

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Director of Public Health
to
Health and Wellbeing Board
on
30th January 2014

Report prepared by: Andrea Atherton
Director of Public Health

Pharmaceutical Needs Assessment

1. Purpose of Report

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board of its responsibility for Pharmaceutical Needs Assessment and the plans for the development of the Southend Pharmaceutical Needs Assessment.

2. Recommendation:

- 2.1 That the Health and Wellbeing Board is asked to:
- Notes its responsibility to undertake a Pharmaceutical Needs Assessment
 - Agree to the proposed governance arrangements for the development of the Southend Pharmaceutical Needs Assessment

3. Background

- 3.1 A Pharmaceutical Needs Assessment (PNA) is a document which provides a full and ongoing of assessment of the need for pharmaceutical services within a specific area. As such the PNA maps current provision, assesses local need and identifies any gaps in provision.
- 3.2 The Health and Social Care Act 2012 transferred the statutory responsibility for the development and updating of PNAs from Primary Care Trusts to Health and Wellbeing Boards, with effect from 1st April 2013.
- 3.3 At the same time, NHS England became responsible for commissioning pharmaceutical services taking into account the local need for services. If someone wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list and must prove they are able to meet a pharmaceutical need. NHS England will rely on the PNA when making these decisions.
- 3.4 'Pharmaceutical services' in relation to PNAs include:
- **Essential services** - These must be offered by every community

pharmacy providing NHS pharmaceutical services. These include:-

- Dispensing of medicines/ appliances
- Promotion of healthy lifestyles
- Support for self care

- **Advanced services** – These require accreditation and are optional. These include Medicines Use Reviews and the New Medicines Service.
- **Locally commissioned services** (known as enhanced services) commissioned by NHS England.

3.5 The following are included in a pharmaceutical list.

- **Pharmacy contractors** (healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use); and
- **Dispensing appliance contractors** (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc).

3.6 In addition there are two other types of pharmaceutical contractors – dispensing doctors who are medical practitioners authorised to provide drugs and appliances in designated rural areas, and local pharmaceutical services (LPS) contractors who provide a level of pharmaceutical services in some areas.

3.7 The PNA tells us what pharmaceutical services are currently available and where we are likely to need changes in the future because of changes to health or geographical location.

4. **Health and Wellbeing Board Statutory Responsibilities in relation to PNAs**

4.1 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 require each Health and Wellbeing to:

- Produce the first PNA by 1st April 2015
- Publish a revised PNA within three years of publication of their first assessment; and
- Publish a revised PNA as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to these changes.

4.2 Regulations 3 -9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs. These regulations include the following:

- The required information to be included in a PNA, which establishes current provision of pharmaceutical services, gaps in provision, other relevant services which may impact on pharmaceutical needs and areas for improvement of access.
- Matters which should be considered within the PNA, including demographics of the population and links to the JSNA and other strategies, future likely need and whether there is sufficient choice with regard to obtaining pharmaceutical services.
- The requirement for a 60 day consultation with bodies stipulated by the regulations.
- The requirement to keep the PNA under review and keeping a map of pharmaceutical services in the area as up to date as possible.
- The requirement for the Health and Wellbeing Board to ensure that appropriate access to their PNA is available.

5. The Current PNA, Governance and Next Steps

- 5.1 The current PNA covering Southend is included as part of a South East Essex PNA that was published by South East Essex Primary Care Trust in 2011. It has not been altered since this time. A report on the PNA process from the NHS England Essex Area Team (Appendix 1) highlights that from 1st April 2013, the only change to the current establishment of pharmaceutical services in Southend has been a proposal for the relocation of one community pharmacy within Southend.
- 5.2 The Health and Wellbeing Board responsibilities, in relation to PNAs, require the establishment of robust processes and governance arrangements to ensure that these are discharged effectively and in accordance with the statutory framework. Furthermore, the size of the task with respect to developing and maintaining the PNA is not insignificant and requires specialist subject matter expertise to inform decision making. The Public Health Team has commissioned external expert support for the development of the Southend PNA.
- 5.3 For these reasons it is recommended that the Health and Wellbeing Board formally delegates the following responsibilities to the Director of Public Health:
- Development of the PNA (noting that the Health and Wellbeing Board would retain responsibility for the final PNA prior to publication)
 - Maintenance of the PNA, including approval of supplementary statements prior to publication; and the decision as to whether or not the PNA needs to be revised in response to changes in the availability of pharmaceutical services
 - Responding to consultations by neighbouring Health and Wellbeing Boards on draft PNAs
- 5.4 Completion of the document will involve a large amount of multi-agency working. To facilitate this, a Pharmaceutical Needs Assessment Steering Group will be established to support the Director of Public Health with the discharge

of all functions relating to the PNA (See Appendix 2 for proposed membership and reporting arrangements).

5.5 The Director of Public Health will ensure that significant risks and/or issues are escalated to the Health and Wellbeing Board as required and will prepare an annual report for the Board.

5.6 The high level plan for the Southend PNA is as follows:

- Establish Steering Group – February 2014
- Pharmacy profile and survey – complete by March 2014
- Survey of patient experience – complete by March 2014
- Draft report - complete by 31 March 2014
- Consultation – 07/04/14 – 09/06/14
- Amendment of document following responses – by 11 July 2014
- Final PNA through governance process in Council - by December 2014

6. Reason for Recommendation:

From 1st April 2013, the Southend Health and Wellbeing Board has a statutory duty for the development of and updating the PNA.

7. Corporate Implications

7.1 Contribution to Council's Vision & Corporate Priorities

Pharmacies are an important part of the healthcare system and play a further role in meeting the health needs of the population by improving public health in a number of areas such as smoking, cardiovascular disease, sexual health and substance misuse.

7.2 Financial Implications

The cost of the development of the Southend PNA will be met from the public health budget. The PNA will need to be repeated every three years and this will be included in future commissioning intentions.

7.3 Legal Implications

The relevant statutory framework is referred to in Section 4 of this report.

7.4 People Implications

None.

7.5 Property Implications

None.

7.6 Consultation

A full communications plan and stakeholder engagement will be undertaken as part of the PNA process. The Regulations require that consultation takes place with a specified list of persons and agencies.

7.7 Equalities and Diversity Implications

An equalities impact assessment will be undertaken on the future PNA.

7.8 Risk Assessment

There are a number of risks attached to the PNA process including:

Failure to:

- Follow a fair unbiased process
- Have regard to the relevant information
- Include the required information
- Consult
- Keep the PNA under review

Appropriate mitigation strategies for these key risks will be developed by the PNA Steering Group.

7.9 Value for Money

No implications.

7.10 Environmental Impact

No implications.

8.0 Appendices

Appendix 1: NHS England Essex Area Team document on PNA process and Changes to pharmaceutical services in Essex since April 2013.

Appendix 2: Membership of Southend PNA Steering Group and reporting arrangements

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The Steering Group will include the following core membership:

Essex Local Pharmaceutical Committee (LPC)
 Essex Local Medical Committee (LMC)
 Southend Clinical Commissioning Group (Medicines Management)
 NHS England Essex Area Team
 Southend-on-Sea Borough Council Public Health
 Community pharmacy adviser
 Lay representative / Healthwatch
 Webstar Lane (commissioned support for development of PNA / project management)

Extended/ advisory members:

Public health analyst
 South Essex Partnership NHS Foundation Trust (Pharmacy)
 Southend University Hospital NHS Foundation Trust (Pharmacy)
 Southend-on-Sea Borough Council Finance representative

Reporting arrangements of the Southend PNA Steering Group

