North Yorkshire County Council

Agenda

Meeting: Scrutiny of Health Committee

Venue: Council Chamber, Hambleton District Council Offices, Civic Centre, Stone Cross, Northallerton

Date: Friday 16 March 2018 at 10.00 am

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PLEASE NOTE THE CHANGE IN VENUE

Business

1. Minutes of the Scrutiny of Health Committee held on 15 December

(Pages 6 to 18)

2. Declarations of Interest

3. Chairman's Announcements - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

(FOR INFORMATION ONLY)

4. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have given notice to Daniel Harry, Principal Scrutiny Officer (*contact details below)* no later than midday on Tuesday 13 March 2018. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

Enquiries relating to this agenda please contact Daniel Harry on 01609 533531
or e-mail daniel.harry@northyorks.gov.uk
www.northyorks.gov.uk

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

5. **Mental health services – developing a position statement** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, NYCC

(Pages 19 to 21)

6. **Transforming adult and older people's mental health services in Hambleton and Richmondshire** – REPORT - Janet Probert Hambleton, Richmondshire and Whitby CCG and Adele Coulthard – Tees, Esk and Wear Valley NHS FT

(Page 22)

7. **Building a Sustainable Future for the Friarage Hospital, Northallerton** – PRESENTATION - Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust, Lucy Tulloch, Service Manager, Friarage Hospital and Janet Probert, Hambleton, Richmondshire and Whitby CCG

(Pages 23 to 27)

8. **Castleberg, Settle** – REPORT - update on engagement and consultation - Sue Pitkethly and Dr Colin Renwick, NHS Airedale, Wharfedale and Craven CCG

(Pages 28 to 32)

9. **Funding of Local Community Pharmacies** – PRESENTATION - Jack Davies, Local Pharmaceutical Committee

(Pages 33 to 47)

10. **Health impact assessment of pharmacy funding changes in 2017** – REPORT - Clare Beard, Public Health, NYCC

(Pages 48 to 53)

11. **Pharmaceutical Needs Assessment (PNA) for North Yorkshire 2018-21** – REPORT - Clare Beard, Public Health, NYCC

(Pages 54 to 57)

12. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, NYCC

(Pages 58 to 62)

13. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)
County Hall
Northallerton

8 March 2018

NOTES:

(a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

(b) **Emergency Procedures For Meetings**

Fire
The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the **Grand Meeting Room** this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance.

Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

Accident or Illness
First Aid treatment can be obtained by telephoning Extension 7575.

Scrutiny of Health Committee

1. Membership

County Councillors (13)				
	Councillors Name	*Chairman/Vice Chairman*	*Political Group*	*Electoral Division*
1	ARNOLD, Val		Conservative	Kirkbymoorside
2	BARRETT, Philip		NY Independents	South Craven
3	CLARK, Jim	Chairman	Conservative	Harrogate Harlow
4	COLLING, Liz	Vice-Chairman	Labour	Falsgrave and Stepney
5	ENNIS, John		Conservative	Harrogate Oatlands
6	HOBSON, Mel		Conservative	Sherburn in Elmet
7	MANN, John		Conservative	Harrogate Central
8	METCALFE, Zoe		Conservative	Knaresborough
9	MOORHOUSE, Heather		Conservative	Great Ayton
10	PEARSON, Chris		Conservative	Mid Selby
11	SOLLOWAY, Andy		Independent	Skipton West
12	SWIERS, Roberta		Conservative	Hertford and Cayton
13	WINDASS, Robert		Conservative	Boroughbridge

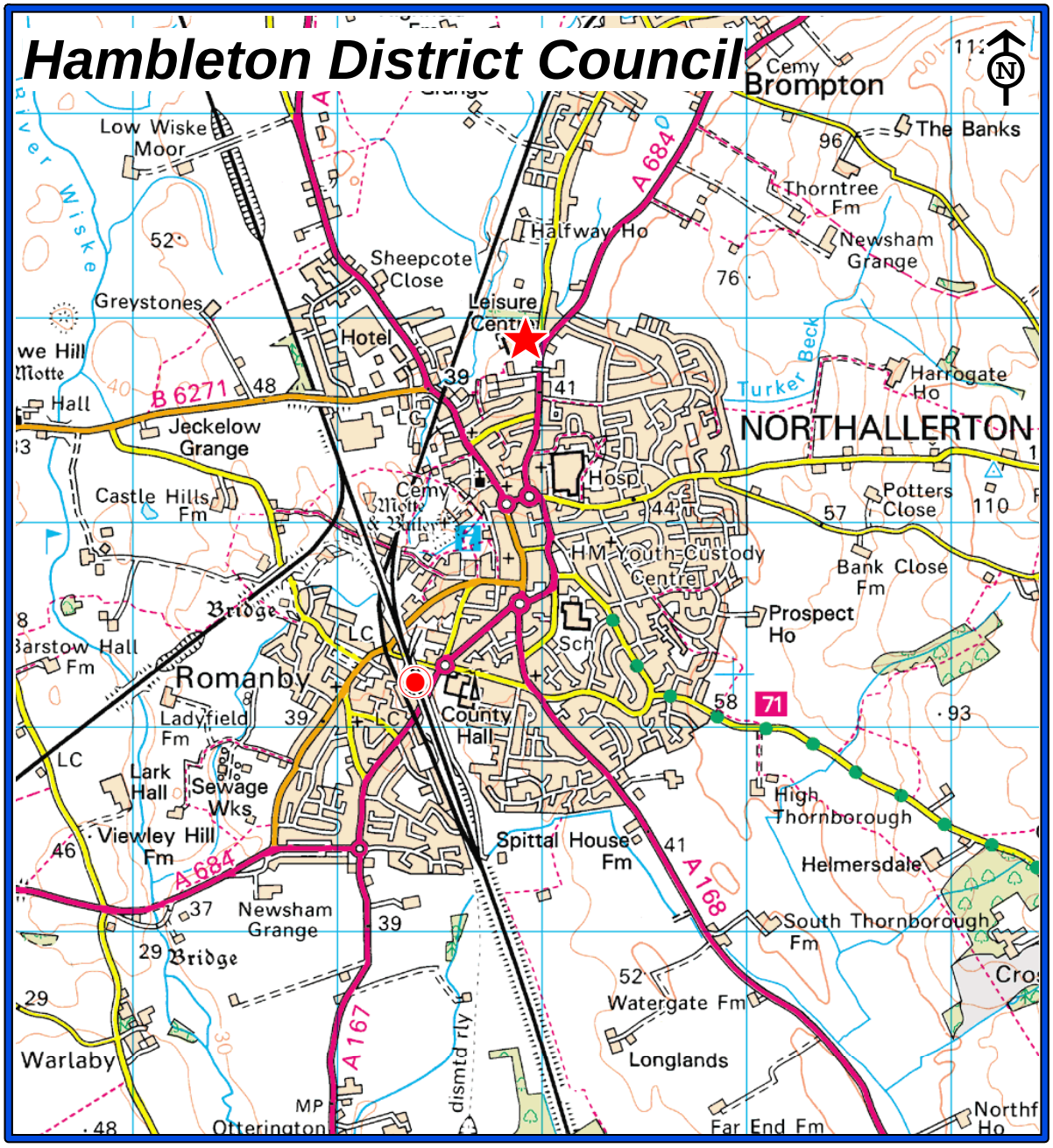
Members other than County Councillors – (7) Voting		
	Name of Member	*Representation*
1	HARDISTY, Kevin	Hambleton DC
2	CHILVERS, Judith	Selby DC
3	GARDINER, Bob	Ryedale DC
4	MORTIMER, Jane E	Scarborough BC
5	HULL, Wendy	Craven DC
6	SEDGWICK, Karin	Richmondshire DC
7	GALLOWAY, Ian	Harrogate BC
Total Membership – (20)		**Quorum – (4)**

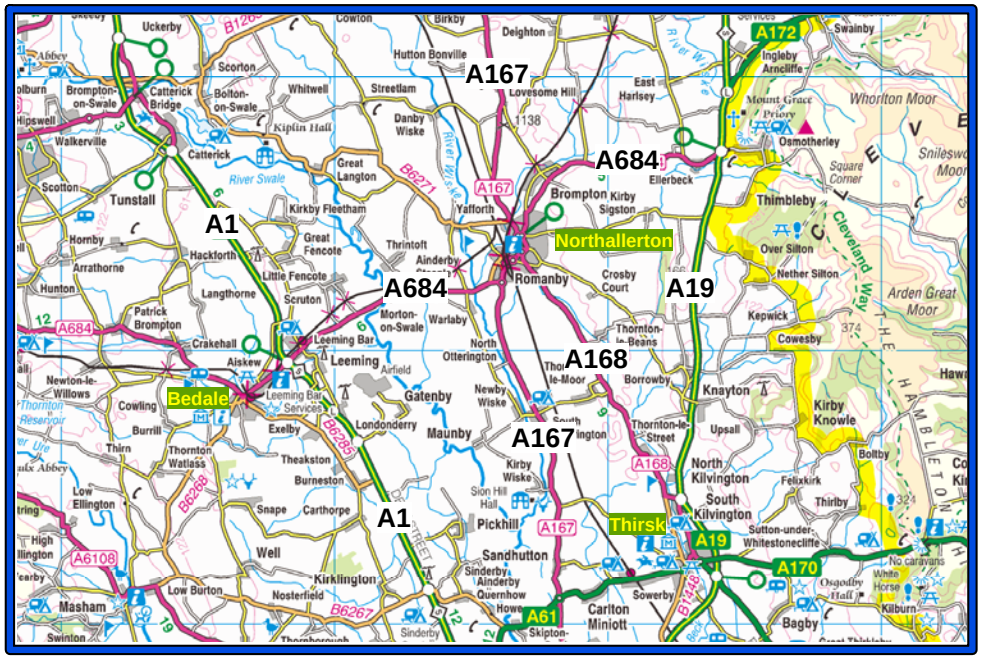
Con	**Lib Dem**	**NY Ind**	**Labour**	**Ind**	**Total**
10	**0**	**1**	**1**	**1**	**13**

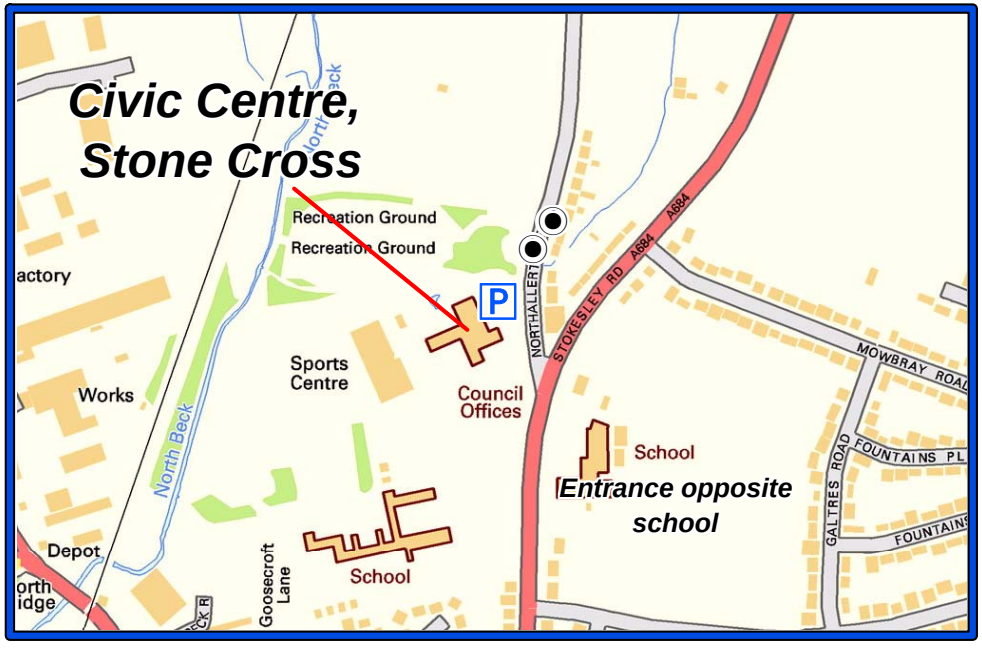
2. Substitute Members

Conservative		**NY Independents**		
	Councillors Names		*Councillors Names*	
1	BASTIMAN, Derek	**1**		
2	WILKINSON, Annabel	**2**		
3	MARTIN, Stuart MBE	**3**		
4	TROTTER, Cliff	**4**		
5	DUNCAN, Keane	**5**		
Labour				
	Councillors Names			
1	BROADBENT, Eric			
		Substitute Members other than County Councillors		
		1	VACANCY	(Hambleton DC)
		2	VACANCY	(Selby DC)
		3	SHIELDS, Elizabeth	(Ryedale DC)
		4	JENKINSON, Andrew	(Scarborough BC)
		5	BROCKBANK, Linda	(Craven DC)
		6	CAMERON, Jamie	(Richmondshire DC)
		7	HASLAM, Paul	(Harrogate BC)

Hambleton District Council







P **Visitor Parking at Stone Cross**

Northallerton National Rail Station

Bus Stops

Civic Centre
Northallerton Road
Brompton
North Yorkshire
DL6 2UU

North Yorkshire County Council

Draft – 22.12.17
North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 15 December 2017.

Present:-

Members:-
County Councillor Jim Clark (in the Chair)
County Councillors: Val Arnold, Liz Colling (Vice Chair), John Ennis, Mel Hobson, John Mann, Heather Moorhouse, Chris Pearson, Andy Solloway, Roberta Swiers, Robert Windass.

Co-opted Members:-
District Council Representatives:- Judith Chilvers (Selby), Ian Galloway (Harrogate), Bob Gardiner (Ryedale), Karin Sedgwick (Richmondshire), Kevin Hardisty (Hambleton)

In attendance:-
Janet Probert, Chief Operating Officer, Hambleton, Richmondshire and Whitby CCG
Lisa Pope, Deputy Chief Operating Officer, Hambleton, Richmondshire and Whitby CCG
Colin Martin, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valley NHS Foundation Trust
Dr James Dunbar, South Tees Hospitals NHS Foundation Trust
Dr Adrian Clements, South Tees Hospitals NHS Foundation Trust

County Councillor Caroline Dickinson, Executive Member for Public Health, Prevention, Supported Housing and STPs

County Council Officers:-
Clare Beard, Public Health, NYCC
Daniel Harry, Scrutiny Team Leader, NYCC
Louise Wallace, Health and Adult Services, NYCC
Matthew Slaney, Graduate Trainee, NYCC

Members of the public were in attendance

Apologies for absence were received from County Councillors: Philip Barrett, Wendy Hull (Craven) and Jane Mortimer (Scarborough BC).

Copies of all documents considered are in the Minute Book

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21. Minutes

Resolved

That the Minutes of the meeting held on 22 September 2017 be taken as read and be confirmed and signed by the Chairman as a correct record.

22. Any Declarations of Interest

There were no declarations of interest to note.

