

9th January 2014

ITEM: 10

Thurrock Health and Well-Being Board

Pharmaceutical Needs Assessment

Report of: Dr Andrea Atherton, Director of Public Health

Debbie Maynard, Head of Public Health

Accountable Director: Roger Harris, Director of Adults, Health and Commissioning

This report is: Public

Purpose of Report: 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 Thurrock Pharmaceutical Needs Assessment

EXECUTIVE SUMMARY

From 1st April 2013, Health and Wellbeing Boards have assumed the responsibility for the development and publication of local pharmaceutical needs assessments (PNAs), formerly published by primary care trusts.

The PNA provides a full, ongoing assessment of the local need for pharmaceutical services, which is different to identifying general health need.

NHS England will use the PNA when deciding if new pharmacies or dispensing appliance contractor premises are needed, and to also make decisions on which NHS funded services need to be provided by local community pharmacies. Local authorities and Clinical Commissioning Groups will also use the PNA to inform their commissioning decisions.

The legislation states that the PNA must be published by 1st April 2015, and fully revised every three years to ensure it remains accurate.

1. RECOMMENDATION:

- 1.1 The Health and Well-Being Board is asked to note the contents of the report; and
- 1.2 Agree to the establishment of a Thurrock PNA Steering Group that reports to the Health and Wellbeing Board and provides regular updates on the development of the Thurrock PNA.

2. INTRODUCTION AND BACKGROUND:

2.1 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.

- 2.2 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.
- 2.3 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.
- 2.4 '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.
- 2.5 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).
- 2.6 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.
- 2.7 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.
- 3. Health and Wellbeing Board Responsibilities in relation to PNAs
- 3.1 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.
- 3.2 Regulations 4 -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:
- 3.2.1 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.
- 3.2.2 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.
- 3.2.3 The requirement for a 60 day consultation with bodies stipulated by the regulations.
- 3.2.4 The requirement to keep the PNA under review and keeping a map of pharmaceutical services in the area as up to date as possible.
- 3.2.5 The requirement for the Health and Wellbeing Board to ensure appropriate access to their PNA is available.

4. The Current PNA and Next Steps

- 4.1 The current PNA covering Thurrock is included as part of a South West Essex PNA that was published by South West Essex Primary Care Trust in 2011. It has not been altered since this time. Further information is being requested from the NHS England Essex Area Team about any new or decommissioned contractors in Thurrock.
- 4.2 The process for the preparation of a PNA typically requires one year, including the gathering and publishing of robust service and health need information, the use of steering and stakeholder groups for early engagement and the 60 day consultation period.
- 4.3 It is proposed that the compilation of the PNA should be led by members of the Thurrock Public Health Team. Completion of the document will involve a large amount of multi-agency working. To facilitate this, a Steering Group has been established with relevant representation from the pharmaceutical sector, CCG, LPC, LMC, local authority and Healthwatch to provide ongoing support to this work. Time will be spent undertaking relevant research, which will



include information collection from the local pharmacists and residents. The resulting draft report will be released for consultation for a minimum of two months, allowing comments to be made and revisions to be proposed.

- 4.4 The Steering Group will be responsible for supplying regular update reports to the Health and Wellbeing Board. Following this, the report will be amended where appropriate and enter the formal approval process via the Health and Wellbeing Board.
- 4.5 The high level plan for the Thurrock PNA is as follows:
 - Establish Steering Group December 2013
 - Identify Thurrock's priorities & health needs complete by December 2103
 - Pharmacy profile and survey complete by March 2014
 - Survey of patient experience complete by March 2014
 - Draft report complete by June 2014
 - Consultation 01/07/14 01/09/14
 - Amendment of document following responses by October 2014
 - Final PNA through governance process in Council by December 2014

5. REASONS FOR RECOMMENDATION:

- 5.1 That the HWBB supports the management of the new Pharmaceutical Needs Assessment. The Steering Group will be responsible for supplying regular update reports to the Health and Wellbeing Board on a quarterly basis.
- 6. CONSULTATION (including Overview and Scrutiny, if applicable)
- 6.1 There is a statutory 60 day consultation required as part of the process for producing a PNA.

7. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

7.1 The PNA should be used by the Council and partners to influence new ways of working.

8. IMPLICATIONS

8.1 Financial

Implications verified by: Mike Jones

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There are no financial decisions that relate to this report. Decisions arising from recommendations by the Director of Public Health that may have a future financial impact for the Council would be subject to the full consideration of the Cabinet before implementation.



8.2 **Legal**

Implications verified by: Dawn Pelle

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First the PNA must contain the information as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Further in a Guide for Local Authorities produced by Pharmacy Voice, Royal Pharmaceutical Society and PSNC it is stated that PNAs should be robust or else the authority could face legal challenge in the High Court by way of Judicial Review. Further Consultation is given a statutory basis in the regulations and therefore if the authority does not adhere to the statutory consultation period then the authority could be found to be acting act ultra vires. The main points of the PNA have been addressed in the report.

8.3 **Diversity and Equality**

Implications verified by: Roger Harris

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Equalities impact assessment will be undertaken on the future PNA.

8.4 <u>Other implications</u> (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

Failure to deliver a pharmaceutical needs assessment by 1st April 2015 would put the Council in breach of Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

Department of Health: Pharmaceutical Needs Assessments. Information Pack for Health and Wellbeing Boards

APPENDICES TO THIS REPORT:

None

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