

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title: The Pharmaceutical Needs Assessment: A New Statutory Requirement of the Health and Wellbeing Board	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision:
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Sponsor: Matthew Cole, Director of Public Health	
Summary: <p>From 1 April 2013, Health and Wellbeing Boards (HWBs) have assumed the responsibility for the development and publication of local pharmaceutical needs assessments (PNAs) formerly published by primary care trusts (PCTs).</p> <p>The PNA provides a full, ongoing assessment of the local need for pharmaceutical services. This is different from identifying general health need.</p> <p>NHS England will rely on the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.</p> <p>Local Authority and Clinical Commissioning Group will also use the PNA to inform their commissioning decisions.</p> <p>The key requirements will be</p> <ul style="list-style-type: none">• To produce a first assessment by 1 April 2015.• To produce as soon as feasible, a supplementary statement identifying any changes to pharmaceutical services in Barking and Dagenham since the last PNA (April 2011).• To produce updates of the pharmaceutical services map for Barking and Dagenham.• To publish a revised assessment within three years of publication of their first assessment.	
Recommendations The Health and Wellbeing Board is recommended to agree: <ol style="list-style-type: none">(i) To review and discuss the implications of this paper.(ii) To approve the presentation to a future meeting of the board an updated	

pharmaceutical services map, as required by regulation.

- (iii) To approve any supplementary statement to the PNA (as required by regulation) and to delegate a task and finish group in Public Health to prepare this and present it to the Board.
- (iv) To delegate as a responsibility of the Public Health Programmes Board, the governance and delivery of the first PNA, taking into consideration the long planning cycle required.
- (v) To approve the development of appropriate robust stakeholder engagement and consultation, and use of resource by the subgroup of the Board, in delivery of the PNA.

Reason(s)

The Pharmaceutical Needs Assessment (PNA) was a statutory responsibility of the former Primary Care Trust (PCT) to produce and publish.

The PNA was handed over to Health and Wellbeing Boards from April 2013. The Board will need to provide a high level summary of the status of their PNA and this paper is intended to inform discussions at the Board in regard to actions that need to be taken to ensure that the Board are meeting their obligations under the regulations.

1 Introduction

- 1.1 From 1 April 2013, Health and Wellbeing Boards (HWBs) have assumed the responsibility for the development and publication of local pharmaceutical needs assessments (PNAs) formerly published by primary care trusts (PCTs).
- 1.2 The PNA provides a full, ongoing assessment of the local need for pharmaceutical services. This is different from identifying general health need.
- 1.3 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require each HWB to:
 - produce the first assessment by 1 April 2015;
 - publish a revised assessment within three years of publication of their first assessment; and
 - publish a revised assessment 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 those changes.
- 1.4 The London Borough of Barking and Dagenham has inherited the PNA from NHS Barking and Dagenham. It is now necessary to review this document, assess whether there have been significant changes to the need for pharmaceutical services and decide whether producing a new PNA is a disproportionate response to the level of change identified. NHS North East London and City's have reviewed the NHS Barking and Dagenham's PNA. against NHS(PhS) Regulation 2012 and their comments have been acted on.
- 1.5 The full Regulations are available at www.legislation.gov.uk. They replace the NHS (Pharmaceutical Services) Regulations 2012 and the NHS (Local Pharmaceutical Services etc.) Regulations 2006 as the new legislative regime which governs the arrangements for the provision of these services in England.

2 Background and context

2.1 The first PNAs were published by NHS PCTs and were required to be published by 1 February 2011.

2.2 'Pharmaceutical Services' are:

- **'Essential services'** –These must be offered by all pharmacies. These include:
 - dispensing of medicines/ appliances;
 - promotion of healthy lifestyles;
 - support for self care;
 - disposal of unwanted medicines.
- **'Advanced services'**- These require accreditation and are optional. These include Medicine Use Reviews (MURs) and New Medicine Service.
- **'Enhanced services'**, commissioned by NHS England. These include:
 - Anticoagulation Monitoring;
 - Minor ailment Service;
 - Support to residents and staff in care homes;
 - Out of Hours service

NOTE: Some locally commissioned services may be a Public Health Service that could be potentially commissioned by NHS England. For example, Stop Smoking Services, Supervised Consumption of Methadone/ Buprenorphine and Sexual Health Service for the provision of Emergency Hormonal Contraception, and thus should be considered in the PNA.