23. Chairman's Announcements

The Chairman provided the Committee with an update relating to the following matters:-

Ongoing meetings with health leads
The Cllr Jim Clark outlined the series of meetings that he had held with health commissioners and providers since the last meeting of the committee, as summarised below:

- 26 September - Amanda Bloor, HRD CCG
- 3 October – Simon Cox, SR CCG
- 27 October – Phil Mettam, VoY CCG
- 31 October – Bridget Fletcher, Airedale Hospital
- 14 November – Simon Pleydell, HCV STP
- 27 November – Amanda Bloor, HRD CCG and Adele Coulthard, TEWV
- 7 December – Ros Tolcher and Angela Schofield, Harrogate Hospital.

Sustainability and Transformation Partnerships (STPs)
Cllr Jim Clark said that there was no formal agenda item on STPs but that the current position could be summarised as follows:

West Yorkshire and Harrogate - the provision of specialist, emergency hyper acute stroke services and interventions could move from Harrogate to Leeds. Consultation on this not until after the May 2018 local government elections. Joint Health Overview and Scrutiny arrangements are in place but looking at individual work streams and not the programme as a whole. Joint work across health commissioners and providers in the STP is strong and they are moving towards the creation of an Accountable Care System by 1 April 2018.

Durham Darlington Tees and HRW – the STP is included in the Accountable Care System for the North East and Cumbria. Proposals for changes to acute services are under development with likely consultation in April 2018 onwards. Joint Health Overview and Scrutiny arrangements are in place but there is a sense amongst members that nothing meaningful has been achieved to date.

Humber Coast and Vale - Simon Pleydell has been appointed as the new Chair of the STP. Work is underway to re-establish the partnership, local leadership and firm up the STP Plan. A significant leadership meeting has been planned for December 2017. No transformational service changes are planned at this stage, however, officers are keeping this under review. No Joint Health Overview and Scrutiny arrangements are yet in place.

Suicide rates, suicide prevention and the House of Commons Health Committee 'Suicide Prevention Inquiry Report'

The Chair, Vice Chair and Daniel Harry met with Public Health officers Claire Robinson and Stephen Miller on Friday 24 November 2017 to review suicide prevalence in the county, the response to it and how effective that response was. The Chair noted that this was an exploratory discussion and that there would be follow up at the Scrutiny of Health Mid Cycle Briefing on 26 January 2018, when a number of other issues relating to mental health need and the commissioning and provision of services would be reviewed.

Castleberg, Settle
Cllr Jim Clark stated that a three-month consultation on the future use of the Castleberg Hospital site was launched on 14 November 2017 and that part of this, two options were being proposed:

- Option one - continue to provide inpatient care in the community and repair/restore Castleberg Hospital
- Option two - provide care in people's homes or in an alternative community setting (determined by need), and close Castleberg Hospital.

Cllr Jim Clark encouraged all those around the table to participate in the consultation and to encourage others to do so.

Scarborough and Ryedale procurement
Cllr Jim Clark noted that North Yorkshire County Council had been unsuccessful in their bid to tender for Scarborough and Ryedale community health services. Humber NHS Foundation Trust has been appointed as the preferred bidder.

Cllr Jim Clark said that representatives of the Humber NHS Foundation Trust would be invited to a future meeting of the Scrutiny of Health Committee to give an outline of the services that they will be offering and how they are different from previously.

Whitby Hospital
Cllr Jim Clark stated that York Teaching Hospital NHS Foundation Trust is pulling out of the existing contract to provide outpatient services as of May 2018. Work was underway to find an alternative provider.

SNAP survey
Daniel Harry said that a link will be sent to committee members after the meeting to enable them to complete a SNAP survey. This is an anonymous on-line survey that is intended to gain a better understanding of how well scrutiny is working at the Council.

Additional meeting of the committee
Daniel Harry stated that an additional meeting of the committee has been requested to consider the proposals for consultation on the services provided at the Friarage Hospital, Northallerton. It is likely that this will be held on 25 May 2018. The date that was previously held for this meeting, 23 February 2018, will now be used to enable other matters to be scrutinised.

24. Public Questions or Statements

There was a question from Mr Jim Forrest, Northallerton Over Fifties Forum (NAOFF), as follows:

"How is TEWV going to meet the Out of Area Patient (OAP) NHS England targets by 2020 under the proposed option that has been selected?
It cannot meet those targets now even with the current wards 14 and 15 existing at the Friarage. With Option 2 selected, all the inpatients will be OAP's, all out of North Yorkshire."

Cllr Jim Clark thanked Mr Forrest for his question and attending the meeting of the committee. He asked representatives of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to respond to this under Item 6 'Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire'.

25. County Council Notice of Motion on Mental Health Services in Northallerton and Harrogate

Considered -

The report of the Scrutiny Team Leader providing Members with an opportunity to discuss the Motion that was put to County Council on 8 November 2017, taking into account the views of the Area Committees, agreeing a recommendation to Executive

to consider at its meeting on 16 January 2018, ahead of a referral back to the meeting of County Council in February 2018.

County Councillor Geoff Webber spoke to the committee in relation to the second part of the Notice of Motion on mental health services in Harrogate. Cllr Webber raised the following points:

- A recent public event held in Harrogate by TEWV had an inherent bias towards change and a move away from the status quo
- Options were not presented for the improvement of the current services
- Concerns were raised that mental health in-patient services in Harrogate could be closed and that in-patient care would be transferred to York
- Any transfer to York would have a significant impact upon carers and relatives, who would face a long round trip using public transport, when making visits
- The Scrutiny of Health Committee existed to represent the electorate and not to act as an apologist for the Clinical Commissioning Groups (CCGs) and other health commissioners
- The Scrutiny of Health Committee needed to put a marker down now and protect services.

Cllr Jim Clark thanked Cllr Webber for attending the committee. In response to some of the issues raised, Cllr Jim Clark said that the public engagement on mental health services in Harrogate and the surrounding area is only engagement and not a formal consultation. Consultation in expected to take place after the May 2018 local government elections.

Cllr Jim Clark reaffirmed his commitment to improving mental health services in the county and the role that the Scrutiny of Health Committee had to play as a non-partisan group of county and district councillors that worked together to consider evidence and facts before coming to a decision. Cllr Jim Clark expressed his sadness that discussions around mental health service reconfiguration were becoming increasingly politicised and that rumours and misinformation were being circulated that unduly increased anxiety amongst some of the most vulnerable people in the local community.

Daniel Harry then introduced the report that he had written for committee members, agenda Item 5a 'Overview of mental health service reconfiguration', which provided a summary of some of the changes to mental health services in and around the county that have either been proposed or that are underway. Daniel Harry asked the committee to consider the recommendation that a piece of work be done with NYCC Public Health to establish what level of investment, services and care would be expected for the people of North Yorkshire, when the geography, demography and level of need is taken into account. The intention being that this could then be used as a basis for comparison with the services that are being developed by the Clinical Commissioning Groups, the Tees, Esk and Wear Valleys NHS Foundation Trust and the Bradford District Care NHS Foundation Trust.

Cllr John Mann asked that a review of mental health funding be included.

Cllr Heather Moorhouse said that the needs of different populations within North Yorkshire would need to be taken into account.

Resolved -

(a) That the concerns raised by the Councillors who proposed the Notice of Motion and the issues raised by the Members of the three Area Committee were considered.

(b) Regarding the Notice of Motion, recommend to Executive that the North Yorkshire Scrutiny of Health Committee continues to lead the scrutiny of

proposals for changes to mental health services in the county and report back to Council as appropriate.

(c) The committee to hold an internal workshop at 10am on Friday 23 February 2018 to review a blueprint of what you would expect mental health services to look like in the county, if you were to start from scratch based upon levels and of need and best practice models for delivery.

26. Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire

Considered -

Presentation by Janet Probert and Lisa Hope, Hambleton, Richmondshire and Whtiby CCG, Colin Martin, Chief Executive and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust

Daniel Harry circulated a paper copy of an email that had been received from County Councillor John Blackie on the day of the committee meeting, raising a number of concerns about the closure of mental health in-patient wards at the Friarage.

Janet Probert and Adele Coulthard gave the presentation, the key elements of which are summarised as below:

- The aim is to transform services across 5 key themes: more recovery-focussed, community services; increase treatment and support; access to specialist inpatient care; evidence-based treatment; working closely with GPs
- Three options were developed and consulted upon, with Option 2 the preferred option (enhanced community and crisis services with inpatient care provided at the nearest neighbouring hospital in either Darlington or Middlesbrough)
- 65% of those people who engaged in the formal consultation supported Option 2 (289 respondents)
- 74% of those people who engaged in the formal consultation stated they believed that Option 2 would result in better services
- 72% of those people who engaged in the formal consultation stated they believed that Option 2 would help get care closer to home for a majority
- People responding to the formal consultation raised concerns about transport and access to services as well as the impact of the closure of the mental health in-patient wards at the Friarage upon its long term sustainability
- 21 out of 22 GP practices in Hambleton and Richmondshire were supportive of Option 2
- The reconfiguration has to go through NHS England processes and take into account the findings of the Northern Clinical Senate
- The Hambleton, Richmondshire and Whitby CCG Governing Body unanimously approved Option 2 at their Governing Body meeting on 26 October 2017.

Janet Probert confirmed that the next steps were to develop a strategy and a service specification for the transformed service, to better understand the timeline for the refurbishment of Roseberry Park, and to form an implementation group with service users. Janet Probert emphasised that co-production with service users was key to the success of the reconfiguration and the development of the community hub at the Friarage.

In response to specific queries about future of the Friarage, Janet Probert said that the closure of the in-patient wards will not have a negative impact upon the long term sustainability of the Friarage Hospital.

Cllr Jim Clark reminded the committee that the early findings from the recent public engagement on the services being delivered at the Friarage Hospital would be

discussed under Item 7 'Development of services at Friarage Hospital, Northallerton – update on engagement'.

Responding to the public question that had been asked by Mr Forrest, Janet Probert stated that the definition of 'out of area' that was worked to was one of 'not cared for within the normal care pathway'. In the case of patients in Hambleton or Richmondshire, the normal care pathway is currently the Friarage in Northallerton, West Park in Darlington and Roseberry Park in Middlesbrough.

Colin Martin said that out of area placements were a key performance indicator for TEWV. Whilst people do not leave the Trust, Colin Martin acknowledged that the Trust covered a large area.

Colin Martin stated that the development of enhanced community services with long hours, weekend cover and more integrated services should mean that there is less and less reliance on in-patient services over time.

Cllr Liz Colling queried whether NHS England use a standard definition of what an 'out of area' placement was.

Colin Martin said that there was a standard definition and that the TEWV interpretation was not moving the goalposts. Colin Martin then referred to a report by Lord Nigel Crisp on the issues facing adult patients in England needing acute care for mental health problems, which stated that in-patient care should be available for people within a 50km (33 mile) radius of where they live. Colin Martin said that the out of area criteria was a balance between the NHS England definition and the Lord Nigel Crisp definition.

Cllr Jim Clark asked whether Mr Forrest wanted to ask a supplementary question.

Mr Forrest stated that the definition of 'out of area placements' appeared to have changed and that whilst an increase in community-based services was welcomed, there remained an issue about the lack of transport infrastructure in the county that would enable carers and relatives of visit loved ones when an in-patient.

Janet Probert acknowledged that transport was recognised as being an issue and said that work was being done with a number of partners including the County Council to see what options there were with community transport.

Cllr Heather Moorhouse queried where the community services would be based and how they would operate.

Adele Coulthard said that staff will be based at community hubs at Colburn and the Friarage in Northallerton and that they will go out to see people in their homes. The intention would also be to move people from in-patient care to community-based care, as and when appropriate.

Adele Coulthard stated that community-based mental health services were being aligned with health and social care services and that they were working towards a joint offer across mental and physical health.

Cllr Jim Clark then asked those present from TEWV to work through the slide in the presentation entitled 'Next Steps', the penultimate slide, providing more detail. The subsequent responses from TEWV representatives are summarised as below:

- The refurbishment of Roseberry Park in Middlesbrough has just started and will be up to full speed in January 2018. It is difficult to know the extent and complexity of the corrective works required to the building until one block has been refurbished. The current date for completion of the work is July 2018.

- The in-patient wards at the Friarage will not be closed until the work at Roseberry Park has been completed
- The development of the new community hub on the Friarage Hospital site is likely to start around the end of 2018. It is anticipated that this would be a 9 months build and so the new service would open in late summer 2019. The work would need to be synchronised with the operation of the hospital and the build of the new cancer facility.
- Service users are involved in the design of the community hub and community services.

Cllr Val Arnold said that people needed to be kept up to date with developments and not left worrying about the future of services based on what they were hearing from elsewhere.

Cllr Kevin Hardisty noted concerns about the timescales for the development of the community hub on the Friarage Hospital site.

Colin Martin agreed that the timescales were ambitious but that he did not want to let the completion date slide.

Cllr Andy Solloway said that what was being developed at the Friarage looked impressive and that it was something that could only be dreamed of in Craven. Cllr Andy Solloway also stated that it was a shame that an issue of such local importance as the reconfiguration of mental health services had been politicised.

In summing up, Cllr Jim Clark said that the strength of feeling was understandable but that the committee had to make judgements based upon facts. Mental health services in the county were improving and TEWV had done a great deal of good since taking on most of the mental health services in North Yorkshire.

Cllr Jim Clark said that the committee would maintain an ongoing review of the reconfiguration of mental health services in Hambleton and Richmondshire.

Resolved -

(a) Thank Janet Probert, Lisa Pope, Adele Coulthard and Colin Martin for attending the committee meeting

(b) The email received from Cllr John Blackie on the closure of mental health in-patient wards at the Friarage to be circulated to all members of the committee

(c) A copy of the report of the Independent Commission led by Lord Nigel Crisp that was set up in 2015 to address the issues facing adult patients in England needing acute care for mental health problems, be circulated to the committee (referencing the guidance in travel distances to services)

(d) That the impact of proposed service changes upon travel times is taken into account

(e) That some assurances are given regarding the long term sustainability of the new service models

(f) That the move of funding from in-patient services to community services is done in an open and transparent way

(g) That service users continue to be engaged in all aspects of the transformation of community and in-patient mental health services in Hambleton and Richmondshire

(h) That a countywide view of mental health service commissioning and provision is adopted by CCGs, TEWV and partners

(i) Come back to the meeting of the Scrutiny of Health Mid Cycle Briefing on 26 January 2018 and the Committee meeting on 16 March 2018 to update on progress, specifically the timelines and milestones for reconfiguration.

27. Building a Sustainable Future for the Friarage Hospital, Northallerton

Considered -

Presentation by Dr Adrian Clements and Dr James Dunbar, South Tees Hospitals NHS Foundation Trust and Janet Probert, Hambleton, Richmondshire and Whitby CCG to provide an update on the public engagement that has taken place to date.

Dr Adrian Clements introduced the presentation, the key points of which are summarised below:

- There are workforce pressures in the following areas: A&E; 24/7 anaesthetic cover; critical care unit; and acute medicine service
- It is no longer possible to make do with temporary fixes, like use of locums and changes to rotas
- 11 public events have taken place with over 420 people in attendance
- 18 further community events are planned
- There was cynicism, based upon previous management of service reconfiguration at the Friarage
- There is a lack of understanding about clinical independencies of services
- Transport a key issue
- Ambulance response times also an issue
- A report on the outcome of the public engagement be made public before potential formal consultation begins.

