

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 5 March 2015

Subject: Pharmaceutical Needs Assessment

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

Public: Yes

Wards affected: All

Enclosures: Harrow PNA for HWB approval
Appendix A – Steering Group ToRs
Appendix B – Community pharmacy questionnaire
Appendix C – Non-NHS Services
Appendix D – Pharmaceutical needs across the lifecourse
Appendix E – Graphical overview of hours
Appendix F – Summary of services by pharmacy
Appendix G – Consultation response form
Appendix H – Consultation feedback and outcome
Appendix I – PNA maintenance process

Section 1 – Summary and Recommendations

This report sets out the pharmaceutical needs of Harrow in line with the requirements of the Health and Social Care act. The report has had a full 60 day consultation and includes the response to that consultation.

Recommendations:

The Board is requested to approve the final pharmaceutical needs assessment for publication.

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. 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.

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

Current situation

The report considers the access to pharmaceutical services across the borough and around the borders in neighbouring boroughs. It looks at where they are situated, opening hours and services provided and considers the local population structure and changes in the local population expected in the next 3 years.

The report concludes that there is no need for further additional pharmacies in Harrow. It identifies some areas where there could be improvements in access at certain times of day, particularly if the GP opening hours are extended.

The report also considers the future aspirations for services within pharmacies recognising their important role in the community.

Implications of the Recommendation

The recommendations of the report are mainly for action by NHS England as the commissioner of pharmaceutical services.

Other recommendations and aspirations are mentioned but are not mandatory and will be considered by partner organisations within current budget constraints.

Financial Implications/Comments

The funding to undertake the PNA was identified as part of the public health ring-fenced grant. Expenditure associated with the PNA is not incurred annually but required to be updated on a 3 yearly basis. The next PNA will be due in April 2018 and the funding identified within the public health grant envelope. The PNA is undertaken to allow NHS England to make decisions about market entry. It has no direct cost implications to the council or CCG. To maintain the PNA it will be necessary to review any changes on a regular basis, this will cost in the region of £5,000 to £10,000 per year. If changes are minor a supplementary statement will be issued if however, the change in pharmaceutical need is substantial the next PNA may need to be brought forward from the 2018 date. We do not currently expect this to happen.

Legal Implications/Comments

Health and Well-Being Boards are statutorily required to produce a Pharmaceutical Needs Assessment. These requirements are set out in Section 128A of the NHS Act 2006, as amended by Section 206 of the 2012 Health and Social Care Act. The Department of Health has laid regulations for undertaking Pharmaceutical Needs Assessments in Regulations 3 - 9 and Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Risk Management Implications

There are no risks identified with the findings of the report. The only identified risk is in maintaining the PNA as an accurate record of pharmaceutical services within the borough. If there are minor changes in pharmaceutical services, the Health and Wellbeing Board is required to publish a supplementary statement. The issuing for supplementary statements to the PNA will be undertaken either by existing council staff with support from a pharmaceutical advisor (on a retainer) or through a contracted service which will report into the steering group and thus to the health and wellbeing board. The exception to this is when the changes are substantial and would affect the recommendations of the PNA. In that case the PNA would need to be undertaken earlier than the three yearly cycle. This is noted within the contingency funds for the budget allocation of the public health ring-fenced grant.

Equalities implications

Was an Equality Impact Assessment carried out? No

Equalities implications are considered within the PNA.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The report addresses the council's vision in the following ways:

- Making a difference for the vulnerable : the report considers access to pharmaceutical services which are essential for those people with long term health conditions, e.g. older people, people with disabilities, people in treatment for substance misuse, and young women requiring access to emergency contraception.
- Making a difference for communities: the pharmacy is an essential part of the community, not only in providing dispensing services but in providing advice and access to a range of well being services. The report considers this important role for communities.
- Making a difference for local businesses: Pharmacists are local businesses and the report considers the need for further pharmacies in the area and opportunities for extending the use of pharmacies in the future.
- Making a difference for families: the local pharmacist provides an important service to families. Advice for the pharmacist on a range of

childhood ailments or for older people on how to manage their different medicines is an important role which is considered by the report in terms of access to a range of services.

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

Name: Donna Edwards Date: 18.02.2015	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Name: Caroline Eccles Date: 24.02.2015	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer

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

Contact: Carole Furlong, Consultant in Public Health, extn:5508

Background Papers: Not applicable.