

REPORT FOR: **Harrow Health and Wellbeing Board**

Date of Meeting: 1 August 2013

Subject: **For Information:
Pharmaceutical Needs
Assessment**

Responsible Officer: Dr Andrew Howe
Director of Public Health

Exempt: No

Enclosures: Appendix 1: Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

Section 1 – Summary

This paper informs the Health and Well-Being Board of its responsibility for Pharmaceutical Needs Assessment; the status of the current document and the plans for the next Pharmaceutical Needs Assessment.

For Information

Section 2 – Report

Background

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. 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. This is commonly known as the NHS “market entry” system.
- Local Health and Well Being Boards (HWBBs) have the responsibility to undertake Pharmaceutical Needs Assessment (PNA).

The PNA is the document that the NHS uses when deciding if new pharmacies are needed and to make decisions on which NHS funded services need to be provided by local community pharmacies.

As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have potential to be used to provide services out of a hospital or practice environment and to reduce health inequalities¹. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.

The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies. However, the PNA cannot be subsumed as part of these other documents but can be annexed to them.

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 came into force on 1 April 2013. HWBBs will be required to produce the first PNA by 1 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 HWBBs 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 HWBBs can if necessary, publish supplementary statements to the PNA as necessary.

The Current Harrow PNA

The current PNA was undertaken and published by Harrow PCT in 2011/12. It has not been altered since this time and no supplementary statements have been produced

¹ “*Healthy lives, healthy people*”, the public health strategy for England (2010)

NHS England has commissioned an independent company to look at the quality of the current PNAs to ensure that they comply with the legal guidance. This report has not yet been circulated but the joint public health service has reviewed the content of the existing PNA. We expect that NHS England will grade the majority of the PNA as good or satisfactory. There may be one area where the report is inadequate and that is the response to consultation which is not explicitly described.

Future Plans

The current PNA will be uploaded to the council website together with an updated map of local pharmacy services. This will ensure that the Council is compliant with the regulations.

The Public Health Team will commission an expert company to develop the PNA prior to the deadline in 2015. The PNA will be undertaken simultaneously with the PNA for Barnet. This will be managed as a single project which will reduce the management costs of the project meetings.

The high level plan for the PNA is as follows:

- Agree scope for PNA by end July 2013
- Develop specification for the PNA by August 2013
- Commission a company to undertake the PNA by October 2013
- PNA will be finalised by April 2014.

Financial Implications

The Pharmaceutical Needs Assessment is a statutory function of the Health and Well-Being Board. The budget of £70k for carrying out the Pharmaceutical Needs Assessment has been included in the Public Health grant from Department of Health. A similar amount has been allocated to the Barnet PNA. It is expected that a joint PNA will minimise the costs of the process, making it as efficient as possible. This will then allow any under-spend to be allocated to other health improvement projects to directly benefit the residents of Harrow.

The project will be commissioned using the appropriate tendering process as advised by procurement team.

The PNA will need to be repeated every three years and this will appear in future years commissioning intentions.

Risk Management Implications

Risk included on Directorate risk register? No (Delete as appropriate)

Separate risk register in place? No (Delete as appropriate)

Identify potential key risks and opportunities associated with the proposal(s) and the current controls (in place, underway or planned) to mitigate the risks.

Failure to deliver a pharmaceutical Needs Assessment before 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.

Equalities implications

Equalities impact assessment will be undertaken on the future PNA.

Corporate Priorities

Full communications plan and stakeholder engagement will be undertaken as part of the Pharmaceutical Needs Assessment. The Regulations require that consultation take place with a specified list of persons and bodies. It therefore reflects the following corporate priorities:

- United and involved communities: A Council that listens and leads.
- Supporting our town centre, our local shopping centres and businesses.

As pharmacies are an important part of the healthcare system and the report will highlight need, it also meets the following priority:

- Supporting and protecting people who are most in need.

Section 3 - Statutory Officer Clearance

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 18 July 2013		
Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 16 July 2013		

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Consultant in Public Health. Ext 5508

Background Papers: None

Appendix 1:

Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.
- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.
- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Well-being Board to consult specified persons about
 1. specified matters when making an assessment;
 - (c) as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.