Dr Adrian Clements acknowledged that people did not necessarily trust the management at South Tees and that more needed to be done to re-build that trust and work together to develop a sustainable future for the Friarage.

Dr Adrian Clements said that the Royal College of Emergency Medicine was due to visit the Friarage on 19 December 2017 and that the Royal College of Anaesthesia had previously visited on 7 December 2017 and their report was due. The Colleges were helping with the development of options for how services couold be delivered at the Friarage.

Cllr Heather Moorhouse noted that concerns remained that there was a plan to close the Friarage by stealth.

Dr James Dunbar said that the South Tees Trust was committed to the Friarage and the development of a sustainable model for the delivery of health service there for the next 10 to 15 years. There had been substantial investment in the site recently, including the Sir Robert Ogden Macmillan Centre and the MRI Scanner. New services were also being considered for location at the Friarage, such as Opthamology.

Cllr Jim Clark said that he felt confident that there were no plans to close the Friarage. Reassurances had been received from Siobhan McArdle, the Chief Executive at South Tees Hospitals NHS Foundation Trust, that the intention was for the Friarage, Darlington Memorial and the James Cook to work together to provide services for the people in the northern part of the county.

Daniel Harry then passed around a paper that had been received from Cllr Jack Dobson at Northallerton Town Council, which referred to medical services at the Friarage.

Cllr Jim Clark referred to the paper and stated that this would not be accepted by the committee until such time as legal advice could be sought. The concern was that it was not clear who the paper was originally from and so the contents could not be readily validated.

Cllr Kevin Hardisty said that local people were passionate about the Friarage and that the information that had been received at the meeting, concerning efforts to develop the hospital, was very welcome. The issue for South Tees remained one of getting the message out there and challenging the mis-information and rumour that was causing so much upset and distress locally. Cllr Kevin Hardisty stated his support for the work being done by South Tees, the engagement to date and the efforts of the speakers.

Janet Probert reiterated that the public engagement that had been undertaken to date was public engagement only and not a formal consultation.

Cllr Jim Clark noted that there was still some way to go yet and that a date for the launch of the formal consultation had been pencilled in for May 2018.

Janet Probert then gave an overview of two amendments to services at the Friarage that were relevant to the discussions, the standby ambulance that currently supports the nurse-led maternity service and the Short Stay Paediatric Assessment Unit.

Regarding the Short Stay Paediatric Assessment Unit, the service has been reviewed to understand how it could be delivered more effectively and efficiently. The service will still look after the same children but may look different.

Regarding the standby ambulance, Janet Probert said that a report had been circulated with the papers for the committee meeting outlining the rationale for the standby ambulance, how often it is used, how much it costs and what similar areas with nurse-led maternity services do. In summary, the standby ambulance is expensive (£693,000 per annum), used relatively infrequently (less than 1 a week) and one of a kind. It is increasingly difficult to justify having it, particularly when Yorkshire Ambulance Service would be able to undertake any emergency transport from the Frariage to the James Cook Hospital at Middlesbrough. Janet Probert confirmed that the ambulance would be withdrawn from 1 April 2018.

Daniel Harry circulated a paper copy of an email that had been received from County Councillor John Blackie on the day of the committee meeting, raising a number of concerns about the removal of the standby ambulance.

Cllr Jim Clark said that he understood why Cllr Jim Blackie was concerned but that there was insufficient evidence presented to the committee for the process to be stopped. Cllr Jim Clark re-iterated that the decisions made by the committee had to be evidence-led and not based upon unsubstantiated concerns, conjecture and assumptions.

Cllr Heather Moorhouse said that surely expectant mothers would be assessed early on as to whether they needed care at the James Cook, due to a particular risk, or whether it was appropriate that they stayed at the Frairage.

In summing up, Cllr Jim Clark thanked Janet Probert for bring this matter to the attention of the committee.

Resolved -

Building a Sustainable Future for the Friarage Hospital

(a) Thank Janet Probert, Dr Adrian Clements and Dr James Dunbar for attending the committee

(b) Request that every effort is made to engage with a broad range of people and not just those people that are usually involved in consultation and engagement events

(c) Committee members encourage people in their area to take part in this and other consultation and engagement events on health services in and around the county

(d) Request further updates are brought to the meeting of the Scrutiny of Health Mid Cycle Briefing on 26 January 2018 and the Committee meeting on 16 March 2018

(e) Seek confirmation that the date that is being held for the launch of the consultation, 10am on 25 May 2018, can be confirmed.

Standby ambulance and Short Stay Paediatric Assessment Unit

(a) Thank Janet Probert for bring these issues to the attention of the committee

(b) The email received from Cllr John Blackie on the standby ambulance service at the Friarage to be circulated to all members of the committee

(c) Request that Janet Probert provide an update, 6 months after the changes have been made, on any issues that have arisen.

28. Winter Pressure and Delayed Transfers of Care

Considered -

Presentation by Louise Wallace, Assistant Director of Health and Adult Services, providing an overview of the potential pressures upon the health and social care system associated with winter and what plans are put in place to mitigate them.

Louise Wallace introduced the presentation by highlighting a number of risks that contributed to an increase in hospital, including icy roads, slips and trips, increases in respiratory exacerbations and influenza. Some of the key elements of the presentation are summarised as follows:

- Winter pressures upon the NHS have been an issue for the past few years. Plans are in place and the NHS works closely with local government
- Activity is co-ordinated through the North Yorkshire Winter Health Strategy 2015-2020 and the North Yorkshire Seasonal Winter Health Strategic Partnership
- There are four A&E Boards in the county that are attended by Assistant Directors from Health and Adult Services. The A&E Boards each have a winter resilience plan, which has to be signed off by NHS England.
- Social care is available to participate in daily conference calls regarding managing demand and pressure in system pressure
- Delayed Transfers of Care (DToC) is a key measure that is used. There are improving trends locally.
- A key issue is building capacity in social care and to support people in the community so that there are no unnecessary readmissions to hospital.

Janet Probert said that it was important to focus upon prevention, identification of people at risk and early intervention that could support people in the community.

Hospital stays for older people beyond the need for immediate critical care could be risky and affect their long term health outcomes.

Cllr John Mann queried the role that the Out of Hours GP Service had to play and whether they were able to plan for peak demand over the winter period.

In response, Janet Probert said that the peak demand was well known and planned for. Also, that extended hours had been introduced in North Yorkshire across a number of key sites, which would help with the management of high demand for services and also offer an alternative to going to hospital.

Cllr John Ennis queried whether the progress that had been made with the reduction in DToCs had been at the expense of an increase in hospital re-admissions.

Janet Probert said that this did not appear to be the case. Also, that re-admissions were not a bad thing per se as medical staff often make a judgement that someone would be better off in their own home whilst accepting that their condition may then deteriorate and that they then need to be re-admitted to hospital.

Resolved -

(a) Thank Louise Wallace for attending

(b) Request that an overview of how well services have performance and managed demand over the 2017/18 winter period be brought back to a future meeting of the committee.

29. Pharmaceutical Needs Assessment for North Yorkshire 2018-21

Considered -

Report of Clare Beard, Public Health, North Yorkshire County Council updating on progress made with the development of the Pharmaceutical Needs Assessment (PNA), identifying key issues and enabling the committee to comment as part of the 60 day public consultation.

Clare Beard introduced the report and made the following comments about the PNA:

- Engagement of key stakeholders in the development of the PNA has been good
- The PNA has not revealed any immediate concerns in terms of gaps in service delivery and access to community pharmacies
- Overall, North Yorkshire has better provision of community pharmacies then other areas of England
- There is an issue relating to access to community pharmacies in areas that neighbour North Yorkshire. As such, all neighbouring PNAs are under review
- Community pharmacies continue to play a key role in supporting self-care in the community
- The consultation will be open until midnight on 11 February 2018
- The final draft of the PNA will be published in March 2018 and go to the North Yorkshire Health and Wellbeing Board for sign off.

Cllr John Ennis queried whether all community pharmacies had private spaces set aside where confidential consultations could be held.

Clare Beard said that there was a commitment from community pharmacies in North Yorkshire to have these spaces in place wherever possible but that sometimes there were difficulties posed by the structure of the building.

Cllr Liz Colling, a member of Community Pharmacy North Yorkshire, stated that all bar one community pharmacy in the county had a consultation area. One of the key issues, however, was ensuring the provision of hand washing facilities.

Cllr Andy Solloway noted that the PNA had shown that North Yorkshire had comparatively good provision of community pharmacies. As such, was there a risk that the PNA would be used by central government as evidence to reduce funding to the county.

In response, Clare Beard said that would not be that case and that the local market was healthy and expanding with new entrants coming in. The real challenge, which is as yet unquantifiable, is that from on-line pharmacies.

Resolved -

(a) Thank Clare Beard for attending

(b) Committee members encourage people in their area to take part in this and other consultation and engagement events on health services in and around the county

(c) Request that the outcome of the consultation and any resultant changes to the PNA are brought back to the meeting of the committee on 16 March 2018.

30. Health and Social Care Workforce Planning

Considered -

The report of the Scrutiny Team Leader presenting the draft report of the joint scrutiny on health and social care workforce planning by the Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee, for Members to review. In doing so, identifying any gaps, omissions or inaccuracies, and assuring themselves that the recommendations are specific, realistic and relevant to the evidence base presented in this report.

Daniel Harry summarised the key findings in the report and gave an overview of the recommendations. He noted a slight amendment to the recommendations at a national level, changing "The committees write to HM Government" to "The committees write to the Secretary of State for Health, the Chair of the House of Commons Select Committee on Health, the Shadow Secretary of State and North Yorkshire's MPs".

Daniel Harry suggested that members agree the report in principle, as had been the case at the Care and Independence Overview and Scrutiny meeting on 14 December 2017, subject to any further minor amendments required. Daniel Harry suggested that members get back to him by 31 December 2017 with any necessary revisions.

Cllr Val Arnold, as a member of the task and finish group, said that the report reflected the discussions that had taken place and the evidence that had been submitted. Cllr Val Arnold asked that the work that Daniel Harry and Ray Busby had done to support this piece of work be noted.

Cllr John Ennis echoed the statement by Cllr Arnold and said that the Care and Independence Overview and Scrutiny Committee members had supported the recommendations at their meeting of 14 December 2017.

Cllr Jim Clark said that the recommendations were strong but relevant and appropriate. The workforce pressures being faced across health and social care in the county need to be addressed, if there are to be services that are sustainable in the long term.

Resolved -

(a) Endorse the report and its recommendations, with any further points of clarification or amendment being sent to Daniel Harry by 31 December 2017

(b) Thank the members of the task and finish group, scrutiny officers and all those who contributed to the report for all of their work

(c) The report to go to the next available meeting of the Health and Wellbeing Board for consideration

(d) Letters to the Secretary of State for Health, the Chair of the House of Commons Select Committee on Health, the Shadow Secretary of State and North Yorkshire's MPs to be written and sent as soon as possible, by the Chair of the Committee.

31. Work Programme

Considered -

The report of the Scrutiny Team Leader, North Yorkshire County Council, for the Committee to discuss and check that the Work Programme reflects the key issues that need to be addressed.

Resolved -

(a) That the report be noted.

(b) That any Committee Member that had an issue that they felt needed inclusion on the Work Programme send this to Daniel Harry so that it could be discussed by the Chair, Vice-Chair and Spokespersons at the next Mid Cycle Briefing.

The meeting concluded at 12:45

DH

North Yorkshire County Council
Scrutiny of Health Committee

Mental health services – developing a checklist

Daniel Harry, Democratic Services and Scrutiny Manager, NYCC

Purpose of report
To outline an early view of what a set of criteria or checklist for mental health services could look like, based upon the discussions at the closed session of the committee on 23 February 2018.

Members are asked to review the report and:
1. identify any areas for amendment and/or any additions
2. comment on the proposed next steps.

Background

The committee held a closed session on 23 February 2018 to gather evidence from a range of sources about the type of mental health services that are currently provided in North Yorkshire and also what types of services could reasonably be expected to be in place, when compared to neighbouring areas.

This then would help inform scrutiny by the committee of the reconfiguration of mental health services in North Yorkshire.

There were a number of actions agreed at the closed session, including:

1. Develop a set of criteria or a checklist for the Scrutiny of Health committee to use when scrutinising mental health service reconfiguration. This could be drafted for discussion at the next meeting of the committee on 16 March 2018. Once complete this could then be taken to: NYCC Executive; NYCC Full Council in May 2018; the proposed North Yorkshire mental health summit
2. Undertake follow-up discussions with the CCGs and also with the voluntary and community sector
3. Consider commissioning an independent piece of work on what mental health services should look like in North Yorkshire.

This report begins to develop the criteria or checklist referred to in 1).

Five Year Forward View

The Five Year Forward View for Mental Health (2016) set out a series of priority actions for the NHS to make progress on by 2020/21. It specifies 57 recommendations. It is these actions and recommendations that the commissioners and providers of mental health services in the county are working towards. It is likely, however, that a number of these will not be achieved due to historical under-investment in mental health services in the county over the past 30 years.

The progress with the implementation of the actions and recommendations are monitored by NHS England through a performance dashboard that has 35 technical performance indicators. The dashboard also identifies funding for mental health services.

The Five Year Forward View is a national policy document that does not necessarily take into account issues particular to North Yorkshire. Whilst the committee will monitor progress with the implementation of the plan, the development of a local set of criteria or a checklist provides an opportunity for the committee to establish a local baseline against which the commissioning and provision of mental health services can be judged. It also creates an opportunity for the committee to influence policy development and the reconfiguration of mental health services in the county.

A copy of the report is available via the following link - https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Criteria or checklist

The following are drawn from the discussions at the closed session of the committee on 23 February 2018. They are intended to be questions that elicit a YES/NO response and so help members assess proposals for the reconfiguration of mental health services in the county:

- Transitions of care - are all transitions of care are managed effectively with continuity of care between children's and adult mental health services and in-patient and community-based services?

- Talking therapies – is there a full range of talking therapies available and accessible in a timely way to people who need them, including specialist psychotherapy?

- Specialist mental health services – is there timely access to specialist mental health services in the county for those people who need them, including: perinatal mental health services; early intervention in psychosis services; community forensic and court diversion services; personality disorder services; neuropsychology and neuropsychiatry services; ASD/ADHD treatment services for adults; community-based eating disorder services; self-harm services; and specialist organic care home liaison services?

- Primary care – are mental health services and interventions available in primary care and are GPs supported in the identification and referral of people with mental health problems?

- Crisis care and intervention – is community-based crisis care available across the county so that people do not have to go to in-patient facilities by default?

- Prevention and early intervention – are a broad range of service commissioners, providers and the voluntary and community sector involved in the development of prevention and early intervention services?

- Resources – is health and social care funding for mental health services allocated according to need and according to historical agreements?

- Recovery – is there a commitment to provide long term support for people with mental health problems and not to discharge people from support who have long term mental health conditions?

- Mentoring and support – is there sufficient support for community-based resources and drop-ins for people with mental health problems that will assist with recovery and prevention and early intervention?

- Holistic approach – is a person presenting with mental health problems treated as a whole person and not just the medical condition that they have. As such, is there sufficient focus upon physical health, employment and housing?

- Transport and access – can community based services be accessed by public or community transport?

