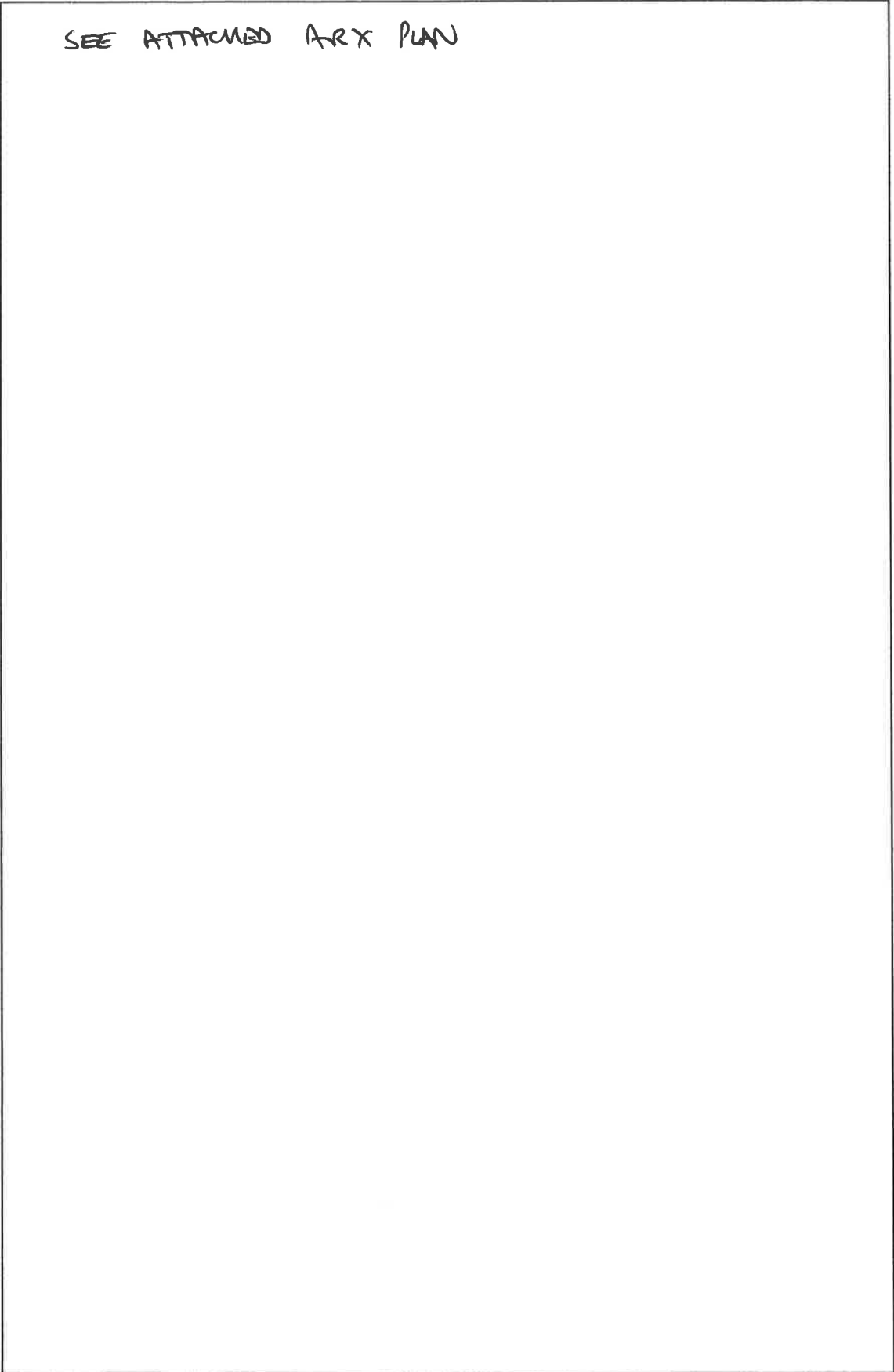
Please give details of any advanced and enhanced services you intend to provide. These details should include:

- confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
- confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
- a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

Service	Accredited to provide (Y/N/NA)	Premises accredited (Y/N/NA)	Consultation area (Y/N/NA)
MUR's	Y	N	Y
NMS	Y	N	Y
SMOKING CESSATION	Y	N	Y
EHC	Y	N	Y
MINOR AILMENT SERVICE	Y	N	Y

Please continue on a separate sheet if necessary.

Floor plan showing consultation area



Please continue on a separate sheet if necessary.

5 Applications in relation to premises that are in close proximity to other listed chemist premises

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:

N/A

Please continue on a separate sheet if necessary.

6 Information in support of the application

In making this application ~~I~~we am/are seeking to meet the current need identified on page⁴ of the HWB's pharmaceutical needs assessment.

