

**TO: HEALTH AND WELL BEING BOARD
13 FEBRUARY 2014**

**PHARMACEUTICAL NEEDS ASSESSMENT (PNA)
Strategic Director of Public Health**

1 PURPOSE OF REPORT

- 1.1 This report sets out the scope of the Pharmaceutical Needs Assessment (PNA). It states what is required within a PNA, the approach to be used and the timeline for delivery of the project.

2 RECOMMENDATIONS

That the Health and Well Being Board:

- 2.1 **Note the requirement of the health and wellbeing board to undertake a PNA and to agree with the process outlined.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 The Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from Primary Care Trusts to Health and Well Being Boards. Simultaneously NHS England became responsible for using PNAs as the basis for determining market entry to a pharmaceutical list.
- 3.2 Each Health and Well-being Board must, in accordance with Department of Health regulations:
- (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

5 SUPPORTING INFORMATION

5.1 PHARMACEUTICAL PROVISION AND LEGISLATIVE BACKGROUND

- 5.1.1 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 the NHS England. This is commonly known as the NHS "market entry" system.
- 5.1.2 Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations ("the 2013 Regulations"), a person who wishes to provide NHS

pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. (There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis). The first PNAs were published by NHS primary care trusts (PCTs) and were required to be published by 1 February 2011.

- 5.1.3 The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people's plan, the local housing plan and the crime and disorder strategy.
- 5.1.4 The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).
- 5.1.5 The PNA will provide information on the current pharmaceutical services in Bracknell Forest and Berkshire, and identify gaps in the current service provision, taking into account any known future needs.

5.2 PHARMACEUTICAL SERVICES

5.2.1 The types of pharmaceutical services commissioned are:

- “*essential services*” which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service¹ – the dispensing of medicines, promotion of healthy lifestyles and support for self-care;
- “*advanced services*” - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors; and
- *locally commissioned services* (known as enhanced services) commissioned by NHS England.

5.2.2 The following are types of pharmacy contractors included in a pharmaceutical list. These types of contractor (or provision) must be included in the PNA. They are:

- *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). They cannot supply medicines.

In addition, there are two other types of pharmaceutical contractor:

Dispensing doctors, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”.

Local pharmaceutical services (LPS) contractors who provide a level of pharmaceutical services in some HWB areas. A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

5.3 THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA) PROCESS

5.3.1 The PNA will be used by the NHS to commission pharmaceutical services in Berkshire. It will also be used by the public health team in Bracknell Forest Borough Council to commission locally enhanced services.

5.3.2 The PNA must comply with legislative requirements.

Statutory requirements of a Pharmaceutical needs assessment
<p>1. Schedule 1, paragraph 1 Necessary services – current provision Pharmaceutical services which are identified as services that are provided: (a) in Berkshire and which are necessary to meet its need for pharmaceutical services (b) outside Berkshire but which nevertheless contribute towards meeting its need for pharmaceutical services</p>
<p>2. Schedule 1, paragraph 2 Necessary services – gaps in provision Pharmaceutical services that have been identified as services that are not provided in Berkshire but which will - (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.</p>
<p>3. Schedule 1, paragraph 3 – Other relevant services – current provision Pharmaceutical services that are identified as services that are provided- (a) in Berkshire or in neighbouring counties, and which, although they are not necessary to meet the need for pharmaceutical services in Berkshire, nevertheless resulted in improvements, or better access to pharmaceutical services (b) in or outside Berkshire and, which do not fall under “necessary” category, help the pharmaceutical service provision in Berkshire</p>
<p>4. Schedule 1, paragraph 4 – improvements and better access: gaps in provision Pharmaceutical services which are identified as services that are not provided in Berkshire but which -</p>

(a) will, if they were provided, secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type

(b) will, if in specified future circumstances they were provided, secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type

5. Schedule 1, paragraph 5 – other services

Any NHS services provided or arranged by HWBs, NHS Commissioning Board, a Clinical Commissioning Board (CCG), an NHS trust or an NHS foundation trust, which affect-

(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in Berkshire

(b) whether further provision of pharmaceutical services in Berkshire would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

6. Schedule 1, paragraph 6 – how the assessment was carried out

An explanation of how the assessment has been carried out, in particular –

how it has determined what are the localities in its area;

how it has taken into account (where applicable)-

the different needs of different localities in its area, and the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

5.3.3 Bracknell Forest HWB will need to publish its PNA by 1st April 2015. This will require board-level sign-off and a period of public consultation beforehand. Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

HWB will also need to ensure that the NHS Commissioning Board and its Area Teams have access to the PNA.

5.3.4 **Methodology:** A steering group will be established to ensure stakeholder involvement and compliance with the statutory requirements for the report. This group will oversee the 6 PNA reports - one for each Health and well being board. **Report design:** There will be one common PNA format for each Health and well being board, however each will be designed to align with the corporate requirements of each UA. A common approach and timescale will be undertaken for pharmacy providers, user feedback and consultation.

5.3.5 The key elements of the process are in summary:

- 1) **Service mapping:** Existing pharmaceutical services in Berkshire will be mapped against population density and against rate of long term diseases. Joint Strategic Needs Assessment (JSNA) and other relevant existing documents will be used to identify health needs of the population and gap analysis
- 2) **Review of services:** detailed questionnaire to service providers
- 3) **Users' views** will be obtained through a questionnaire for the public using pharmacy services and another questionnaire for the pharmacists

Unrestricted

- 4) Draft report for consultation presented to each HWB board and then out to consultation for 3 months
- 5) Final report will be sent to the six Health and Wellbeing Boards in Berkshire for approval before publishing it.

5.3.5 Consultation will include: Local residents, the Local Pharmaceutical Committee for Berkshire, the Berkshire Local Medical Committee, Berkshire Clinical Commissioning Groups (CCGs), Thames Valley NHS England Area Team, Neighbouring Health and Wellbeing Boards, any persons on the pharmaceutical lists and any dispensing doctors list for Berkshire population, any LPS chemist with whom the NHS England has made arrangements for the provision of any local pharmaceutical services for Berkshire population, local Health Watch organisations, and any other patient, consumer or community group in Berkshire which has an interest in the provision of pharmaceutical services in Berkshire NHS Trusts.

5.4 Milestones

	Deadline
Meeting commissioners (NHS Thames valley Area Team and CCGs), public health consultants, LPC and Pharmacy Network lead for Berkshire	November - December 2013
User and pharmacist surveys	January - March 2014
Writing first draft	January - March 2014
Incorporation of survey results into draft report	April 2014
Consultation period	April - June 2014
Analysis of consultation results	July 2014
Final report	September 2014

Contact for further information

Dr Lisa McNally, Consultant in Public Health
Adult Social Care, Health and Housing
01344 355218
Lisa.mcnally@bracknell-forest.gov.uk

Dr Lise Llewellyn
Strategic Director of Public Health for Berkshire
Lise.Llewellyn@bracknell-forest.gov.uk