- Waiting lists – are there waiting lists for access to treatment, including talking therapies? If so, then do the waiting times have a negative impact upon service user health outcomes?

There is a 20-30 year legacy of under-investment in mental health services in the county. It is acknowledged that this is not the sole responsibility of the Clinical Commissioning Groups (CCG) and that it will take time to close the funding gap that has emerged. It is important, however, that the funding gap is closed. As such, there may be value in developing a plan that will enable the NHS expenditure on mental health services as a proportion of the overall spend on NHS services in the county (9%) to increase in line with the average for similar areas (12%).

Next steps

Once members of the committee have been able to review the draft criteria or checklist, we will seek input from the Clinical Commissioning Groups that commission mental health services for the people of North Yorkshire, Healthwatch North Yorkshire and representatives from voluntary and community groups that support people with mental health problems. This would then enable the committee to assure itself that the draft set of criteria or checklist is realistic, evidence-based and reflects commissioner, provider and service user views and perspectives.

Thereafter, the finalised version could be taken to the Council's Executive and County Council meetings as part of the Council's policy development process.

The finalised version could also be input into the countywide summit on mental health services that is likely to take place in late spring or early summer.

Recommendation

Members are asked to review the report and:
1. identify any areas for amendment and/or any additions
2. comment on the proposed next steps.

Daniel Harry
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NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Update to North Yorkshire County Council Scrutiny of Health Committee: March 16th 2018

Presented by:
Janet Probert, Accountable Officer, HRW CCG
Adele Coulthard, Director of Transformation, TEWV NHS FT
Lisa Pope, Deputy Chief Operating Officer, HRW CCG

Transforming Mental Health Services in Hambleton and Richmondshire – implementation progress briefing

We continue to work hard to deliver the outcome of the TMHS consultation on the delivery of more modern mental health services for adults and older people in the Hambleton and Richmondshire area.

We continue to be committed to transforming current services in order to deliver high quality; recovery focussed patient care as close to patients homes as is possible, delivered in an holistic manner through integrated partnership working.

However, the building revisions required at Roseberry Park have impacted upon the ability for this service change to take place to the planned timescale of July 2018. Timescales are currently being revised as the picture for Roseberry Park becomes clearer.

Whilst it is disappointing that we cannot move at the pace anticipated, this pause allows us to work in even greater depth in the interim period to develop the implementation tools and stakeholder engagement elements of the project.

Thus far, since January 2018 we have:

- Developed a draft commissioning strategy which articulates the strategic next steps for this work and how it integrates with the wider NYCC mental health strategy implementation
- Developed an early, detailed draft service specification which enables us to work through the granular detail of the new service and how its success will be measured
- Arranged four service user engagement events for April 2018 in Leyburn, Richmond, Northallerton, Thirsk in order to keep momentum with public engagement and ensure that we have input from stakeholders throughout the implementation process
- Continued ongoing engagement throughout the implementation of service change with GPs, MPs, NHS Staff, the voluntary and community sector, Yorkshire Ambulance Service and North Yorkshire Police
- Continued to work on the development of the Friarage Mental Health Hub
- Continued to work on the development and enhancement of the Colburn Mental Health hub

We will continue to update the Scrutiny of Health Committee as work progresses throughout the year.

Report Author: Lisa Pope, March 7th 2018.

Building a Sustainable Future for the Friarage

North Yorkshire Scrutiny of Health Committee

16 March 2018

Public engagement

Report published 21 February 2018

12 public events, independently evaluated

Independent evaluation of 900+ survey and feedback cards

Discussion and feedback from 40+ stakeholder meetings, Emails, letters and phone calls received

Feedback from 70+ Trust staff who attended briefings

Correspondence (e.g. MP letters and letters from statutory authorities), media and social media activity

Ongoing Communications Strategy and action plan for FHN is in place, jointly with HRW CCG

Key themes from public engagement

Transport/distance

Ambulance provision

Communications about the Friarage (to dispel myths and promote services)

Value of local services (and concern over loss of services)

Quality of care and importance of receiving the right care in an emergency

Impact of potential changes to emergency care services at the Friarage

Impact of population growth

Meeting the needs of specific communities of interest

Next steps

Themes and outcomes from engagement are being considered throughout the development of our potential scenarios for the sustainable vision for the Friarage Hospital

Clinicians continue to develop and review clinical models and potential proposals for future operating models

Reflecting on feedback from two independent reports from Royal College of Anaesthetists (received) and Royal College of Emergency Medicine (final report awaited) following invited visits

Process and time line

Clinical scenarios developed into sustainable workforce models, costed evaluated and agreed – iterative process January to April 2018.

HRW CCG to use the output of this work to prepare pre-consultation business case (draft) for Trust and HRW CCG Boards, Yorkshire & Humber Clinical Senate, and NHS England Checkpoint 2 (dates to tbc).

The above will confirm the business case and the scope of the formal consultation.

Final PCBC to North Yorkshire CC Scrutiny of Health Committee.

Potential 12-week formal consultation initiated summer 2018.

Airedale, Wharfedale and Craven
Clinical Commissioning Group

The Future of Community Services in Craven including Castleberg Community Hospital

Update report for NY HoSC March 2018

Background:

As reported previously The Castleberg Community Hospital in Giggleswick was unexpectedly closed in April 2017 due to patient safety concerns, following this the CCG considered future options. One, to build a new development, was ruled out on affordability grounds. The remaining two options were subject to public consultation.

In November 2017 the AWC CCG commenced a three month public consultation exercise working with NHS Morecambe Bay CCG and with input from North Yorkshire Healthwatch.

The period of public consultation has now concluded

Options consulted on were:

- Option One: Continue to provide inpatient care in the community and repair/reopen Castleberg Hospital
- Option Two: Provide care in people's homes or in an alternative community setting (determined by need), and close Castleberg Hospital

Officers from the North Yorkshire County Council have been instrumental in supporting the development of option two which includes access to beds in Neville House in Gargrave, Ashfield in Skipton and Limestone View in Settle. This will facilitate greater integration of health and social care.

Seven public consultation events have taken place throughout Craven and Bentham and members of the CCG, NHS Property Services and Airedale NHS Foundation Trust have been available to discuss the options and respond to questions. All of the seven consultation events were well attended particularly the Settle events, one of which attracted more than 100 members of the public.

Early indications are that there have been over 950 responses. This is an unprecedented number by way of response rate.

The following sets out the process and activities undertaken since March 2017 when the issues were raised by ANHSFT and leading up to the decision which is expected to be made by the AWC CCG governing body at their meeting in public in May 2018.

Date	Activity
March 2017	AFT escalated patient safety concerns and the board approved temporary closure on these grounds
30th March	Council of members appraised of the situation
31st March	Clinical Executive group appraised of the situation

13th April	Temporary closure. Alternative care arrangements made for patients
28th April	Clinical Executive Group approved intended approach to consult with the public about future options
April/May	CCG convened Stakeholder group CCG discussions with NYCC and agreement re use of NYCC beds on temporary basis AFT use of ward 10 included Staff redeployed Temporary arrangements in place
26th May	Clinical Executive Group received an update on latest positon
June	Affirmed need to comply with **NHS England Planning Assuring and Delivering Service Change for Patients process**
20th June	Deadline for information & data for first draft report as part of **NHS England assurance process**
23rd June	Reported to **NY Health Scrutiny Committee**
23rd June	Clinical Executive Group appraised of latest position. Advised of approach to NHS England to query application of Planning, Assuring and Delivering Service Change for patients process. **Y&H Clinical Senate approached to provide independent expert clinical advice**. NICE guidance and evidence review agreed
28th June	**Confirm NHSE positon re need for additional assurance process**
29th June	Include update in **Chief Officers Report for Governing Body Committee in Common Meeting** 11th July
July	Finalise engagement options informed by information and data requested, including NHSPS economic review and prepare pre-consultation material
5th July	Stakeholder group. Agreed first draft of pre-consultation engagement material and engagement plan
6th July	Initial summary evidence review: Andrew O'Shaughnessy. Consultant in Public Health. City Bradford MDC: Please note limitations due to the heterogeneity of approaches that have been labelled as 'intermediate care' - it is the case that the evidence base on its impact is somewhat limited. Search undertaken however not a systematic review. Detail available upon request
6th July	**Submitted strategic sense check report & appendices to NHS England**
11th July	**Governing Body** appraised via Chair and Chief Officer Report
13th July	**NHSE Strategic Sense Check meeting**. Checkpoint 1 review report submitted. 7 representatives NHS England 7 representatives CCG including clinical Questions raised and responded to
13th July - end July	**Act on feedback from NHSE strategic sense check** and prepare NHS E Pre-consultation Planning Assuring and Delivering Service Change for Patients Business Case
28th July	Clinical Executive Group appraised of latest positon. Advised of financial implications of the three options. No options ruled out at this stage. CCG risk register updated
Confirmed as 16th August	Schedule NHSE Assurance Check Point 2 date
14th July	Finalise engagement plan and material Clinical Executive Group and Council of Members endorsed 28th & 27th July respectively
17th July	Engagement video and display board for pre-consultation engagement finalise.
w/c 17 July	Place adverts for pre-consultation engagement drop in sessions
20th July	Director of Accountable Care Airedale sent copy of briefing paper and timelines to Daniel Harry.
21st July	Paper submitted to Clinical Executive Group (CEG) with engagement plan. Plan approved
26th July	Director of Accountable Care Airedale sent copy of communications and engagement plan to Daniel Harry
27th July.	CCG Council of Members engagement . Received update confirmed support for proposals
27th July	Deadline for receipt of print materials for engagement
28th July	CCG executive group approved pre-consultation engagement plan
28th July	**Update provided at NY HoSC Senior Leaders**. CCG Director of Accountable Care Airedale and AFT

31st July	**Engagement activities pre-consultation. Period extended to 7 weeks** to take account of HoSC feedback and ensure account is taken of summer holiday period so members of the public and stakeholders have sufficient opportunity to engage
July/Aug	**Finalise NHS England business case**
9th Aug	**NHSE Assurance Check point business case submitted**
16th August	**Presented pre-consultation business case to NHS England panel as part of check point 2 assurance.**
24th August	Director of Accountable Care and senior quality manager met with clinicians at Settle Medical Practice to discuss approach, care models and invite input and contributions to the care models.
25th August	Clinical Executive Group appraised of latest positon. Advised of NHS England requirement to be assured of process undertaken and how decisions have been made and that discussions with NYCC re beds are being progressed.
Early Sept	**Y&H Clinical Senate documentation relating to their review of the care models received and submitted to NHS England as part of checkpoint 2**
12th September	**NHS England checkpoint 2 panel assessed business case and advised recommendations/assurance level**
12th September	**Governing Body** appraised via Chair and Chief Officer Report
13th September	**NHS England Regional Director Decision: <u>Secured approval to proceed to consultation from NHSE</u>** *The Yorkshire and Humber assurance panel considered the proposals against the four tests for service change and acknowledged the significant amount of work that had been undertaken since the initial sense check meeting.* *The outcomes of this panel were subsequently discussed by the Yorkshire and the Humber Service Reconfiguration Oversight Group and then the Regional Management Team and, in line with NHS England's decision making thresholds, a decision on the level of assurance provided has been made by the Regional Director. This letter sets out the overall assurance judgement on the 4 key tests.* *The panel were provided with evidence that proposals could be assured to a sufficient level against all four tests for service change.*
15th September	Engagement ends: Outputs of engagement reviewed and taken into account when finalising consultation material and care models
21st September	Attended **Craven Area Committee** and provided an update
Mid Sept – 21st Sept	Prepared consultation material
22nd September	Clinical Executive appraised of latest and that NHS England have confirmed by letter that they are significantly assured regarding process undertaken to date. Options reviewed including whether there are any new options to consider informed by pre-consultation engagement feedback. No new options were identified. CEG advised for intention that stakeholder group will appraise options against benefits criteria which links to the CCG outcomes framework. Feedback from engagement will be taken into account. Affordability and options appraisal will be considered at the Octobers meeting.
Mid Sept	Send feedback to public and stakeholders who have been involved in engagement
18th Sept	**Y&H Clinical Senate** met and discussed care models at panel
September	**Y&H Clinical Senate** panel considered the models during September
22nd September	Finalise draft consultation material & prepare paper for clinical executive
22nd September	Stakeholder meeting – agree final draft of consultation material
26th September	Telephone conference GP executive lead with **Y&H Clinical Senate panel** to discuss views/clarify queries
4th October	Stakeholder group individually appraise options against benefits criteria taking account of views expressed during engagement and YH Clinical Senate initial feedback. Moderation undertaken – all three options deemed viable subject to affordability test. Equality; Quality; Privacy Impact assessments refreshed

13th October	Clinical Executive group considered the three options, all deemed viable (subject to affordability) by the stakeholder group. Following consideration the CEG deemed rebuild options as unaffordable and agreed two options to be consulted on. Consultation material informed by output of engagement agreed. Narrative to explain to the public why the rebuild option had been ruled out to be included.
October	**Received draft Y&H Clinical Senate Report** on care model for option 2, check for accuracy Final report prepared
20th October	Stakeholder meeting Depending on outcome of the exec meeting make any necessary changes. Finalise consultation material
End Oct	Sign off all consultation material including any printing
3rd November	Papers provided to the NY Scrutiny of Health Committee for information only and treated as confidential.
10th November	Clinical Executive Group advised **consultation will be launched at the Governing Body meeting held in public 14th November**. Assured that the Director of Accountable Care is keeping NY HoSC and Craven Area Committee updated.
14th Nov	**Y&H Clinical Senate report ratified** by e-mail
10th November	**Receive final Y&H Clinical Senate Report** - provide verbal update to GB at 14th Nov meeting
14th November	**RESOLVED:** The AWC Governing Body noted the factors taken into account when determining viable options and adopted the recommendation to support the public consultation on options 1 and 2. **Governing Body Committee in Common – Launched consultation in GB public meeting**
14th November	Commence consultation 3 months. Include clinical leads at staggered drop in sessions
15th November	Director of Accountable Care provided the consultation documents to Daniel Harry.
11th December	First **public consultation** event held at Bentham Town Hall
9th January 2018	**Governing Body** appraised via Chair and Chief Officer Report
11th January	Second **Public Consultation** event held at the Victoria Hall. Settle
12th January	Third **Public Consultation** event held at Grassington Institute
19th January	Fourth **Public Consultation** event held at the Victoria Hall. Settle
29th January	Fifth **Public Consultation** event held at the Victoria Hall. Settle
6th February	Sixth **Public Consultation** event held at Skipton Town Hall
22nd February	Seventh and **final Public Consultation** event held at Gargrave Village Hall.
14th February/27th February	Consultation concludes. Extended to 27th February to account for Christmas period
27th February – 6th March	Communications and engagement team appraise consultation outputs with input from Healthwatch and finalise consultation report. Review and analysis of outputs have been ongoing during the consultation period
2nd March	Briefing call with Julian Smith MP
6th / 9th March	Refresh care models and impact assessment taking into account changes made to the care models informed by public consultation
6th to 16TH March	Appraise final consultation report and prepare the decision making business case. (DMBC)
16th March	**Send the DMBC to NHS England** Submit to DMBC to the clinical executive group for consideration
16th March	Sue attending NY Scrutiny of Health Committee to provide overview of current status and ongoing timeline.
23rd March	Clinical Executive review the DMBC and make recommendations to Governing Body
11th April	NHS England consider the DMBC at the Service Change Oversight Group (SCOG) and scrutinise process followed. NHS England advise whether fully assured prior to the DBMC being shared with and presented to the Governing Body

3rd May	Craven District Council Local Elections Results in delay in the Decision Making Business Case being made available to the public. Papers will be made available 4th May. This is a preferred alternative to delaying the Governing Body review of the DMBC.
8th May	**GB Committee in Common meeting in public - review Clinical Executive Group recommendations and make decision**

The CCG is complying with the NHS England 'Planning and Assuring Service Change for Patients' assurance process. Prior to a decision being made NHS England will scrutinise the process undertaken and will advise their level of assurance.

