

Southend Health & Wellbeing Board

Report of Deputy Chief Executive (People)

to

Health and Wellbeing Board

on

22nd March 2017

Report prepared by: James Williams
Deputy Director of Public Health

For information only		For discussion	x	Approval required	
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Agenda

Item No.

Southend-on-Sea Pharmaceutical Needs Assessment Executive Councillor- Councillor Lesley Salter

A Part 1 Public Agenda Item

1. Purpose of the Report

- 1.1 To report on the progress of the refresh of the Southend-on-Sea Pharmaceutical Needs Assessment (PNA).

2. Recommendations

- 2.1 The Health and Wellbeing Board (HWB) note the timeline for the refresh of the Southend-on-Sea PNA.
- 2.2 The Health and Wellbeing Board agree the Terms of Reference (ToR) for the Southend Pharmaceutical Needs Assessment Steering Group.
- 2.3 The Health and Wellbeing Board delegate authority to the Southend Pharmaceutical Needs Assessment Steering Group, to review and advise the HWB on any responses they need to make in relation to 'Consolidated Applications' received by the HWB from NHS England.

3. Background

- 3.1 The provision of NHS pharmacy services is a controlled market. 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.

- 3.2 The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry. Under these Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA). The PNA tells us what pharmaceutical services are currently available and where we are likely to need changes in the future because of demographic or other changes.
- 3.3 NHS England (the national body responsible for commissioning pharmaceutical services) relies on PNAs to inform decision making, specifically regarding whether existing pharmaceutical services meet local need. The PNA is also used by NHS England to assess applications from applicants who want to modify existing services or deliver new pharmaceutical services within the borough.
- 3.4 The Southend Health and Wellbeing Board discharged its statutory duty and published its first PNA on the 3rd December 2014. Regulations require the HWB to revise and update the PNA every 3 years, or sooner should any significant changes occur that impact on the configuration or provision of local pharmaceutical services. In order to comply with its statutory duties, the HWB is required to approve an updated PNA by the 6th December 2017. This is the closest date to the 3 year anniversary of the original publication and will enable the HWB to publish the PNA before the 1st April 2018.
- 3.5 The HWB should note the implications of an amendment to the National Health Service Pharmaceutical Services, Charges and Prescribing Regulations act (S.I. 2016/1077). This amendment came into force on 5th December 2016. It essentially modifies the way in which pharmacies are remunerated for undertaking NHS related activity. It has led to a new regulatory process (an “Excepted Application”) termed a ‘Consolidated Application’.
- 3.6 Consolidated Applications enable a provider to submit a proposal to NHS England to close its premises. NHS England are required to notify the HWB of the application and to seek their views on whether this would create a gap in the provision of local pharmaceutical services. NHS England will only grant the application if it considers that no gap in provision will be created. NHS England must refuse any applications by other providers to fill any alleged gap resulting from a closure of premises under a Consolidated Application, until the next revision of the PNA, these are termed ‘Unforeseen Benefit Applications’.
- 3.7 Possible circumstances when a Consolidated Application might be submitted, could be if a large pharmacy chain wishes to close a branch or outlet. Providers can still apply to NHS England to close premises using separate existing procedures, but they would lose any protection from ‘Unforeseen Benefit Applications’. This means other providers could apply to NHS England to deliver local pharmaceutical services in that particular locality.
- 4. Update on the process of the refresh of the Southend-on-Sea PNA**
- 4.1 The HWB previously delegated authority to the Director of Public Health (DPH) to maintain and update the existing PNA. The DPH has initiated this process and established a PNA Steering Group chaired by the Deputy Director of Public

Health. The Terms of Reference and membership of the PNA Steering Group are set out in Appendix 1.

- 4.2 The PNA Steering Group has developed a project plan and timeline for the completion of the PNA refresh. The PNA Steering Group has compiled a risk and issues log and started to scope the questions and process that will inform the 60 day public consultation process. This consultation is a regulatory requirement. The PNA Steering Group has also initiated the process of engagement with existing providers of pharmaceutical services, prior to the comprehensive needs assessment process that will be undertaken over the coming months.

5.0 Key Issues for the Health and Wellbeing Board

- 5.1 The HWB should review the Terms of Reference for the PNA Steering Group and determine whether any amendments are required.
- 5.2 The PNA Steering Group has all relevant professionals and lay representation required, to scrutinise any applications received from NHS England. The HWB should consider whether they are content to delegate the technical process of reviewing and making recommendations to the Board regarding 'Consolidated Applications', to the PNA steering group.
- 5.3 The HWB should note the timeline for completion of the refreshed PNA. Members will receive regular progress updates at each HWB meeting through to December 6th 2017 when the Board will need to agree the refreshed PNA.

6.0 Health & Wellbeing Board Priorities / Added Value

- 6.1 Pharmacies are an important part of the healthcare system and contribute to the delivery of a number of Ambitions in the Health and Wellbeing Strategy.

7.0 Reasons for Recommendations

- 7.1 The PNA is a statutory document. The Health and Wellbeing Board must refresh it in line with prescribed timescales. Delegating authority to the PNA Steering Group to consider 'Consolidated Applications', will enable to HWB to make informed responses to NHS England on any applications that might impact on the ability of local people to access pharmaceutical services in Southend-on-Sea.

8.0 Financial / Resource Implications

- 8.1 The cost of the development of the Southend PNA will be met from the public health budget.

9.0 Legal Implications

- 9.1 The relevant statutory framework is referred to in Section 3 of this report.

10.0 Equality & Diversity

10.1 Equality and diversity issues will be taken into account as part of the process of PNA refresh.

11.0 Background Papers

11.1 None.

12.0 Appendices

12.1 Appendix 1 Southend-on-Sea Pharmaceutical Needs Assessment Steering Group Terms of Reference

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

<p>Ambition 1. A positive start in life A. Children in care B. Education- Narrow the gap C. Young carers D. Children’s mental wellbeing E. Teen pregnancy F. Troubled families</p>	<p>Ambition 2. Promoting healthy lifestyles A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p>	<p>Ambition 3. Improving mental wellbeing A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p>
<p>Ambition 4. A safer population A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p>	<p>Ambition 5. Living independently A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care E. Reablement F. Supported to live independently for longer</p>	<p>Ambition 6. Active and healthy ageing A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– support E. Personalisation/ Empowerment</p>
<p>Ambition 7. Protecting health A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p>	<p>Ambition 8. Housing A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p>	<p>Ambition 9. Maximising opportunity A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment</p>