2.3 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.

2.4 Pharmaceutical services do not include any services commissioned directly from pharmaceutical contractors by local authorities, clinical commissioning groups etc.

3 The purpose of the Pharmaceutical Needs Assessment

3.1 If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS "market entry" system.

3.2 NHS England will rely on the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

3.3 Local Authority and Clinical Commissioning Group will also use the PNA to inform their commissioning decisions.

4 The Statutory Regulations with regard to the Pharmaceutical Needs Assessment

- 4.1 Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.
- 4.2 These regulations include the following.
 - 4.2.1 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.
 - 4.2.2 Matters which should be considered within the PNA, including demographics of the population and links to the JSNA and other strategies.
 - 4.2.3 The requirement for a 60 day consultation with bodies stipulated by the regulations.
 - 4.2.4 The requirement to keep the PNA under review. This includes:
 - assessing whether the current PNA needs revision on the basis of substantial changes occurring to pharmaceutical services;
 - producing a supplementary statement to capture changes in pharmaceutical provision occurring since the last PNA was published, which are not substantial;
 - keeping a map of pharmaceutical services in the area as up to date as possible.
 - 4.2.5 The requirement for the Health and Wellbeing Board to ensure appropriate access to their PNA is available to NHS England, neighbouring Health and Wellbeing Boards and others.

5 Overview of the current Barking and Dagenham Pharmaceutical Needs Assessment (March 2011)

- 5.1 NHS Barking and Dagenham published the PNA in March 2011. This PNA provided description of our local health priorities which have a related pharmaceutical need. It also provided a detailed summary of community pharmacy provision, including the then current need for medicines and a path forward for addressing any of the unmet needs or service gaps identified.
- 5.2 The PNA indicated that the majority of pharmaceutical needs were being met by the current pharmaceutical provision, with Barking and Dagenham residents able to access a local pharmacy within a ten minute walk. However public consultation showed a need for more access to pharmacies out of hours.
- 5.3 There are opportunities for pharmacies to play a further role locally in meeting the health needs of the population by improving public health in a number of areas including smoking, obesity and healthy eating, cardiovascular disease, diabetes, substance misuse and alcohol related admissions to hospital.
- 5.4 This role may include the use of enhanced services commissioned by the local authority. Whilst it is not a requirement to include a description of such services

within the PNA, they can be seen as an important area for consideration by commissioners.

- 5.5 Pharmacies can further contribute to health improvement and to visits to accident and emergency through improved use of many of their services, including the Pharmacy First (minor ailments) service, support for self care service, MURs and care home support services.
- 5.6 A copy of the current Barking and Dagenham Pharmaceutical Needs Assessment can be found at: <http://www.barkingdagenhamccg.nhs.uk/Downloads/News-and-publications/Strategies-and-plans/NHSBD-PNA.pdf>

6 Priorities for improving health and wellbeing

- 6.1 The Health and Wellbeing Strategy 2012 – 2015 sets out our plans and priorities for reducing health inequalities and improving life expectancy in Barking and Dagenham. The Health and Wellbeing Strategy 2012 – 2015 is available at www.lbbd.gov.uk¹
- 6.2 The Joint Strategic Needs Assessment (JSNA) informs all partners commissioning plans. Public health data to support the PNA will be drawn from the local JSNA which is available by following the elink²:
- 6.3 The PNA will need to take into account the challenges faced by the national and regional policy decisions outside the control of the local partnership, these include:
- Changes to the welfare and benefits system will negatively impact on the majority of households in the borough.
 - Economic recession and the impact of the Government's economic policy on the public sector finances.
 - Balancing the needs of the population and restrictions on public finances.
 - Implementation of the Health for North East London programme. This is a major restructure, not just of healthcare services but also how social care is integrated within the system.
 - The Government has estimated 645 troubled families in Barking and Dagenham who require tailored interventions.
- 6.4 Our ambition for the PNA in Barking and Dagenham is to support our overall efforts to improve health for all our residents and first and foremost to reduce health inequalities. A number of our priorities concentrate on the integrated management of long-term medical conditions and the promotion of healthy choices. With programmes focused on improvements in the main causes of mortality and unhealthy lifestyles in Barking and Dagenham - alcohol, cancer, cardiopulmonary disease, cardiovascular disease, mental health, obesity, smoking and sexual health. Through these programmes and investments we will reduce health inequalities and improve life expectancy. We will address the needs of our significant population