Please insert the identified current need you are offering to meet here.

EXTRACT FROM WARWICKSHIRE JSNA ATTACHED
IN BODY OF LETTER SUPPORTING THIS
APPLICATION

In the box below please explain how you intend to meet the identified current need either in whole or in part.

PLEASE SEE ATTACHED LETTER SETTING THIS OUT

Please continue on a separate sheet if necessary.

⁴ Insert page number.

7 Undertakings

By virtue of submitting this application I/we undertake to notify NHS England within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify NHS England if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if NHS England commissions them within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned by NHS England, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

I confirm that to the best of my knowledge the information contained in my/our application is correct.

Signature 

Name ANDREW LANE

Position MANAGING DIRECTOR

Date 28 / 8 / 2015

On behalf of the company/partnership CSPC (PHARMACY) LTD

Contact phone number in case of queries 07785 118812

Contact email number in case of queries andrew@alchemhealthcare.com

Registered office

78, PORTSMOUTH ROAD
COBHAM
SURREY
KT11 1AN

"Minor ailments":

Treatment codes:

Treatment	Code	Sub-analysis Treatment	Code
Medication administered*	51	- oral - sublingual - intra-nasal - eye drops - ear drops - topical skin cream	1 5 6 7 8 9
Prescription/medicines prepared to take away	57		

No treatment:

None (consider guidance/advice option)	99
--	----

Diagnosis codes:

Diagnosis Condition	Code	Sub-analysis Diagnosis	Code
Bites/stings	13		
Poisoning* (including overdose)	14	- prescriptive drugs - proprietary drugs - controlled drugs	1 2 3

"Minor Ailments" - Jan-Dec 2014

Sum of Attds A_AND_E_DEPARTMENT_TYPE_DESCRIPTION	LOCAL_A_AND_E_ATTENDANCE_DISPOSAL_DESCRIPTION	Total
Emergency departments	Admitted to hospital bed/became a LODGED PATIENT of the same Health Care Provider	132
	Discharged - did not require any follow up treatment	773
	Discharged - follow up treatment to be provided by General Practitioner	607
	Follow up within Emergency Department	38
	Left Department before being treated	8
	Other	25
	Referred to Fracture Clinic	49
	Referred to other health care professional	14
	Referred to other Out-Patient Clinic	44
	Transferred to other Health Care Provider	6
Emergency departments Total		1,696
Minor Injuries Dept		
	Discharged - did not require any follow up treatment	91
	Discharged - follow up treatment to be provided by General Practitioner	18
	Follow up within Emergency Department	3
	Other	8
	Referred to other health care professional	2
	Referred to other Out-Patient Clinic	1
	Transferred to other Health Care Provider	3
Minor Injuries Dept Total		126
Grand Total		1,822

Recorded as having No Treatment Given - Jan-Dec 2014

Attendances	LOCAL_A_AND_E_ATTENDANCE_DISPOSAL_DESCRIPTION	Total	Left before being seen:
A&E Department Type			
Emergency departments			
	Admitted to hospital bed/became a LODGED PATIENT of the same Health Care Provider	851	
	Discharged - did not require any follow up treatment	866	
	Discharged - follow up treatment to be provided by General Practitioner	554	
	Follow up within Emergency Department	27	
	Left Department before being treated	247	247
	Left Department having refused treatment	17	17
	Other	109	
	Referred to Fracture Clinic	133	
	Referred to other health care professional	43	
	Referred to other Out-Patient Clinic	81	
	Restore to Ward	7	
	Transferred to other Health Care Provider	24	
	Emergency departments Total	2,959	264
Minor injuries Dept			
	Discharged - did not require any follow up treatment	15	
	Discharged - follow up treatment to be provided by General Practitioner	9	
	Follow up within Emergency Department	2	
	Left Department before being treated	2	2
	Other	5	
	Referred to Fracture Clinic	4	
	Referred to other health care professional	4	
	Transferred to other Health Care Provider	1	
	Minor Injuries Dept Total	42	
Grand Total		3,001	266

11 SEP 2015



NHS Midlands & East (West Midlands) Market Entry Team

Walsall Hub

Jubilee House

Bloxwich Lane

Walsall

28.08.2015

Re: Application for Inclusion in Warwickshire Pharmaceutical List at South Warwickshire Foundation Trust building, Lakin Road, Warwick, CV34 5BW

Context

The NHS is facing significant challenges; a growing elderly population with Long Term Conditions (LTC) such as Dementia, Cardiac issues and Diabetes, plus increasing winter pressures and an increasing attendance at A&E for minor conditions, but a lack of resource to meet the challenges.