We recognise that there are district council elections taking place in Craven on 3rd May. In view of this papers will not be being made available to members of the public until 4th May. The Governing Body, where the decision will be made, will take place in public.

Community Pharmacy North Yorkshire

PHARMACY
The Heart of our Community
Supporting and Fighting for Pharmacy

Community Pharmacy Funding Cuts and Impact

Jack Davies CEO
Community Pharmacy North Yorkshire

Pharmacy Cuts

- **2016/17**
  – £2.687 billion (£113 million reduction)
  – 4% reduction in funding
  – 12% reduction compared with Nov 2016 levels (Dec 2016-Mar 2017)
- **2017/18**
  – £2.592 billion
  – Further 3.4% reduction
  – 7.5% reduction compared with Nov 2016 levels
- Beyond 2018 – Subject to future consultation

Community Pharmacy North Yorkshire
PHARMACY The Heart of our Community
Supporting and Fighting for Pharmacy

Establishment Payments

- Will be phased out over a number of years
- 1st December 2016 – reduced by 20% compared to 2015/16 (equivalent to 6.7% reduction overall in 2016/17)
- 1st April 2017 – further reduced by 40% compared to 2015/16 levels
- Proposed to cease by end of 2019/20

Community Pharmacy North Yorkshire

Pharmacy Access Scheme (PhAS)

- Aim – ensure that a baseline level of patient access to NHS community pharmacy services is protected
- Funded from overall CPCF funding, PhAS pharmacies will receive an additional payment
- Protected from full effect of the reduction in funding
- Payment will be based on the funding the pharmacy received in 2015/16

Pharmacy Access Scheme (PhAS)

- Distance-selling pharmacies & LPS pharmacies are not included
- Eligibility is fixed to pharmacies that are deemed eligible in the published list (over 1 mile away from next pharmacy)
- However, a review mechanism is in place
  - Including near misses – pharmacies between 0.8 and 1 miles from the next pharmacy but are in the top 20% of areas when ranked by IMD and not in the top 25% of pharmacies by prescription volume
- Will run from 1st December 2016 to **31st March 2018** – unknown what will happen after this time period

Community Pharmacy North Yorkshire

PhAS Implications In North Yorkshire

- 31 pharmacies eligible for the Pharmacy Access Scheme (1 mile criteria)
- Near misses – pharmacies between 0.8 miles
  - 11 pharmacies are in 1 and 2 IMD areas
  - 2 pharmacies may be eligible because they are in an IMD (2) area

Pharmacy Cuts

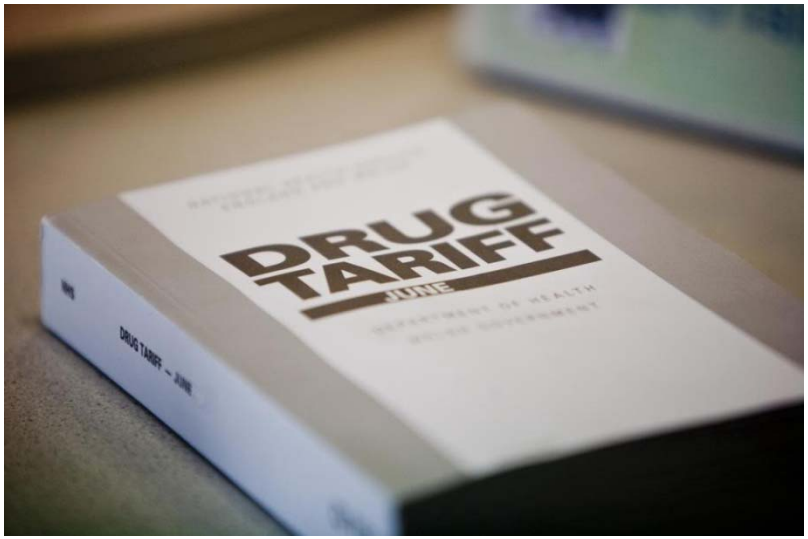
How Much Funding Will The Average Pharmacy Lose?

- On average, pharmacies across England will experience an overall NHS funding cut of 4% in 2016-17 (or 12% when condensed across the four months up to March 2017) and 7.4% (on current levels) in 2017-18.
- The 10% of pharmacies who do qualify for the access scheme will still be expected to make savings, but at a lower level. Their funding will drop by 1% in the first year of the cuts, falling to 3% (on current levels) the following year.
- "For community pharmacies that do not qualify for the Pharmacy Access Scheme, this reduction is equivalent to 4.6%… in 2016-17 and 8.3% in 2017-18," the DH said.
- Accountant Umesh Modi calculates that, on average, each pharmacy in England will lose £9,800 in turnover between December 2016 and March 2017, and a further £18,000 in 2017-18. This equates to a total loss of around £27,800 over two years, he predicts.

Community Pharmacy North Yorkshire
PHARMACY The Heart of our Community
Supporting and Fighting for Pharmacy

Drug Tariff and NHS Funding

- Pharmacies are having to pay more for Medication than they receive from the NHS for dispensing them



Community Pharmacy North Yorkshire
PHARMACY The Heart of our Community
Supporting and Fighting for Pharmacy

Drug Tariff and NHS Funding

Cambrian Alliance Group

01 February 2018

Description	Current Tariff	AAH-1	AAH-2	AAH-3	AAH-4	CGX Red	Accord	Alliance-1	Alliance-4	Colorama	Ethigen	OTC/CAV	Teva	Trident	Waymade
Amiloride 5mg 28 tabs	1.26	6.75	4.85	4.8	4.7	5.79	4.05	8.33	6.49	3.46	3.48	5.49	3	3.5	3.45
Amlodipine (besilate) 10mg 28 tabs	0.84	1.66	1.05	1.05	1.05	1.81		1.85	1.57	1.05	1.15	1.29	1.3	1.05	1.04
Amlodipine (besilate) 5mg 28 tabs	0.8	1.56	1.05	1.05	1.05	1.81		1.84	1.57	1.05	1.1	1.29	1.3	1.05	1.04
Anastrozole 1mg 28 tabs	3.07	5.49	3.05	3.05	3.05	5.23	6.46	6.46	5.98	2.9	2.9	4.95	5.5	3.01	2.89
Aripiprazole 10mg 28 tabs	1.18	8.25	7.5	7.5	7.5	7.5	3.75	8.37	8.25	3.46	3.48	6.95	3.96		3.45
Aripiprazole 15mg 28 tabs	1.29	8.25	7.5	7.5	7.5	7.5	3.75	8.61	8.28	2.48	2.49	6.95	3.96		2.47
Aripiprazole 5mg 28 tabs	1.12	8	7.5	7.5	7.5	7.5	3.75	8	8	1.1	1.1	6.95	3.96		1.09
Atorvastatin 80mg 28 tabs	1.71	1.93	1.55	1.55	1.55	1.59	3.18	1.71	1.62	1.49	1.49	1.58	1.65	1.55	1.48
Betahistine 16mg 84 tabs	7.35	5.62	3.65	3.6	3.5	4.25	5.86	6.16	4.94	3.39	4.37	3.95	4.29	3.85	3.38
Betahistine 8mg 84 tabs	4.14	2.64	2.02	1.97	1.87	3.79	2.6	3.06	2.36	1.95	2.16	1.95	2.31	1.93	1.94
Bicalutamide 150mg 28 tabs	3.75	22.09	9.99	9.99	9.99	7.15		25.99	25.07	22.74	21.4	19.95	21		22.73
Bicalutamide 50mg 28 tabs	1.67	11.16	10.59	10.49	10.29	6.05	27.03	21.12	18.48	17.51	18.8	15.95	11.88		17.5
Buspirone 10mg 30 tabs	5.96	5.07	3.69	3.64	3.54	3.65	5.96	5.96	5.67	4.03	5.25	4.95	5.96	4	4.02
Chlorpromazine 100mg 28 tabs	10.2	42	31.45	30.95	29.95	29.99		40.66	37.83	27.98	29.99	32.95			27.97
Chlorpromazine 25mg 28 tabs	15.97	42	31.45	30.95	29.95	29.99		40.9	37.86	27.93	28.2	32.95			27.92
Chlorpromazine 50mg 28 tabs	7.38	42	31.45	30.95	29.95	29.99		41	37.87	25.98	26.2	32.95		28.1	25.99
Citalopram 10mg 28 tabs	1.2	1.98	1.45	1.45	1.45	1.35	1.66	1.46	1.4	1	1.02	1.19	0.76	1.03	1.01
Citalopram 20mg 28 tabs	1.45	1.78	1.46	1.46	1.46	1.79	2.07	2.06	1.74	1.29	1.62	1.29	1.8	1.46	1.28
Citalopram 40mg 28 tabs	1.34	2.41	1.55	1.55	1.55	1.85	2.84	2.3	2.17	1.5	1.5	1.89	1.85	1.85	1.49
Dapsone 50mg 28 tabs	36.61	51	37.4	36.9	35.9	35.99	36.61	36.61	35.65	32.84	34.3	35.59	35	34	32.85
Desogestrel 75mcg 84 tabs	2.84	2.41	2.39	2.34	2.24	1.99	2.45	2.84	2.33	1.91	1.91	1.99		1.93	1.9
Diamorphine 30mg 5 amps	13.62						12.84	13.62	12.99						
Duloxetine G/R 20mg 28 caps	3.16	11.25	8.25	8.25	8.25	8.25	8.95	8.95	8.2	7.51	7.55	7.95	6.99		7.5
Duloxetine G/R 30mg 28 caps	2.76	7.92	4.99	4.99	4.99	5.25	9.97	6	6	4.86	4.9	5.39	4.75	4.81	4.85
Duloxetine G/R 40mg 56 caps	5.45	15.22	8.95	8.85	8.65	7.7	11.67	17.91	17.64	7.9	8.54	15.49	8.8		7.91
Duloxetine G/R 60mg 28 caps	3.73	12.38	5.99	5.99	5.99	9.49	9.96	14.57	11.2	8.47	8.55	9.39	10.78	12.25	8.46
Enalapril 10mg 28 tabs	1.96	1.91	1.59	1.59	1.59	1.95		2.25	2.16	1.43	1.43	1.69	1.6	1.85	1.44
Enalapril 20mg 28 tabs	2.13	1.86	1.59	1.59	1.59	1.95		2.13	2.13	1.5	1.45	1.69	1.6		1.49
Enalapril 5mg 28 tabs	2.16	2.03	1.69	1.69	1.69	1.95		2.16	2.16	1.57	1.59	1.69	1.6		1.56
Eplerenone 25mg 28 tabs	4.51	24.77	16.99	16.99	16.99	24.99	29.14	29.14	23.49	18.17	22.7	18.95	4.1		18.16
Eplerenone 50mg 28 tabs	5.88	14.25	9.55	9.55	9.55	11.25	12	12	12	9.34	9.42	10.49		9.9	9.33
Exemestane 25mg 30 tabs	39.65	33.7	11.05	10.95	10.75	18.99	39.65	39.65	18.25	10.21	14.9	12.95		10.25	10.2
Fexofenadine 120mg 30 tabs	1.53	2.45	1.43	1.4	1.34	1.49	4.22	1.53	1.53	1.35	1.36	1.29	1.85	1.35	1.34
Fexofenadine 180mg 30 tabs	2.15	2.53	2.04	1.99	1.89	2.2	8.44	2.98	2.55	2.51	2.65	1.89	2.77	2	2.5
Gabapentin 100mg 100 caps	2.18	1.92	1.68	1.63	1.53	1.49	2.66	2.18	2.18	1.4	1.5	1.99	2.63	1.49	1.39
Gabapentin 300mg 100 caps	4.58	5.64	4.59	4.54	4.44	5.89	5.99	4.85	4.85	4.72	4.76	4.79	7.26	9.76	4.71
Gabapentin 400mg 100 caps	3.26	6.04	4.09	4.09	4.09	4.99	7.1	7.1	5.84	4.91	3.94	4.95	5.61	3.95	4.9
Gabapentin 600mg 100 tabs	6.3	7.2	5.28	5.28	5.28	6.89	6.3	6.3	6.3	6	5.75	5.95	6.28	5.5	5.99
Glimepiride 1mg 30 tabs	0.86	2.05	1.99	1.99	1.99		2.5	3.95	3.95	3.49	3.5	3.89	2.31		3.48
Glimepiride 2mg 30 tabs	0.69	2.98	2.59	2.59	2.59		4	6.99	6.99	4.46	4.5	6.89	3.1		4.45
Glimepiride 3mg 30 tabs	0.88	3.53	3.19	3.19	3.19		7	8.51	8.51	5.46	5.5	7.99	5.21		5.44

* Prices shown in red are over tariff
* Prices shown in green are below or equal tariff

