

MUNICIPAL YEAR 2013/2014

MEETING TITLE AND DATE
Health and Wellbeing Board
13 February 2014

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| Agenda - Part: 1 | Item: 8 |
| Subject: Pharmaceutical Needs Assessment | |
| Wards: All | |
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1. EXECUTIVE SUMMARY

The purpose of this report is to assist the HWB to understand its role, responsibilities and the implications of the Pharmaceutical Needs Assessment.

2. RECOMMENDATIONS

1. To note that from 1 April 2013 the Board assumed responsibility for the Pharmaceutical Needs Assessments (PNA) published by NHS Enfield and that it has to publish its first PNA by April 2015.
2. To note that the inherited PNA was assessed externally as fit for purpose
3. To adopt the inherited PNA for 2014/15
4. HWB to set up a PNA steering group by April 2014 to produce a project plan for the HWB detailing timescales, governance structure, membership.

5. BACKGROUND

- 1.1 The Health and Social Care Act (2012) changed the responsibilities for commissioning of pharmaceutical services to meet the new provider landscape.

From April 2013:

- The Department of Health will continue to have the power to make regulations.
- The NHS Commissioning Board – now NHS England – has the

responsibility to commission pharmaceutical services taking into account the local need for services.

- Local HWB have the responsibility to undertake PNAs.
- 1.2 PNAs will be key documents for NHS England as they will inform its decisions on applications to open new pharmacies and dispensing appliance contractor premises. PNAs will also inform the commissioning of enhanced services from pharmacies by NHSE. Enhanced services are services such as anti-coagulation monitoring, on demand availability of specialist drugs, and out of hours services.
 - 1.3 PNAs map local pharmacies and services currently including dispensing, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users. A PNA also describes the demographics of its local population, and their needs. It should look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs. The PNA should contain relevant maps relating to the area and its pharmacies.
 - 1.4 The preparation and consultation on the PNA should take account of the Joint Strategic Needs Assessment (JSNA) and other relevant strategies. However, the PNA cannot be subsumed as part of these other documents (but can be annexed to them).
 - 1.5 Upon receiving a pharmacy application the Local Area Team of NHS England notifies interested parties of the application and since April 2013 HWBs are included as an interested party. The Local Area Team invites interested parties to make written representation on the applications within 45 days, should they wish. It then considers all representations and arranges an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.
 - 1.6 The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 came into force on the 1st April 2013. These Regulations are made under s.128A of the National Health Service Act 2006 (see Appendix 1). Health and Wellbeing Boards (HWBs) will be required to produce the first Pharmaceutical Needs Assessment by the 1st April 2015 with revised assessments within three years thereafter. If there are significant changes to the availability of pharmaceutical services since the publication of its PNA within this time, the HWBs are required to publish a revised assessment as soon as is reasonably practical unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. The HWBs can, if necessary, publish supplementary statements to the Pharmaceutical Needs Assessment as necessary.
 - 1.7 The current Pharmaceutical Needs Assessment was undertaken and published by NHS Enfield in March 2011.

http://www.enfield.gov.uk/healthandwellbeing/downloads/download/1/pharmaceutical_needs_assessment

- 1.8 North Central London PCT Cluster commissioned independent consultants to review the quality of Enfield's PNA to ensure that it complied with the legal guidance. The review concluded that the local PNA is comprehensive and it addresses a number of the regulatory requirements fully and partially meets all other requirements in the regulations. It is suggested that future PNAs could be improved by ensuring that the report of the consultation conducted is a narrative account of what happened. Future PNAs will therefore place specific emphasis on the ensuring that it states clearly how protected characteristics of populations are provided for.

6. ALTERNATIVE OPTIONS CONSIDERED

None

5. REASONS FOR RECOMMENDATIONS

From 1st April 2013, every Health and Wellbeing Board (HWB) in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). This paper explains the relevance of this to Enfield's Health and Wellbeing Board (HWB), and proposes the steps it can take to produce relevant, helpful and legally robust PNAs. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1 April 2013, requires each HWB to:

- Publish a revised assessment where it identifies changes to the need for pharmaceutical services which are of significant extent. The only exception to this is where the HWB is satisfied that making a revised assessment would be a disproportionate response
- Publish its first PNA by 1st April 2015.

HWBs will therefore need to put systems in place that allow them to:

- Identify changes to the need for pharmaceutical services within their area
- Assess whether the changes are significant and
- Decide whether producing a new PNA is a disproportionate response.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

In 2012 the London Public Health Transition Group estimated that a PNA took on average 9 months to produce and cost £60,000. It is proposed that various options are considered when deciding how the next PNA will be produced. These options are likely to include commissioning an external consultancy company or the local CCG.

6.2 Legal Implications

The statutory duties on the Council with respect to the PNA are contained in the following regulations:

- Section 128A of National Health Service Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012
- Part 2 of National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

The HWB must assess the needs for pharmaceutical services in its area and publish a statement of its first assessment and of any revised assessment.

The assessment must take account of likely future needs and certain specified persons must be consulted about specified matters when making an assessment. Regulations prescribe the matters to which the HWB must have regard when making an assessment.

Other legal implications are set out within the body of this report.

7. KEY RISKS

The use of PNAs for the purpose of determining applications for new premises is relatively new. Decisions made by the NHSE may be appealed and there may be judicial reviews of decisions made by the NHSE. It is important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

None

9. EQUALITIES IMPACT IMPLICATIONS

None

Background Papers - None