The plan to provide an NHS pharmacy at South Warwickshire NHS Foundation Trust (The Trust) will increase NHS services to support those with a Long Term Conditions which are poorly represented locally by the existing network of pharmacies (the closest being one mile away), as well as improve patient choice and convenience.

In addition we will provide some innovative services for

- a) Cardiac patients, which are identified in the Warwickshire JSNA as being of a high level of need.
- b) Patients who access A&E inappropriately and could have been seen by a pharmacist.

Correspondence Address: CSPC Pharmacy Ltd t/a Alchem Healthcare, PO Box 26870, Kirkcaldy, KY2 9DD
Tel: 07785 118812

Registered Address: CSPC Pharmacy Ltd, Cedar House, 78 Portsmouth Road, Cobham, KT11 1AN
Registered Company Number: 06128246. VAT No: 929511512

www.alchemhealthcare.com

This application aims to address 3 areas of need

1 Addressing those who have Long Term Conditions

The key to management of a patient with an LTC following their discharge from hospital is ensuring the patient remains concordant with their prescribed medicines. Currently, the patient leaves hospital with a supply of medicines and then is picked up locally by their community GP and Pharmacy who continue to manage the patient.

The last part of this patient pathway is not effective and there are patients who miss doses and those who forget how to take their medicines.

The hospital sees 300,000 outpatients a year and patients currently cannot be offered NHS services such as the New Medicines Service (the ideal location to create concordance as most new medicines are initiated in hospital).

The provision of an NHS Contract would allow this service for those patients.

2. Addressing Accident and Emergency unnecessary admissions

There is evidence to suggest populations go to A&E for minor conditions that could have been treated by a GP or Pharmacy because it is more accessible.

111 triage does not direct more than 5% of its callers to a pharmacy despite many of the conditions being treatable in one.

Approximately 57,000 patients utilise the Trust's A&E service per annum. It is estimated that ~17% of these A&E visitors each year are for minor ailments, An NHS pharmacy at the hospital would allow a proportion of those who access A&E inappropriately to be triaged and sent (if appropriate) to an on-site pharmacy.

Minor ailments currently cost the Trust ~£700,000 per annum, (Ref Pfizer Healthy Partnerships data 2014). The Trust A&E data attached shows that:

- 38% of patients were released without treatment
- 9% left before treatment or refused treatment

These patients could have been seen by the Pharmacy with a significant saving to NHS A&E provision

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3. Improving patient choice and convenience

4000 staff work at the Trust and are unable to fulfill an FP10 Prescription at their place of work, having to travel over a mile to the nearest town centre pharmacy.

Stratford on Avon has a population of 26,000 served by 14 pharmacies whilst Warwick has a population of over 30,000 and is only served by 6 pharmacies clustered around the town centre area. Consequently, the population of Warwick is underserved by local NHS community pharmacy services.

Evidence suggests the current PNA is out of date with local findings of fact. To drill down into where Pharmacy is providing a less than adequate service locally we must look at the findings in the recent update in the Joint Strategic Needs Assessment (JSNA), which should inform the PNA. The PNA has not yet been updated to reflect this update in the JSNA and therefore cannot be relied upon.

What are Warwickshire's JSNA Priorities? (from 2014/15 Review of Warwickshire JSNA)

The outcome of the prioritisation process highlighted the following as key areas of focus:

- Looked After Children
- Educational Attainment of Disadvantaged Children • Vulnerable Young People • Mental Health Adults & Children • Dementia • Cancer
- Cardiovascular Disease • Weight Management
- Smoking/Smoking in Pregnancy • Substance Misuse & Alcohol • Young Carers • Adult Carers

For each of these individual priorities, a summary of the evidence used during the prioritisation process is presented in the JSNA. We will focus on one particular issue, The Management of Cardiovascular Disease where we believe pharmacy locally, and in particular the outpatient pharmacy at The Trust, could make a significant impact.

N.B. The colour coding given for each particular criteria (red, amber, yellow) refers to the whether it was assessed to be 'high', 'medium' or 'low' in the prioritisation matrix.

Cardiovascular Disease (CVD)