Drug Tariff and NHS Funding

Description	Current Tariff	AAH-1	AAH-2	AAH-3	AAH-4	CGX Red	Accord	Alliance-1	Alliance-4	Colorama	Ethigen	OTC/CAV	Teva	Trident	Waymade
Glimepiride 4mg 30 tabs	0.9	5.36	4.39	4.39	4.39		9.5	10.9	7.3	5.46	5.5	5.95	4.98		5.44
Haloperidol 1.5mg 28 tabs	11.2	15	11.59	11.49	11.29	10.99		10	10	9.83	9.88	9.95	1.51		9.84
Haloperidol 5mg 28 tabs	12.68	18	12.29	12.29	12.29	17.49		12.34	11.6	9	11.99	11.49	2.03		9
Hydroxychloroquine 200mg 60 tabs	4.17	7.05	5.05	5	4.9	4.99		6	5.41	5	4.55	4.49	6	4.71	4.99
Lacidipine 2mg 28 tabs	1.58	3.54	2.55	2.55	2.55	2.75		3.4	3.4	2.9	3.4	2.99	2.95		2.9
Lacidipine 4mg 28 tabs	1.74	3.74	2.69	2.69	2.69	2.99		3.45	3.39	2.93	3.9	2.95	3.35		2.92
Levetiracetam 1000mg 60 tabs	36.07	38.83	28.95	28.95	28.95	52.8	36.07	45.68	43.2	45.01	46	42.95		24.2	45
Levetiracetam 100mg/1ml 300ml oral soln SF	5.63						7.63	8.08	7.65		9.49	7.59	5.42		
Levetiracetam 250mg 60 tabs	11.78	25.22	16.82	16.82	16.82	16.82	11.78	11.78	11.2	11.42	13.5	10.49		16.7	11.41
Levetiracetam 500mg 60 tabs	23.44	44.39	29.65	29.65	29.65	29.65	23.44	23.44	19.2	11.75	11.8	16.95		14.25	11.74
Levetiracetam 750mg 60 tabs	33.98	46.2	22.49	22.49	22.49	58.89	33.98	54.35	44.51	40.01	41	37.95		49	40
Losartan 100mg 28 tabs	1.02	1.02	0.89	0.89	0.89	0.98	1.65	1.2	1.2	1.08	1.08	1.09	3	0.95	1.07
Mebeverine 135mg 100 tabs	4.39	6	4.2	4.2	4.2	5.49		4.39	4.39	4.15	6.09	3.99	4.29	4.2	4.14
Mefenamic Acid 500mg 28 tabs	27.54	37.86	29.89	29.89	29.89	35.99		40.67	36.87	31.5	31.9	31.95	39	35.76	31.49
Olanzapine 10mg 28 tabs	35.87	30.49	9.05	8.95	8.75	36.79	35.87	21.95	16.58	12.45	12.5	12.95	32.34		12.44
Olanzapine 15mg 28 tabs	26.35	25.76	17.69	17.49	17.09	20.9	26.35	26.35	25.05	14.66	21.2	24.95	21.12	23.9	14.65
Olanzapine 2.5mg 28 tabs	6.91	5.48	3.59	3.54	3.44	5.5	6.91	5.57	4.62	3.24	6	3.95	4.56	3.25	3.23
Olanzapine 20mg 28 tabs	46.5	43.25	19.09	18.99	18.79	27.49	46.5	34.41	23.08	19.84	22.5	18.95	39.6		19.83
Olanzapine 5mg 28 tabs	15	12.75	4.23	4.23	4.23	15.29	15	8.58	7.98	6.83	9.52	6.95	9.57	12.55	6.82
Olanzapine 7.5mg 28 tabs	12.1						12.1	9	8.35	27.36	21	6.95	21.12		27.35
Oxazepam 10mg 28 tabs	10.17	15	13.49	13.49	13.49	16.29	19.97	18.99	16.77	5.76	16	14.49		13.45	5.75
Oxazepam 15mg 28 tabs	9.08	14.86	14.86	14.86	14.79	16.29	19.97	18.99	16.77	14.2	16.2	14.49		14.25	14.21
Perindopril 2mg 30 tabs	0.84	7.17	4.09	4.09	4.09	4.95	8.44	6.35	3.51	2.88	2.9	2.95	4.62	4.84	2.87
Perindopril 4mg 30 tabs	0.96	6.75	4.54	4.54	4.54	5.5	5.1	5.1	4.65	4.24	4.27	4.29	4.62	5.91	4.23
Perindopril 8mg 30 tabs	1.11	8.93	5.99	5.99	5.99	6.6	7.87	7.29	5.37	3.96	5.4	3.99	7	4.7	3.95
Pramipexole 0.088mg 0.125mg 30 tabs	8.34	5.41	2.69	2.69	2.69	3.12	6.36	8.34	7.49	3.08	3.08	6.49		5.55	3.07
Pregabalin 100mg 84 caps	5.49	5.44	4.95	4.95	4.95	5.75	5.49	5.49	5.49	8.36	5.39	5.45	5.61		8.35
Pregabalin 150mg 56 caps	2.87	3.11	2.95	2.95	2.95	5.19	2.95	5.92	5.16	4.39	4.44	4.45	4.95		4.38
Pregabalin 200mg 84 caps	4.43	6.75	4.69	4.69	4.69	5.69	6.03	6.45	5.95	5.61	5.95	5.89	7	5.4	5.6
Pregabalin 225mg 56 caps	5.15	4.38	2.95	2.95	2.95	3.35	5.15	5.15	5.05	3.76	3.36	4.95	5.85	3.4	3.75
Pregabalin 25mg 56 caps	4.17	5.49	3.59	3.54	3.44	4.45	4.17	4.17	4	3.88	3.9	3.95	4.95	2.99	3.89
Pregabalin 300mg 56 caps	8.48	7.21	4.4	4.4	4.4	5.39	8.48	8.48	7.97	4.54	5.35	6.95	6.85	7.5	4.53
Pregabalin 50mg 84 caps	4.1	6.75	4.69	4.69	4.69	5.69	4.1	6	5.75	5.61	6.6	5.69	5.94	5.69	5.6
Pregabalin 75mg 56 caps	3.98	3.83	3.19	3.19	3.19	3.39	3.98	3.98	3.98	3.24	3.24	3.45	3.3	3.45	3.23
Quetiapine 100mg 60 tabs	52.22	44.39	35.15	35.15	35.15	40.99	35.29	52.22	36.26	17.09	17.17	29.89	36.3	27.99	17.08
Quetiapine 150mg 60 tabs	61.75	52.49	35.99	35.99	35.99	65.99	46.2	61.75	47.4	19.24	19.33	39.49	46.2	35.99	19.23
Quetiapine 200mg 60 tabs	51.3	43.61	17.45	17.45	17.45	49.99	46.2	51.3	34.15	20.33	20.42	27.09	46.2	22	20.32
Quetiapine 25mg 60 tabs	13.84	11.76	6.35	6.35	6.35	10.99	10.99	13.84	10.15	4.81	4.82	6.49	9.13	5.1	4.8
Quetiapine 300mg 60 tabs	73.45	62.43	24.5	24.5	24.5	52.99	60.65	73.45	55.8	41.59	42	46.09	49.5	38.95	41.58
Rasagiline 1mg 28 tabs	2.55	3.53	2.79	2.79	2.79	4.99	4.15	4.15	3.99	2.58	2.62	3.49	3.3		2.59
Rizatriptan 10mg 3 tabs	8.26	8.93	8.19	8.09	7.89	8.19	13.37	8.26	8.1	7.68		7.49			7.67

Drug Tariff and NHS Funding

Description	Current Tariff	AAH-1	AAH-2	AAH-3	AAH-4	CGX Red	Accord	Alliance-1	Alliance-4	Colorama	Ethigen	OTC/CAV	Teva	Trident	Waymade
Sodium cromoglicate 0.02 13.5ml eye drops	6.71	9.75	6.61	6.61	6.61	7.55	9.5	9.5	8.68	7.01	7.84	7.49			7
Sumatriptan 100mg 6 tabs	15.46	13.14	5.09	5.09	5.09	15.09	9.98	15.46	10.36	4.27	4.28	6.99	7	5.78	4.26
Sumatriptan 50mg 6 tabs	16.6	14.11	2.99	2.94	2.84	19.99	7.22	13.67	6.63	2.67	2.67	3.99	7	2.95	2.66
Terbinafine 250mg 14 tabs	4.88	12.75	8.55	8.55	8.55	8.85	4.88	8	7.65	6.62	8.55	6.69		8.55	6.63
Tolterodine 1mg 56 tabs	1.55	2.08	1.57	1.54	1.48	0.99	1.55	5.99	5.99	4.11	4.15	5.99	4		4.1
Tolterodine 2mg 56 tabs	2.17	1.84	1.1	1.1	1.1	1.1	4.1	5.99	5.99	3.88	4.1	5.99	4.15		3.89
Topiramate 100mg 60 tabs	2.25	48	38.2	37.7	36.7	2.84	2.75	40	36.99	34.51	36.5	36.79	12.54	34	34.5
Topiramate 25mg 60 tabs	1.34	6	5.1	5.05	4.95	4.4	1.68	10	9.15	6.24	6.25	7.95	5.91		6.23
Topiramate 50mg 60 tabs	1.71	15.39	10.5	10.4	10.2	2.98	2.01	20	18.49	15.84	15.99	18.39	9.74		15.83
Tramadol 50mg 100 caps	2.2	3	2.5	2.45	2.35	2.2	2.2	2.2	2.2	1.69	1.68	1.69	2.5	2	1.68
Tramadol 50mg 30 caps	0.66	0.72	0.59	0.59	0.59	0.95	0.85	0.85	0.85	0.65	0.68	0.75	0.75	0.66	0.64
Tranexamic Acid 500mg 60 tabs	10.59	11.51	10.45	10.35	10.15			13.54	13.54	10.4	10.48	13.49	13		10.39
Trimethoprim 50mg/5ml 100 oral susp SF	2.22	5.24	3.89	3.84	3.74	3.49		3.99	3.99	3.48	3.5	3.59		3.6	3.46
Valsartan 160mg 28 caps	6.83	5.81	4.7	4.65	4.55	4.4		6.83	5.17	3.94	3.94	3.95	4.29	3.8	3.93
Valsartan 80mg 28 caps	5.41	4.6	4.15	4.1	4	3.85		5.41	4.6	3.21	3.21	3.79	3.43	3.25	3.2
Venlafaxine 37.5mg 56 tabs	1.82	3	2.2	2.2	2.2	1.95		3.79	3.79	2.61	3.75	2.49	2.51		2.6
Venlafaxine 75mg 56 tabs	1.87	3	2.4	2.4	2.4	4.99		5.99	5.8	3.36	5.74	5.75	5.11		3.35
Vitamin B Co Strong 28 tabs	2.52	5.25	4.05	4	3.9	4.99	3.95	6.19	6.19	3.53	4.44	5.49	5.4	4.96	3.54
Zolmitriptan orodisp SF 2.5mg 6 tabs	14.72	12.51	12.51	12.51	12.49	12.99	14.72	14.72	13.55	11.01	13.09	14.45		10.1	11
Zolmitriptan 2.5mg 6 tabs	14.57	12.38	11.19	11.19	11.19	14.45	14.57	14.57	14.57	10.91	10.95	11.49		11.2	10.9