¹ <http://www.lbbd.gov.uk/AboutBarkingandDagenham/PlansandStrategies/Documents/HealthandWellbeingStrategy.pdf>

² <http://www.barkingdagenhampartnership.org.uk/news-archive/Documents/BARKING%20AND%20DAGENHAM%20JSNA%20-%20FULL%20APPROVED%20VERSION%202011.pdf>

growth and changes in our local population through the life course and ensure that we respond to the needs of vulnerable.

We cannot deliver this ambition without working with all partners, including our community pharmacies. To succeed we will need to harness the full potential within our pharmacy provider network and to bring to bear the unique qualities and focus of community pharmacy on our health challenges.

- 6.5 The PNA will need to embrace local policy directives from the partnership to support the delivery of agreed outcomes. Such policy directives include all pharmacists achieving the standards of being young people friendly. During the process of developing the new PNA the public health directorate will be seeking the views of partners on what local policy directives should be included in the commissioning of new pharmacies.

7 Recommended next steps

- 7.1 The priority is to acquire information from NHS England about new/decommissioned contractors in Barking and Dagenham. This will allow an evaluation of the level of change that has occurred in the provision of pharmaceutical services, which will lead to the issue of a supplementary statement.
- 7.2 The pharmaceutical needs of the local population of Barking and Dagenham are being largely met by the current network of pharmacies and services. Some changes in need are expected in the next few years and improvements in some services would be beneficial.
- 7.3 The current Barking and Dagenham PNA could be improved by clarifying certain details:
- Defining localities.
 - Defining the needs in each locality.
 - PNA needs to explicitly indicate the necessary service provision.
 - More information is needed about private services offered by contractors that meet pharmaceutical needs in the local area.
 - There needs to be robust timetabled process to update the map of pharmaceutical services.

These have been identified by NHS NELC's review.

- 7.4 It is not anticipated that pharmaceutical need will have significantly changed in the Barking and Dagenham area and a publication of a new PNA should be scheduled for April 2015 to comply with regulations. There needs to be consideration given to the long planning cycle required for PNAs.
- 7.5 The process for the preparation of the 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. However, given the changes to infrastructure and networks as a result of transition of responsibilities to new organisations at 1 April 2013, it is proposed that

the process is initiated now. An indicative timetable is attached at Appendix 1.

8. Mandatory implications

8.1 Joint Strategic Needs Assessment

Work on the PNA will be a separate stream of work to the main Barking and Dagenham JSNA, but will be coordinated to ensure that:

Relevant findings from the JSNA are incorporated into the PNA so that appropriate decision making on pharmaceutical services is steered to meet the joint objectives.

Relevant findings of the PNA will be summarised in appropriate sections of the JSNA and a suitable reference mechanism will be included ensure public and commissioners are fully aware of the PNA.

8.2 Health and Wellbeing Strategy

Delivery of the Barking and Dagenham PNA will be within the scope of the Health and Wellbeing Strategy, and an appropriate reporting and briefing mechanism will be put in place as part of the governance structure of the PNA.

8.3 Integration

Work on the Barking and Dagenham PNA will be coordinated by the Barking and Dagenham Public Health Intelligence function to include all stake-holders. This will ensure suitable strategic, legal and clinical requirements are integrated into the programme.

The appropriate requirements for engagement, consultation and accurate service and demographic data and plans will be coordinated within the local government and with NHS organisational units led by the Public Health Intelligence team.

