

**Report to Essex, Southend and Thurrock Health and Wellbeing Boards –
update on NHS England Pharmaceutical Services Regulation Committee
decisions and implications for development of Pharmacy Needs Assessments
(PNAs) for Health and Wellbeing Boards**

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| Presented by: | |
| Status | For information |

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| i | Summary |
| | This paper summarises the decisions taken by the Essex Area Team Pharmaceutical Services Committee since April 2013. This information will be of interest to Health and Wellbeing Boards in developing their Pharmaceutical Needs Assessments (PNAs) by 1 April 2015 |
| ii | Financial Implications |
| | None |
| iii | Recommendation |
| | .That the contents of this report be noted and shared with Health and Well Being working groups established to oversee the development of local PNAs |

1. Introduction and Background

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013 sets out that all Health and Wellbeing Boards have a statutory duty to develop and publish a Pharmaceutical Needs Assessment (PNA) by 1 April 2015.

The first PNAs were published by Primary Care Trusts (PCTs) in February 2011. PCTs were also responsible for reviewing and updating their PNAs through publication of Supplementary Statements, which were statements of fact explaining any changes to the provision of pharmaceutical services since publication of the PNA. These changes would have included, for example, the opening of a new pharmacy or improvement in pharmacy service provision through increased opening hours within an area of pharmaceutical need identified in the original PNA.

Responsibility for developing and updating PNAs transferred from PCTs to Health and Well Being Boards under the 2012 Health and Social Care Act.

Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England on 1 April 2013.

PNAs are key tools for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services which could be delivered by community pharmacies and other providers. They enable appropriate commissioning and regulatory functions in relation to the provision of high quality pharmaceutical services for a local population. The PNA maps current provision, assesses local need and identifies any gaps in provision.

PNAs are key documents for NHS England and other commissioners including CCGs, Public Health England and Local Authorities. The PNA will inform NHS England's decisions on applications to open new pharmacies and dispensing appliance contractor premises.

These decisions are taken in line with NHS Regulations and can be challenged on appeal. Appeals are initially considered by the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU) and can also be challenged through the courts through judicial review. It is therefore important that PNAs comply with the requirement of the NHS Regulations, due process is followed in their development and that they are kept up to date and reviewed in the light of decisions taken by the NHS England Pharmaceutical Services Regulation Committees.

PNAs will also inform the commissioning of enhanced services from pharmacies by Local Authorities and NHS England. These include services such as needle and syringe exchange, stop smoking and chlamydia screening services which are

commissioned by Local Authorities since April 2013. NHS England currently commissions flu immunisations from a number of pharmacies under a pilot scheme and also commissions a palliative care enhanced service in Mid Essex and West Essex localities.

2. Responsibilities of Health and Well Being Boards

Health and Well Being Boards need to satisfy themselves that the inherited PNAs are fit for purpose and if necessary make a revised assessment after identifying changes to the need for pharmaceutical services.

Further guidance is set out in the DH publication “Pharmaceutical needs assessments – Information Pack for local authority Health and Wellbeing Boards.” Published in May 2013.

3. NHS England Pharmaceutical Services Committee decisions

The Essex Area team has established a Pharmaceutical Services Regulation Committee in line with NHS England policy which meets monthly to determine applications to open new pharmacies and applications for the relocation of existing pharmacies. The team comprises the Director of Commissioning, Head of Primary Care and a lay representative who are voting members.

In addition the panel is advised by an independent pharmacist professional adviser and the Area team Contracts Manager with a Strategic Lead for Pharmacy who are non voting members

The tables below set out details of applications to open new pharmacies approved since April 2013 by Local Authority area.

| | Essex | Southend | Thurrock |
|----|--|----------|--|
| 1. | Hythe Prescriptions Ltd – 2 Hythe Quay, Colchester (date of opening not yet confirmed) | | Hassengate EA Limited, Southend Road, Stanford-le-Hope 100 hour pharmacy (not yet opened – deadline expires February 2014) |
| 2 | Colchester Community Services Ltd – Harwich Road, Colchester (date of opening not yet confirmed) | | |
| 3. | New pharmacy at Felsted – approved on appeal by FHSAU | | |

In addition, the Committee has approved the following relocations of existing pharmacies since April 2013. None of these relocations has yet taken place.

| | Essex | Southend | Thurrock |
|----|--|--|----------|
| 1. | Total Medcare Ltd (internet pharmacy) from Unit B8, Langston Road, Loughton to Unit 1, Knight House, Lentahall Road, Loughton | AAH Pharmaceuticals (Wilkinsons Healthcare) from 631 London Road, Westcliff to 44 Hamlet Court Road, Westcliff | None |
| 2 | Boots the Chemist Ltd from 4-8 Cambridge Road, Stansted to 2 Lower Street, Stansted (not yet opened – to be co-located with Stansted GP surgery development) | National Co-op Chemists from 16 Oak Road, Canvey Island to 97-99 Furtherwick Road, Canvey Island | |

4. Review of rural status across Essex

Area Team are required to validate the current list of patients eligible to receive dispensing GP surgery; this only applies to patients who live more than 1.6km from a pharmacy within a “reserved” locality identified as rural in character or who have been identified as having “serious difficulty” in travelling to a pharmacy. This exercise needs to be completed by 31 March 2015.

It is recognised that not all areas of Essex have been determined by predecessor organisations as either controlled (rural) or non controlled (urban) areas; there is also a need to review the status of some areas in view of significant housing development which may impact on the status of an area. If an area should be re-classified as a non controlled (urban) area, this will mean that patients will no longer be eligible to receive their medicines from their GP surgery. In line with Regulations, consultation will be undertaken with Local Authorities and other local stakeholders. The final decisions will be taken by the Pharmaceutical Services Regulation Committee.

A sub committee therefore been established by the Area Team to manage this project; Healthwatch representatives have been invited to join this committee.

5. Progress with development of PNAs across Essex

Essex County Council has established a working group led by Dipti Patel to develop the PNA on behalf of Essex Health and Wellbeing Board; NHS England is represented on this group and work is progressing well with questionnaires about to be sent out to stakeholders including patients for their views.

Thurrock Wellbeing Board has established a PNA working group which met for the first time in December 2013; NHS England is also represented on this group.

NHS England is currently seeking input to the Southend Council PNA working group once established.

NHS Primary Care Commissioning (NHS PCC) has been offering training to Health and Well Being Board members and Local Authority staff on the development of PNAs; the Essex Area Team is also willing to facilitate a local Essex training session for Health and Well Being colleagues if this would be helpful please contact Tracy Manzi (tracy.manzi@nhs.net).

6. Recommendation

This report is for information only.