As soon as a new tariff agreed all suppliers mover their prices up to it

Drug Tariff Real Life Impact

- Generic Medication and Drug Tariff

Customer Account Name	Product Market Group	PIP Code	Short Name	Item Size	Invoiced Qty	Net Sales Value	Unit price	Drug tariff	Lines purchased @ higher price than DT
A NYCC Pharmacy	GENERICS	1151752	MEFENAMIC ACID TAB 500MG ALM	28	2	81.34	40.67	27.54	HIGHER
A NYCC Pharmacy	GENERICS	8437444	LEVETIRACETAM TAB 500MG	60	3	90.21	30.07	23.44	HIGHER
A NYCC Pharmacy	GENERICS	7336	NORTRIPTYLINE TAB 25MG	100	1	17.81	17.81	15.01	HIGHER
A NYCC Pharmacy	GENERICS	6291900	ZOLMITRIPTAN ORODISP TAB 2.5MG	6	1	17.9	17.9	14.72	HIGHER
A NYCC Pharmacy	GENERICS	7302	NORTRIPTYLINE TAB 10MG	100	1	16.67	16.67	11.44	HIGHER
A NYCC Pharmacy	GENERICS	7302	NORTRIPTYLINE TAB 10MG	100	1	16.67	16.67	11.44	HIGHER
A NYCC Pharmacy	GENERICS	1159672	TRANEXAMIC ACID TAB 500MG ALM	60	1	13.54	13.54	10.59	HIGHER
A NYCC Pharmacy	GENERICS	8131419	PAROXETINE TAB 10MG	28	1	9.86	9.86	9.31	HIGHER
A NYCC Pharmacy	GENERICS	8131419	PAROXETINE TAB 10MG	28	1	9.86	9.86	9.31	HIGHER
A NYCC Pharmacy	GENERICS	1148535	FLECAINIDE TAB 50MG ALM	60	1	8.32	8.32	7.68	HIGHER
A NYCC Pharmacy	GENERICS	1148535	FLECAINIDE TAB 50MG ALM	60	1	8.32	8.32	7.68	HIGHER
A NYCC Pharmacy	GENERICS	6834782	HYDROXOCOBALAMINE INJ 1000MCG	5	1	6.58	6.58	6.23	HIGHER
A NYCC Pharmacy	GENERICS	1140359	THIAMINE TAB 100MG ALM	100	1	6.83	6.83	5.91	HIGHER
A NYCC Pharmacy	GENERICS	1140359	THIAMINE TAB 100MG ALM	100	1	6.83	6.83	5.91	HIGHER
A NYCC Pharmacy	GENERICS	1140359	THIAMINE TAB 100MG ALM	100	1	6.83	6.83	5.91	HIGHER
A NYCC Pharmacy	GENERICS	1117910	FELODIPINE FOLPIK TAB 10MG ALM	28	1	7.21	7.21	5.66	HIGHER
A NYCC Pharmacy	GENERICS	1117910	FELODIPINE FOLPIK TAB 10MG ALM	28	1	7.21	7.21	5.66	HIGHER
A NYCC Pharmacy	GENERICS	1117910	FELODIPINE FOLPIK TAB 10MG ALM	28	4	28.84	7.21	5.66	HIGHER
A NYCC Pharmacy	GENERICS	1117910	FELODIPINE FOLPIK TAB 10MG ALM	28	1	7.21	7.21	5.66	HIGHER
A NYCC Pharmacy	GENERICS	1117910	FELODIPINE FOLPIK TAB 10MG ALM	28	2	14.42	7.21	5.66	HIGHER
A NYCC Pharmacy	GENERICS	1201284	ALZAIN CAP 100MG (PREGABALIN)	84	1	13.95	13.95	5.49	HIGHER
A NYCC Pharmacy	GENERICS	8071250	PREGABALIN CAP 100MG	84	1	7.81	7.81	5.49	HIGHER
A NYCC Pharmacy	GENERICS	1136449	TERBINAFINE TAB 250MG ALM	14	2	19.34	9.67	4.88	HIGHER
A NYCC Pharmacy	GENERICS	8465593	CO-CODAMOL TAB 15/500MG	100	-2	-9.86	4.93	4.73	HIGHER
A NYCC Pharmacy	GENERICS	1152032	GABAPENTIN CAP 300MG ALM	100	4	55.8	13.95	4.58	HIGHER
A NYCC Pharmacy	GENERICS	1152032	GABAPENTIN CAP 300MG ALM	100	4	55.8	13.95	4.58	HIGHER
A NYCC Pharmacy	GENERICS	1152032	GABAPENTIN CAP 300MG ALM	100	1	13.95	13.95	4.58	HIGHER
A NYCC Pharmacy	GENERICS	1152032	GABAPENTIN CAP 300MG ALM	100	1	13.95	13.95	4.58	HIGHER
A NYCC Pharmacy	GENERICS	8071276	PREGABALIN CAP 200MG	84	2	15.84	7.92	4.43	HIGHER
A NYCC Pharmacy	GENERICS	8071276	PREGABALIN CAP 200MG	84	1	7.92	7.92	4.43	HIGHER
A NYCC Pharmacy	GENERICS	1199512	LYMECYCLINE HARD CAP 408MG ALM	28	-1	-4.45	4.45	4.26	HIGHER
A NYCC Pharmacy	GENERICS	8071235	PREGABALIN CAP 50MG	84	1	7.66	7.66	4.1	HIGHER
A NYCC Pharmacy	GENERICS	8071235	PREGABALIN CAP 50MG	84	1	7.66	7.66	4.1	HIGHER
A NYCC Pharmacy	GENERICS	8071235	PREGABALIN CAP 50MG	84	1	7.66	7.66	4.1	HIGHER
A NYCC Pharmacy	GENERICS	8071243	PREGABALIN CAP 75MG	56	1	5.03	5.03	3.98	HIGHER
A NYCC Pharmacy	GENERICS	8071243	PREGABALIN CAP 75MG	56	1	5.03	5.03	3.98	HIGHER
A NYCC Pharmacy	GENERICS	6836225	DULOXETINE GR CAP 60MG	28	1	14.85	14.85	3.73	HIGHER
A NYCC Pharmacy	GENERICS	6836225	DULOXETINE GR CAP 60MG	28	1	14.85	14.85	3.73	HIGHER
A NYCC Pharmacy	GENERICS	6836225	DULOXETINE GR CAP 60MG	28	1	14.85	14.85	3.73	HIGHER
A NYCC Pharmacy	GENERICS	1202720	ANASTROZOLE TAB 1MG ALM	28	1	6.46	6.46	3.07	HIGHER
A NYCC Pharmacy	GENERICS	1202720	ANASTROZOLE TAB 1MG ALM	28	1	6.46	6.46	3.07	HIGHER
A NYCC Pharmacy	GENERICS	1202720	ANASTROZOLE TAB 1MG ALM	28	2	12.92	6.46	3.07	HIGHER
A NYCC Pharmacy	GENERICS	6805865	TRIHEXYPHENIDYL TABLETS 2MG	84	1	3.71	3.71	3.05	HIGHER
A NYCC Pharmacy	GENERICS	8071268	PREGABALIN CAP 150MG	56	3	17.76	5.92	2.87	HIGHER
A NYCC Pharmacy	GENERICS	8071268	PREGABALIN CAP 150MG	56	2	11.84	5.92	2.87	HIGHER
A NYCC Pharmacy	GENERICS	8071268	PREGABALIN CAP 150MG	56	1	5.92	5.92	2.87	HIGHER
A NYCC Pharmacy	GENERICS	1201250	ALZAIN CAP 50MG (PREGABALIN)	56	1	9.95	9.95	2.73	HIGHER
A NYCC Pharmacy	GENERICS	1110022	VITAMIN B CO STRONG TAB ALM	28	2	12.38	6.19	2.52	HIGHER
A NYCC Pharmacy	GENERICS	1110022	VITAMIN B CO STRONG TAB ALM	28	2	12.38	6.19	2.52	HIGHER
A NYCC Pharmacy	GENERICS	1110022	VITAMIN B CO STRONG TAB ALM	28	5	30.95	6.19	2.52	HIGHER
A NYCC Pharmacy	GENERICS	1110022	VITAMIN B CO STRONG TAB ALM	28	5	30.95	6.19	2.52	HIGHER
A NYCC Pharmacy	GENERICS	1153006	MIRTAZAPINE TAB 45MG ALM	28	1	2.77	2.77	2.27	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1115898	TRAMADOL CAP 50MG ALM	100	1	2.83	2.83	2.2	HIGHER
A NYCC Pharmacy	GENERICS	1152024	GABAPENTIN CAP 100MG ALM	100	2	9.98	4.99	2.18	HIGHER
A NYCC Pharmacy	GENERICS	8128456	FEXOFENADINE TAB 180MG	30	2	9.7	4.85	2.15	HIGHER
A NYCC Pharmacy	GENERICS	8128456	FEXOFENADINE TAB 180MG	30	1	4.85	4.85	2.15	HIGHER
A NYCC Pharmacy	GENERICS	1203942	VENLAFAXINE TAB 75MG ALM	56	3	17.97	5.99	1.87	HIGHER
A NYCC Pharmacy	GENERICS	1203934	VENLAFAXINE TAB 37.5MG ALM	56	1	3.79	3.79	1.82	HIGHER
A NYCC Pharmacy	GENERICS	1172451	ATORVASTATIN FC TAB 80MG ALM	28	1	2.79	2.79	1.71	HIGHER
A NYCC Pharmacy	GENERICS	6833420	ARIPIPRAZOLE TAB 15MG	28	1	8	8	1.29	HIGHER
A NYCC Pharmacy	GENERICS	1115245	AMILORIDE TAB 5MG ALM	28	1	8.33	8.33	1.26	HIGHER
A NYCC Pharmacy	GENERICS	1115245	AMILORIDE TAB 5MG ALM	28	1	8.33	8.33	1.26	HIGHER
A NYCC Pharmacy	GENERICS	1115245	AMILORIDE TAB 5MG ALM	28	3	24.99	8.33	1.26	HIGHER
A NYCC Pharmacy	GENERICS	1115245	AMILORIDE TAB 5MG ALM	28	1	8.33	8.33	1.26	HIGHER
A NYCC Pharmacy	GENERICS	6833404	ARIPIPRAZOLE TAB 5MG	28	2	16	8	1.12	HIGHER
A NYCC Pharmacy	GENERICS	6831903	PERINDOPRIL TAB 8MG	30	5	36.45	7.29	1.11	HIGHER
A NYCC Pharmacy	GENERICS	6831903	PERINDOPRIL TAB 8MG	30	1	7.29	7.29	1.11	HIGHER
A NYCC Pharmacy	GENERICS	6831903	PERINDOPRIL TAB 8MG	30	1	7.29	7.29	1.11	HIGHER
A NYCC Pharmacy	GENERICS	6831903	PERINDOPRIL TAB 8MG	30	1	7.29	7.29	1.11	HIGHER
A NYCC Pharmacy	GENERICS	6831903	PERINDOPRIL TAB 8MG	30	1	7.29	7.29	1.11	HIGHER
A NYCC Pharmacy	GENERICS	6831903	PERINDOPRIL TAB 8MG	30	1	7.29	7.29	1.11	HIGHER
A NYCC Pharmacy	GENERICS	6831903	PERINDOPRIL TAB 8MG	30	2	14.58	7.29	1.11	HIGHER
A NYCC Pharmacy	GENERICS	1207588	LOSARTAN TAB 100MG ALM	28	3	9.63	3.21	1.02	HIGHER
A NYCC Pharmacy	GENERICS	1207588	LOSARTAN TAB 100MG ALM	28	1	3.21	3.21	1.02	HIGHER
A NYCC Pharmacy	GENERICS	1207588	LOSARTAN TAB 100MG ALM	28	1	3.21	3.21	1.02	HIGHER
A NYCC Pharmacy	GENERICS	1207588	LOSARTAN TAB 100MG ALM	28	1	3.21	3.21	1.02	HIGHER
A NYCC Pharmacy	GENERICS	1207588	LOSARTAN TAB 100MG ALM	28	1	3.21	3.21	1.02	HIGHER
A NYCC Pharmacy	GENERICS	1207588	LOSARTAN TAB 100MG ALM	28	1	3.21	3.21	1.02	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	2	13.9	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	2	13.9	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	3	20.85	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	2	13.9	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833818	PERINDOPRIL TAB 4MG	30	1	6.95	6.95	0.96	HIGHER
A NYCC Pharmacy	GENERICS	6833834	PERINDOPRIL TAB 2MG	30	2	12.7	6.35	0.84	HIGHER
A NYCC Pharmacy	GENERICS	6833834	PERINDOPRIL TAB 2MG	30	1	6.35	6.35	0.84	HIGHER
A NYCC Pharmacy	GENERICS	6833834	PERINDOPRIL TAB 2MG	30	1	6.35	6.35	0.84	HIGHER
A NYCC Pharmacy	GENERICS	6833834	PERINDOPRIL TAB 2MG	30	2	12.7	6.35	0.84	HIGHER

PHARMACY The Heart of our Community
Community Pharmacy North Yorkshire
Supporting and Fighting for Pharmacy

Drug Tariff Wider Impact

- Major cash flow problems

- 1 hour per day chasing medication from suppliers

- Stock availability

- Not replacing staff

- Pharmacy Closures

Community Pharmacy North Yorkshire
PHARMACY The Heart of our Community
Supporting and Fighting for Pharmacy

Drug Tariff Wider Impact

Drug Tariff and Price Concession

- Supply & Demand Model not working
- Minister has asked PSNC To Propose New Models
- PSNC agreed key principles for a fair system, recognising the need for the NHS to continue to meet affordability challenges for medicines. The principles include:
  - Community pharmacy contractors must not be the victims of adverse events or activity further up the supply chain;
  - Any pricing system must balance fairly contractors' duty to supply with a reasonable purchase risk;
  - PSNC must be able to provide data about price rises, but accepts that DHSC will want to verify this and that this leads to some period of uncertainty over pricing;
  - Any data used to set prices must relate to the period for which a concession is given; and
  - PSNC must be able to challenge proposed price concessions.

Community Pharmacy North Yorkshire

Questions

Health impact assessment of pharmacy funding changes in 2017

Introduction

At the North Yorkshire Scrutiny of Health Committee meeting in January 2017 the changes to Government funding for community pharmacies were discussed. This was in response to a Notice of Motion that went to County Council in November. The committee recommended that 'it maintains a watching brief on the impact of the reduced funding over the next 2 years. Also, that the committee works with Public Health and others to better understand what the impacts could be.' The public health team at NYCC has considered those changes, current effects and potential methods that could be used to monitor impacts. This paper reports those findings.

Summary of the changes to the Pharmacy Contract

In 2015, the Department of Health launched a consultation with the Pharmaceutical Services Negotiation Committee, pharmacy stakeholders and others on community pharmacy in 2016/17 and beyond. Key proposals included:

- Simplifying the NHS pharmacy remuneration system to phase out the establishment payment received by all pharmacies dispensing 2,500 or more prescriptions per month, which incentivises pharmacy business to open more NHS funded pharmacies;
- Helping pharmacies to become more efficient and innovative through more modern dispensing methods; including hub and spoke models to deliver economies of scale in purchasing and dispensing and reducing operating costs;
- Encouraging longer prescription durations where clinically appropriate e.g. 90 day repeat periods instead of 28 days.

The results of the consultation and a final package of changes to the contractual framework were announced in 2016. The Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17, taking total funding to £2.687 billion for 2016/17. A further 3.4% reduction in 2017/18 to £2.592 billion for the financial year saw funding levels from April 2017 reduce by around 7.5% compared with November 2016 levels.

In addition to the overall reduction of funding, key changes to the regulations include:

- *Changes to payment of fees*
- *The Pharmacy Access Scheme (PhAS)*
- *A new quality payments scheme*

Pharmaceutical Needs Assessment (PNA)

North Yorkshire's Health and Well-being Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. A PNA describes what pharmacy services are currently available in North Yorkshire and what services might be needed in the future. The document is used to inform decisions on whether changes need to be made to opening times of pharmacies or if new pharmacies or services are required. NHS England make commissioning decisions about pharmacies in North Yorkshire.

We are currently consulting on the 2018-2021 Pharmaceutical Needs Assessment (PNA). Another PNA will be drafted in 2020 and published in 2021. This robust process involves consultation with local people and organisational stakeholders as well as mapping access. It ensures that changes to provision are monitored in a systematic way.

Potential impacts of these changes

A number of concerns have been raised at both national and local level. These include pharmacy closures and stopping services such as free home delivery. It has been suggested that pharmacies may "play a less tangible role in promoting welfare and social cohesion in local communities". Patients may increase their use of distance-selling alternatives.

Department of Health calculates that if 1,000 pharmacies close, there would be an increase of 3,152 tonnes of carbon emissions from patients travelling further, assuming 64% of journeys are made by car.

In considering the wider context of these changes it is important to note the radical changes in the health and social care landscape as part of public sector reforms. Equally pharmacies operate as commercial enterprises so market forces are significant.

Current status

Community Pharmacy North Yorkshire (CPNY) indicates that, as of June 2017, 27 North Yorkshire pharmacies have qualified for the PhAS. NHS England have reported that in the last year there have been two pharmacy closures:

- in Knaresborough due to lease on premises ending and no alternative premises to move to, so not linked to the pharmacy changes
- in Haxby due to low volume and impact of pharmacy reforms. However, there is an alternative pharmacy directly over the road that operates 100 hours per week.

Potential impacts and assessment methods

NHS England and Public Health England have advised that they are not currently planning any assessment of funding impacts.

It is technically challenging to measure the impact of these funding changes. For example when an owner retires a pharmacy may close or may be taken over by a chain. Impact could be measured to a limited extent via a range of methods including:

Potential impact	Potential measure	Supporting information
Access to services	PNA assesses this on a three year basis. Next one will be in 2020 for publication in 2021. Regular liaison with Healthwatch and other groups representing potential pharmacy users by the Scrutiny of Health Committee to assess levels of public concern. Equalities impact assessment possibly focusing on particular at-risk communities such as those covered by PhAS pharmacies, via Area Committees, Parish Councils and Stronger Communities to assess impacts using Strategic Health Asset Planning and Evaluation (SHAPE) tool, and where appropriate supported by range of approaches including social media, surveys and/or focus groups.	Existing mechanism established. Links exist but may need to be formalised. Will require resources.
Quality of services	PNA assesses this on a three year basis. Next one will be in 2020 for publication in 2021. Regular liaison with Healthwatch and other groups representing potential pharmacy users by the Scrutiny of Health Committee to assess levels of public concern	Existing mechanism established. Links exist but may need to be formalised.

	NYCC Public Health Team monitor uptake of NYCC commissioned pharmacy activity (stop smoking, emergency contraception, needle exchange, falls medication reviews and alcohol identification and brief advice (IBA).	Existing mechanism established. Does not include NHS commissioned services
Choice of services	NYCC Public Health Team monitor uptake of pharmacy activity as above.	Existing mechanism established. Does not include NHS commissioned services
On other parts of health and social care system including GPs and hospitals	Surveys across North Yorkshire of stakeholder groups such as GPs, primary care staff and A&E, local people.	This could produce information but may be potentially biased. Systematic surveys would be costly.

Conclusion

The Scrutiny of Health Committee delivers a vital, statutory function in scrutinising healthcare provision to the population of North Yorkshire. As part of this they are keen to consider any impacts of funding changes on pharmacy access. However, these impacts are not readily assessed and the technical challenges of doing so may not be feasible given resource limitations. It is important to note the important potential contribution that the PNA could make to this assessment, being mindful of the timescales involved.

Recommendation

It is recommended that the Committee engage with the PNA process and maintain a watching brief with input from Healthwatch and other similar groups in the interim period between consultation on PNAs.

Clare Beard

September 2017

Appendix 1: Community pharmacy in 2016/2017 and beyond: final package

The stated vision from the DoH was: *'for community pharmacy to be integrated with the wider health and social care system. This will aim to relieve pressure on GPs and Accident and Emergency Department, ensure optimal use of medicines, and will mean better value and patient outcomes. It will support the promotion of healthy lifestyles and ill health prevention, as well as contributing to delivering seven day health and care services'.*

In the context of delivering £22 billion in efficiency savings by 2020/21, the review and consultation aimed to examine how community pharmacy could contribute to this financial challenge. The proposals state that: '*efficiencies could be made without compromising the quality of services or public access to them because:*
- *There are more pharmacies than necessary to maintain good patient access;*
- *Most NHS funded pharmacies qualify for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider;*
- *More efficient dispensing arrangements remain largely unavailable to pharmacy providers*.'

