

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 6 November 2014

Subject: Pharmaceutical Needs Assessment update

Responsible Officer: Dr Andrew Howe
Director of Public Health
Harrow Council

Public: Yes

Wards affected: Whole borough

Enclosures: 1) NHS England guidance - Approach to address discrepancies in supplementary and core hours between draft Pharmaceutical Needs Assessments and that held by NHS England Pharmaceutical Lists
2)PNA template

Section 1 – Summary and Recommendations

This report sets out the current state of play of the Pharmaceutical Needs Assessment (PNA). It highlights a problem that has arisen in the data supplied by NHS England and proposes a pragmatic solution that will enable the full 60 day consultation period to take place and the report be published before the deadline date of 1 April 2015 and prior to the election purdah period.

Recommendations:

The Board is requested to:
Delegate responsibility for the signing off the draft of the PNA to the Director of Public Health in consultation with the Chair of the HWB.

Section 2 – Report

Current situation

A significant issue has arisen which has temporarily halted the development of the PNA for Harrow and this has implications for the overall PNA timeline.

The issue has arisen as part of the data validation process and has highlighted that there are several discrepancies between the opening hours reported by Harrow Pharmacies in the Community Pharmacy Questionnaire and the opening hours recorded on the NHS Pharmaceutical list which is held and managed by NHS England. Specifically:

- Harrow has 62 pharmacies in total
- To date discrepancies have been identified for 40 pharmacies (2 pharmacies have not returned their questionnaires so we have not been able to validate the hours for these). Of these:
 - 18 pharmacies are opening for fewer hours than the NHS Pharmaceutical list indicates
 - 1 pharmacy shows no overall change in the number of hours opened
 - 21 pharmacies are opening for more hours than the pharmaceutical list indicates

Under the Regulations, a pharmacy must open for a minimum of 40 “core” contractual hours unless it was granted a contract under the “100 hour exemption” or NHS England has granted a new application on the basis of more than 40 core hours under the market entry system. Additional hours, over and above core hours, are termed “supplementary” hours. A pharmacy may not amend its core hours without permission from NHS England; but it is entitled to provide NHS England with 90 days’ notice if it wishes to change its supplementary hours. Taking this into account, NHS England has advised that Health and Wellbeing Boards must have regard for the pharmaceutical lists and not rely on hours reported in community pharmacy questionnaires.

We have discussed the significant discrepancies in Harrow with NHS England, as the PNA will not provide an accurate picture of the availability of pharmaceutical services, if we rely on the pharmaceutical list. In the interim period, the decision was taken to halt the PNA development process so as to minimise the risk of having to undertake considerable re-work which would potentially pose a cost pressure to the Health and Wellbeing Board.

Following a meeting on 15 October 2014, NHS England wrote to us on 24th October (new guidance attached) to confirm that:

- HWBs may rely on pharmacy reported hours if supplementary hours only are affected
- For core hours, the LAT will contact the pharmacy and ask for evidence that the change was approved; where this wasn’t, the pharmacy will be advised to revert to the core hours on the list and formally make an application to change their hours

For Harrow, we have identified that four pharmacies have potentially deviated from their core hours and have asked NHS England to resolve these as soon as possible.

- Pharm 1 - closes 0.5 hours earlier on weekdays but doesn't really affect the analysis or maps
- Pharm 2 - closes on Saturday – affects analysis, maps and potentially conclusions
- Pharm 3 – closes earlier on M-F (18:00 not 19:00) and earlier on Sat (12:30 not 13:00) – this affects analysis, maps and potentially conclusions (as the pharmacy won't be regarded as opening for extended hours)
- Pharm 4 – closes on Saturday– affects analysis, maps and potentially conclusions
- Pharm 2 and 4 are in the same locality (but different wards) so this therefore this reduces access to pharmacies on Saturday within this locality

Each of these pharmacies is being asked to provide evidence that the changes had previously been approved and if not, will be asked to reinstate their agreed core hours and make an application for a change to the NHS England Local Area Team. This is a process which will take time.

The PNA development process will be re-started at the end of October bearing these changes in mind.

With respect to implications for the overall PNA timeline, it is now not possible for a draft PNA for consultation to be presented to the Harrow HWB meeting on the 6 November 2014, for sign off as planned. Furthermore, it is not an option to defer the signing off of the draft PNA until the HWB on the 8 January 2015 because this does not leave sufficient time to undertake the 60 day consultation, consider the feedback and prepare a final PNA for publication by the 1 April 2015 (the date which is specified within the Regulations). The consultation would need to be further delayed due to the general election purdah period.

For information, a copy of the template that will be used for the PNA has been appended to this briefing paper. The template shows the outline structure of the report and pages 6 to 13 show single pages which represent multiple pages in the final report. This template was approved by the PNA steering group in August 2014.

Recommended option

The Health and Wellbeing Board is asked to consider the following option, which assuming the issue described is fully resolved, would allow for the consultation to start on, or around the 24 November 2014 in accordance with the current timeline.

Option 1: The HWB are asked to delegate responsibility for sign off of the draft PNA to the Director of Public Health in consultation with the Chair of the

HWB; the HWB minutes will need to explicitly show that this responsibility has been formally delegated to the DPH in consultation with the Chair.

Other options considered

Option 2: The other option is to schedule an 'extraordinary meeting' of the HWB in December for the purposes of signing off the draft PNA

For both options, the HWB will be required to sign off the final PNA on the 5 March 2015.

Financial Implications/Comments

Expenditure associated with the PNA is not incurred annually but required to be updated on a 3 yearly basis. As a result the unspent allocation in relation to the estimated costs of the PNA approved within the 2013/14 public health commissioning intentions from the ring-fenced grant allocation were carried forward within the public health earmarked reserve. It is expected that the costs of delivering the PNA can be delivered within the planned amount, however, should considerable additional work be required to complete the assessment, this will need to be accommodated within the 2014/15 grant allocation.

Legal Implications/Comments

The HWB has the responsibility for producing the PNA under s.128A of the National Health Service Act so the final version must be signed off by the Board. Under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 a 60 day consultation period is required. However, there is no legal requirement for the HWB to sign off the draft for consultation. The HWB, as a Council committee, cannot legally delegate its responsibilities to the Chair but it can delegate to an officer in consultation with the Chair. .

Risk Management Implications

The proposed option is a pragmatic solution that will allow continuation of the production of the PNA and the publication of it on time. The option does not mean that HWB members will forgo their opportunity to comment on the PNA but that this will be done within the consultation period rather than within the Board meeting.

Equalities implications

Not at this stage.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The PNA document will contribute to Harrow's vision in the following ways

- Making a difference for the vulnerable – The PNA considers the access to pharmacies for all.
- Making a difference for communities – The PNA recognises that the community pharmacy is an important local community asset that provides advice and support on health and wellbeing
- Making a difference for local businesses – Pharmacists are local businesses and the PNA recognises their importance in a thriving town centre or small shopping parade
- Making a difference for families – The PNA addresses need in terms of access to pharmacies but also in the range of services provided by them.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 21/10/14		
Name: Caroline Eccles	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 29/10/2014		

Ward Councillors notified:	NO
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Section 4 - Contact Details and Background Papers

Background papers - None

Contact: Carole Furlong, Consultant in Public Health, Harrow Council. 020 8420 9508 (internal ext. 5508)