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Level of need - Volume	<ul style="list-style-type: none"> • CVD is an overarching term used to describe a family of diseases (including stroke, heart attack and peripheral vascular disease) which share a common set of risk factors. • 12.2% (53,100) of the population aged 16+ in Warwickshire are, 600) of the adult population are estimated to be living with Coronary Heart Disease (CHD), and 2.6% (11,300) with Stroke alone. • There are currently over 27,000 patients on GP registers for estimated and the observed prevalence. • CVD is the leading cause of death in Warwickshire
Level of need – Severity	<ul style="list-style-type: none"> • The level of need will vary depending on the diagnosis. CVD is a chronic condition.
Level of need – Trend	<ul style="list-style-type: none"> • In line with national trends, there continues to be an overall decline in the number and rate of deaths from CVD across Warwickshire. • Early mortality (under 75 years) rates from cardiovascular disease are significantly lower than the national rate, and
Level of need – Benchmarks	<ul style="list-style-type: none"> • Overall mortality rates for CVD in Warwickshire are significantly lower than the England average. However, prevalence is higher in parts of the County than nationally and regionally for CVD (the South) and higher for stroke.
Does the topic have early intervention implications?	<ul style="list-style-type: none"> • Most deaths caused by cardiovascular disease are premature and could easily be prevented by making lifestyle changes, such as eating a healthy diet, exercising regularly and stopping smoking. • The NHS health Check Programme was formally introduced in April 2009 as a key policy to reduce health inequalities and increase life expectancy from preventable CVD conditions.
What is the scale of inequality?	<ul style="list-style-type: none"> • There is considerable geographic variation across Warwickshire, and by age and gender. The under-75 mortality rate from CVD ranges from 37 per 100,000 population in Stratford-on-Avon to 63 in North Warwickshire. There is also variation in diagnosis and treatment by practice.
Estimated economic cost	<ul style="list-style-type: none"> • The combined cost of CVD to the NHS and the UK economy is £30 billion annually. The cost of CVD to the UK healthcare system in 2006 was £14.4 billion (around 48%); productivity losses account for £8 billion annually (26%) and the cost of informal care of people with
Top areas of focus	<ul style="list-style-type: none"> • CVD is the leading cause of death in Warwickshire. • The emergency admission rate for CVD for people living in the most deprived areas of Warwickshire is significantly greater than for those living in the least deprived areas. • Health promotion in order to prevent premature death from CVD.

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Looking at the JNSA Matrix where indicated RED, there is a high level of need with a high level of early intervention implication, with a high level of inequality.

Providing an NHS pharmacy at the Trust Hospital will serve to address this inequality by providing a number of innovative services:

1) Cardiac Rehabilitation

Strategically The Trust is currently creating a specialised cardio respiratory unit that will deliver Cardiac Rehabilitation Programmes to patients. This will comprise 75 beds, alongside 30 Medical Assessment Beds. The NHS Pharmacy team will work alongside other rehabilitation staff, e.g. physiotherapists, to provide smoking cessation, weight management, alcohol cessation programmes direct to the ward prior to discharge, as deemed appropriate for individual patients.

2) Stop Smoking

The Trust Hospital Site will be smoke free from 1st January 2016. Consequently the pharmacy will offer staff as well as patients stop smoking programmes as soon as possible. Furthermore stop smoking programmes will be offered to patients on the ward e.g. targeting the maternity unit whilst they are an inpatient and continued post discharge by follow up with their local community pharmacy. This will create stronger links with community pharmacists which will improve overall medicines management.

3) Admission Prevention

In a pilot study 11% of elderly admissions at the Trust involved a medicines related issue. The Trust is strategically setting up a virtual ward to manage this population cohort in their homes, with a plan that the pharmacy team will provide MURs.

We must consider the NHS Regulations for Granting of an NHS Pharmacy Contract.

With regard to Regulation 18 (1)(a) and (b) the granting of this application would secure a significant improvement and better access in relation to pharmaceutical services.

With regards to regulation 18 (2)(a) the granting of this application will lead to an improved provision of essential services in the pharmacy. It would also not cause significant detriment to the proper planning or arrangements for the provision of pharmaceutical services.

With regard to Regulation 18 (2)(b)(i) the unforeseen benefit of this application is significant improvement in access to pharmaceutical services as there is not presently reasonable choice for the services proposed. Granting this application would secure improvements and better access to pharmaceutical services.

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With regard to Regulation 18 (2)(b)(ii) and (iii) the application fulfills the criteria of providing an innovative service to Cardio Patients where there is a demonstrable need highlighted in the JSNA. Therefore on this point alone the application should be granted.

Conclusion

In Summary this application has identified 3 key areas of need (some outlined in the Warwickshire JSNA)

The on-site facility will provide an NHS Pharmacy Service to over 4000 staff and those who visit the hospital as patients or visitors

Utilising the New Medicine Service it will provide a service to those discharged inpatients

It will provide a needed OTC Medicines service to patients who would otherwise be attending A&E plus it will provide Health Promotion to Cardiac Rehab Patients and a smoking Cessation Service to Cardiac Inpatients

Lastly it will be able to provide domiciliary MURs to frail elderly patients who have a history of medicine related admissions.

I look forward to hearing from you in due course

Yours faithfully



Andrew Lane

Director CSPC (Pharmacy) Ltd

Enc. Dispensary Layout showing Consultation Room

Data on Minor Ailments at A&E

A&E Discharge breakdown

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