Changes to payment of fees
A range of fees including the professional or 'dispensing' fee, practice payment, repeat dispensing payment and monthly electronic prescription payment service payment will be consolidated into a single activity fee. Community pharmacists currently receive an establishment payment as long as they dispense above a certain prescription volume – this has been gradually phased out over a number of years, starting with a 20% reduction in December 2016 and reduced by 40% on 1 April 2017.

The Pharmacy Access Scheme (PhAS)
A new Pharmacy Access Scheme will be introduced with the aim of creating efficiencies without compromising the quality of services or public access to them. The PhAS is designed to ensure populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. A national formula will be used to identify those pharmacies that are geographically important for patient access, taking into account isolation criteria based on travel times or distances, and also population sizes and needs. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016. A payment is made to pharmacies that are more than a mile away from another pharmacy (until March 2018).

A new quality payments scheme

Quality criteria have been introduced which, if achieved, will help to integrate community pharmacy into the wider NHS/Public Health agenda. These include the need to have an NHS email account and ability for staff to send and receive NHS mail; an up-to-date entry on NHS Choices; ongoing utilisation of the Electronic Prescription service; and at least one specified advanced service e.g., Healthy Living pharmacy level 1 status, 80% of staff trained as Dementia Friends etc.

Full details of the final report “Community pharmacy in 2016/2017 and beyond: final package” available online at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

North Yorkshire County Council
Scrutiny of Health Committee
16 March 2018

North Yorkshire Pharmaceutical Needs Assessment (PNA)

Purpose of report
To update members on the outcome of the consultation on the PNA and resultant changes.

Background

1. As previously discussed, the Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. A PNA describes what pharmacy services are currently available in North Yorkshire and what services might be needed in the future. The document is used to inform decisions on whether changes need to be made to opening times of pharmacies or if new pharmacies or services are required.

2. The North Yorkshire County Council (NYCC) Public Health team have been leading the PNA on behalf of the North Yorkshire Health and Wellbeing Board.

Feedback from the consultation

3. There is a statutory duty to carry out a 60 day consultation on the draft PNA which took place between 12th December 2017 and 11th February 2018. The link to the draft PNA was shared with the following organisations:

   a) The Local Pharmaceutical Committee (CYPNY)
   b) The Local Medical Committee
   c) All persons on the pharmaceutical lists and any dispensing doctors list in North Yorkshire
   d) All LPS chemists in North Yorkshire with whom NHS England has made arrangements for the provision of any local pharmaceutical services
   e) North Yorkshire Healthwatch
   f) All NHS trusts and NHS foundation trusts in the area
   g) the NHS Commissioning Board (NHS England)
   h) All neighbouring Health and Wellbeing Boards
   i) The public via NYCC website and other media.

4. A total of 21 responses were received, made up of as follows:

   - Two Local Authorities representatives
   - One pharmacy
   - The chair of the LMC
   - 17 members of the public.

5. Feedback on the report was positive with the majority of respondents agreeing with the conclusions and that the content was sufficient to identify gaps and inform commissioning decisions.

The following table summarises comments received:

Comment	Response from the steering group
Concern about the potential future impact of distance selling pharmacies	The following sentence should be added to 4.1.3 of the PNA: *One respondent fed back through the consultation that the impact of on-line pharmacies is increasing and it will potentially threaten viability of rural pharmacy and potentially dispensing GP's. It was agreed by the steering group that this will be fed back to NHS England. It is very difficult to monitor the volume of dispensing from internet pharmacies to feed into the PNA.*
Concerns around the capacity and willingness of pharmacies to provide blister packs, with inconsistency across pharmacies and many charging	Acknowledge the comment in section 3.9 of the PNA, *confirm it is outside of the remit of the PNA but that it has been fed back to NHS England.*
Comment regarding repeat and over ordering of medication resulting in wastage	The following sentence to be added to section 3.3.3 of the PNA*: Work has taken place through the CCGs to prevent over ordering, however it was felt that this has led to concerns from GPs about impact on their workload. These concerns about whole system working has been fed back to NHS England but are out of scope of the PNA.*
Concerns re quality of a pharmacy service in some areas	To add to 1.5 of the PNA: *Some concerns were raised through the stakeholder engagement and consultation about the quality of pharmacies. The quality of pharmacy provision is out of scope of the PNA, however the steering group agreed that there needs to be better promotion of how patients can provide feedback and/or complain about provision. This will be done outside of the PNA.*
Comment suggesting there was not enough consideration of rural areas	The group felt that rurality was well covered by the PNA document. An additional map will be added to the PNA to plot pharmacies and a 15 minute drive time. Also recognition that rurality and health is an area of interest to public health researchers so future PNAs will take account of any key learning from such studies
Member of the public commented that they didn't know the quantity and demographics of the population consulted	The group felt the proposed content was adequate. No specific additions were identified although gaps in existing data were noted.
2 members of the public fed back that they could not find a copy of the PNA document on line	Checks were made to ensure that the PNA was clearly visible on the website

	and easy to access through a google search. The on-line survey did not have the link to the full document initially so this was added during the consultation so that anyone accessing the survey directly could access the document easily.
Comment suggesting the PNA needs to include numbers needing a prescription; numbers who can't drive; numbers with poor bus services or who can't walk 20 minutes.	The group agreed that this data is not available.
Comment suggesting the PNA should have more information before the conclusions	The group felt that there was plenty of information to make valid conclusions and that the draft PNA was comprehensive

6. The steering group discussed the feedback in February 2018 and agreed that the conclusions should remain the same confirming that there are no gaps in pharmacy provision in North Yorkshire. (Refer to appendix A for conclusions)

7. In addition to the North Yorkshire consultation, the Public Health team provided feedback to all neighbouring Health and Wellbeing Boards on their PNAs. There were no concerns identified in neighbouring reports about pharmacy provision that would impact on North Yorkshire residents.

Next steps

8. The final draft of the report will be presented to the Health and Wellbeing Board on 23rd March 2018 for sign off, and will then be published on the website. www.nypartnerships.org.uk/pna

9. Lessons learnt were also identified by the steering group. These will be made available to inform future PNA developments.

10. A number of issues were raised throughout the process of developing the document that were out of scope of the PNA. These included concerns around blister packs, pharmacy quality, on-line pharmacies and over-ordering of prescriptions. The steering group felt that these issues still need to be addressed and this will be raised with NHS England, as commissioner, and the Health & Wellbeing Board.

Recommendations

That members of the Scrutiny of Health Committee:

- Support the contents of the PNA report.

Carly Walker
Health Improvement Manager
Public Health
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1 March 2018.

Appendix A: PNA conclusions

Evidence shows that generally there continues to be a good geographic spread of pharmacies across North Yorkshire, with the majority of people being within reasonable travel distance of a pharmacy. There are currently 113 community pharmacies in North Yorkshire and 48 dispensing practices. There is good pharmacy coverage in the more deprived wards in North Yorkshire and all districts have above the national level of pharmacies per 100,000 population. There are no gaps in necessary provision. Key notes from the assessment include:

- The population in North Yorkshire is growing and is getting older. Within the next three years it is expected that the population of North Yorkshire will include a greater number of people with long term health conditions. Although the population is growing, our projections suggest that this need can be accommodated within existing capacity over the next three years. Trends suggest additional capacity may be required to meet these growing needs over time
- Opening hours indicate good access during Monday to Saturday. However, there are areas where Sunday access is improved by pharmacies in neighbouring authorities.
- Around 98% of the population of North Yorkshire lives within five miles (as the crow flies of a pharmacy), with around 63% of the population living within a 20 minute walk of a pharmacy. However, there are parts of the county that are reliant on pharmacies in other Local Authority areas. If community pharmacy services in these areas were not maintained then travel time to the next available pharmacy could be significantly increased for some residents.
- The residents of North Yorkshire currently have better health than their peers nationally. This means that there will be opportunities for greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.
- There was feedback from some pharmacy providers that they do not have the systems in place to allow them to provide some services currently such as disabled access.
- A range of additional/enhanced services are provided and these appear to be based on population need. There are no gaps in additional services although activity for public health commissioned service falls below desirable levels so work needs to be done to address any barriers in providing this service. Local Authority and NHS commissioners should continue to monitor potential opportunities for developing new services such as long term conditions where a need has been identified.
- There are a number of developments that are expected to take place over the next three years that may impact on the need for and access to pharmacy services. E.g. GP extended access, housing developments, on-line pharmacies and changes to the way in which pharmacies are funded. It is not possible to assess the impact of this at this time, however, it should remain under review as part of the ongoing PNA process. Any pharmacy changes or closures that have a significant impact on access may be subject to a supplementary statement being issued by the Health and Well-being Board if this occurs before the next PNA is prepared in 2020.
- Pharmacy services providing advice on minor illnesses and repeat ordering of prescriptions appears fairly well used in North Yorkshire (based on survey data). However, there also appeared to be some knowledge gaps among the public of the services offered by pharmacies.
- The development of healthy living pharmacies and closer working with primary care will improve services for the user over the next three years.

North Yorkshire County Council
Scrutiny of Health Committee
16 March 2018

Committee work programme

Purpose of Report

This report provides Members with details of some of the specific responsibilities and powers relating to this committee and also a copy of the committee work programme for review and comment (Appendix 1).

Introduction

The role of the Scrutiny of Health Committee is to review any matter relating to the planning, provision and operation of health services in the County.

Broadly speaking the bulk of the Committee's work falls into the following categories:

- being consulted on the reconfiguration of healthcare and public health services locally
- contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts
- carrying out detailed examination into a particular healthcare/public health service.

Specific powers

The Committee's powers include:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
- requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
- referring contested proposals to the Secretary of State for Health.

Scheduled Committee meetings and Mid Cycle Briefing dates

Forthcoming committee dates in 2018 are:

- 10am on 25 May 2018 (additional meeting requested - TBC)
- 10am on 22 June 2018
- 10.00am on 14 September 2018
- 10.00am on 14 December 2018.

Please note that the additional meeting has been requested to consider the proposals for consultation on the services provided at the Friarage Hospital, Northallerton. This is likely to be held on 25 May 2018.

All the meetings will be held at County Hall, Northallerton.

Forthcoming Mid Cycle Briefing dates in 2018 are:

- 10.30am on 27 April 2018
- 10.30am on 27 July 2018
- 10.30am on 2 November 2018.

These are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups.

Areas of Involvement and Work Programme
The Committee's on-going and emerging areas of work are summarised in the work programme in Appendix 1.

Recommendation

That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other developments taking place across the County.

Daniel Harry
Scrutiny Team Leader
North Yorkshire County Council
7 March 2018

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme/Areas of Involvement – 2017 and 2018

	15 Dec	23 Feb	16 Mar	22 Jun	14 Sept	14 Dec	
Strategic Developments							
1. Implications on health and care services of Sustainability and Transformational Partnerships (STP) across North Yorkshire	✓			✓	✓	✓	Verbal update by the STP lead officers, with particular focus upon consultation and engagement.
2. Blueprint for mental health services – establishing a baseline for comparison		✓	✓				Internal workshop to be held on 23 February 2018 to ascertain what mental health services you would expect in the county if starting from scratch
3. NY Mental Health Strategy – Health and Adult Services							Follow up 26 January 2018 Mid Cycle Briefing, particularly with regard to the commissioning and provision of services in Craven.
4. Funding of Community Pharmacies - LPC			✓				Follow up to 27 January 2017 committee meeting – watching brief and Public Health impact monitoring – Jack Davies (LPC) and Clare Beard (NYCC PH).
5. NHS Property Services – approach to the management, maintenance and disposal of NHS properties in North Yorkshire							Follow up to issues raised concerning the Lambert at Thirsk and the Castleberg at Settle. At Mid Cycle Briefing on 27 April 2018.
6. Ambulance Response times and the impact of centralising NHS services - YAS				✓			Overview of the Ambulance Response Protocol and reconfiguration of health services through the STP process. Report to Richmondshire Local Area Committee meeting on 29 November 2017.
7. Winter pressures and Delayed Transfers of Care – Health and Adult Services	✓			✓			Review of the response to winter pressures planning and delivery in 2017/18
8. Capped expenditure – York Foundation Trust, Vale of York CCG, Scarborough and Ryedale CCG							Outline of any proposed changes to services – TBC.

	15 Dec	23 Feb	16 Mar	22 Jun	14 Sept	14 Dec	
Local Service Developments							
9. Transforming our Communities – mental health services (Friarage) – HRW CCG and TEWV	✓		✓	✓	✓	✓	Report on the findings of the consultation and next steps in the process of service reconfiguration.
10. Future plans for Whitby Hospital – HRW CCG							Previously to Mid Cycle Briefing on 3 November 2017. Ongoing scrutiny through Mid Cycle Briefings.
11. Integrated prevention, community care and support in Scarborough and Ryedale – Humber NHS Foundation Trust				✓			Service overview
12. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG							Progress with business case and commencement of building. To 27 April 2018 Mid Cycle Briefing.
13. Castleberg Hospital, Settle – update – AWC CCG			✓				Previously to 3 November 2017 Mid Cycle. Early findings from consultation.
14. Sustainable Future for the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓		✓	✓	✓	✓	Outcome of engagement on proposals for how services can be re-configured across the area. Also at Mid Cycle Briefings
15. Withdrawal of standby ambulance at nurse-led maternity services at the Friarge, Northallerton	✓				✓		Follow up to committee meeting on 15 December 2017
16. Merger of 4 GP practices in Scarborough – S&R CCG							Updated at Mid Cycle Briefing on 26 January 2018
Public Health Developments							
17. Development of base-line data and an on-going monitoring system on the impact of shale gas extraction – Public Health England				✓			Lincoln Sargeant and Simon Padfield PHE. Follow up to 23 June 2017 meeting.
18. Dentistry provision in North Yorkshire – NHS England				✓			NHS England (North) – review the plan for commissioning the wider dental pathway – due April 2018
19. Pharmaceutical Needs Assessment (PNA) for North Yorkshire 2018-21 –	✓		✓				Scrutiny of PNA.

	15 Dec	23 Feb	16 Mar	22 Jun	14 Sept	14 Dec	
Public Health							
In-depth Projects							
20. Health and social care workforce planning – joint scrutiny by Scrutiny of Health and Care & Independence OSC	✓				✓		
21. Dying well and End of Life Care - HWB				✓			Progress report at 3 November 2017 MCB

Other areas to be explored

- Supporting people living with one or more long term condition
- Online medical advice and prescriptions
- Integration of health and social care – progress to date, principles and outcomes
- Health and social care services in Craven
- Overall approach to commissioning mental health services that are provided in North Yorkshire.

Meeting dates 2017 and 2018

Agenda Briefing*	13 March 2018 10.30am	19 June 2018 10.30am	11 September 2018 10.30am	11 December 2018 10.30am
Scrutiny of Health Committee	16 March 2018 10.00am	22 June 2018 10.00am	14 September 2018 10.00am	14 December 2018 10.00am
Mid Cycle Briefing*	27 April 2018 10.30am	27 July 2018 10.30am	2 November 2018 10.30am	

*Agenda Briefings and Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

**Note additional meeting to consider the proposals for consultation on the services provided at the Friarage Hospital, Northallerton. This has moved from 23 February 2018. The meeting on 23 February 2018 will still go ahead, as there are other matters to scrutinise.