Local neighbouring Health and Wellbeing boards will be working on their own PNA programmes and we will expect to coordinate and share relevant information and findings.

8.4 Financial implications

The Pharmaceutical Needs Assessment will be funded from the Public Health Grant. There is a budget of £80,000 for needs assessments within the Health Intelligence section of the grant.

Financial Implications completed by: Dawn Calvert

8.5 Legal implications

The relevant statutory framework is referred to in section 4 above.

The risks of legal challenge to the legality of decisions are described within it, along with an analysis of action to be taken to avoid this.

In addition, public bodies must have "due regard" to:

- The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EqA 2010 (*section 149(1)(a)*).
- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1)(b)*). This involves having due regard to the needs to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (*section 149(4)*);
 - and encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (*section 149(1)(c)*). This includes having due regard to the need to tackle prejudice and to promote understanding (*section 149(5), EqA 2010*).

Implications completed by: Lucinda Bell, Solicitor Social Care and Education, Legal Practice - Children's Safeguarding (Lucinda.bell@BDTLegal.org.uk).

8.6 Risk management

- 8.6.1 Nationally, through the collected experience of the PNA process, a number of significant risks have been identified which will need to be actively managed. These are summarised together with mitigation strategies in Table 1 below.
- 8.6.2 Chief among these is the risk for the PNA is a direct challenge by consultees or affected pharmacists in the form of a Judicial Review. But the PNA is intended to be a useful working document to inform the people of Barking and Dagenham of pharmaceutical needs and services and a challenge is not expected.

Table 1: A summary of key risks and mitigation strategies

RISKS	MITIGATION STRATEGIES
Failure to have regard to and to include relevant information within the PNA	<p>Ensure appropriate references to and use of the JSNA and other strategic documents.</p> <p>Ensure effective lawful information flow between contributing organisations including the use of Memorandum of Understanding and Information Sharing Agreements.</p> <p>Allow significant lead times for the collection of service data.</p>
Failure to keep the PNA under review	<p>Know the statutory requirements of the PNA, design a formal process to follow them.</p> <p>Conduct an effective, RAG rated review of the PNA inherited from the PCT.</p>

<p>Failure to follow a fair unbiased process</p>	<p>Ensure effective governance arrangements, with clear lines of reporting to the HWB.</p> <p>Establish formally the appropriate groups for the delivery of and contribution to the PNA, including a steering group, stakeholder group and public engagement group.</p> <p>The steering group should include representation from the Local Pharmaceutical Committee, Local Professional Network, Local Medical Committee, NHS England, Clinical Commissioning Group, Health Watch and other local commissioners.</p>
<p>Failure to appropriately consult</p>	<p>Establish as a priority, agreed methods to patient and public engagement and formal consultation</p>
<p>Failure to keep the map of pharmaceutical services correct and current</p>	<p>Delegate a priority workstream to a sub board of the HWB, to ensure the prompt update of the pharmaceutical services map.</p>

9. List of Appendices:

APPENDIX 1: An example of an indicative timetable for the development of a Pharmaceutical Needs Assessment.

APPENDIX 1:

An example of an indicative timetable for the development of a Pharmaceutical Needs Assessment.

Date	Action
September 2013 onwards	Responsibility for the delivery of the PNA will be delegated to the PH programmes board which will closely monitor its development.
By December 2013	Identify and involve suitable representatives of the relevant stakeholder groups, and obtain the latest appropriate information on current services.
By December 2013	Governance structure and strategic plan for development of PNA to be put in place.
By January 2014	Resourced plan for development and work allocation to be ready.
By April 2014	Memorandum of Understanding and Information Sharing Arrangements to be in place to ensure the mechanisms for liaison with local partners and stakeholders is formally agreed.
By April 2014	Consultation and public engagement mechanisms to be agreed.
By December 2014	Pilot reports and maps to be developed during 2014 to facilitate consultation and engagement.
January – March 2015	High level summary with recommendations to return to the H&WBB when the PNA is completed. This must be presented to the H&WBB prior to the use of the information elsewhere and prior to the submission of documentation to NHS England.
April 2015	Completed delivery of PNA.