

REPORT TO: Health and Wellbeing Board
DATE: 17th July, 2013
REPORTING OFFICER: Director of Public Health.
PORTFOLIO: Health and Adults
SUBJECT: Pharmaceutical Needs Assessment
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA), including risks associated with it and proposed local governance.

2.0 RECOMMENDATION: That

- 1. a Board level sponsor for the Pharmaceutical Needs Assessment (PNA) be nominated;**
- 2. the financial risks associated with the PNA be logged through Halton Borough Council's risk assessment and register process; and**
- 3. a local steering group be established to develop the PNA and oversee the statutory consultation.**

3.0 SUPPORTING INFORMATION

3.1 The pharmaceutical needs assessment is a statutory document that states the pharmacy needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services. First detailed in the NHS Act 2006 where PCTs were divested with the responsibility for producing the PNA, since 1 April 2013 this responsibility now sits with Health & Wellbeing Boards.

3.2 Background to the PNA

A PNA details the current pharmaceutical service provision available in the area and where there may need to be changes to this in the future because of changes to the health needs or geographical location of the local population. Updating the PNA must be an

ongoing process as pharmaceutical service provision changes or local need changes. Supplementary statements document these changes.

The PNA enabled the PCT to make sure that any new contracts granted and pharmaceutical services commissioned would be based on the information provided in the document. It meant that anyone wishing to open a new pharmacy in the area needed to base their application on their plans to meet the needs of local people, identified in the PNA. The PNA informed the decision-making process of the PCT pharmacy contracts committee who reviewed and decided pharmacy applications, received by the PCT, and also informed the commissioning of advanced and enhanced services from pharmacies.

Halton & St Helens PCT published its first PNA 1 February 2011. It had established a steering group early on in the PNA development process which was chaired by a consultant in public health. Although the PCT footprint covered the two boroughs, mapping and needs analysis was undertaken against the two borough geographies separately. Also, when making decisions about provision against levels of need, pharmacy provision was not taken in isolation. In some cases pharmacies are the sole provider of the service but in others there is a mix of provision. The PCT was assisted in developing the PNA by the Local Pharmaceutical Committee and by the Local Involvement Network who carried out a range of community consultation exercises and produced an independent report of their findings.

3.3 Changes effective from 1 April 2013

From April 1st health and wellbeing boards (HWBs) have a statutory responsibility to publish and keep up to date the PNA. Health & Wellbeing Boards are also responsible for producing the Joint Strategic Needs Assessment (JSNA). Giving local authorities the responsibility for conducting both PNA and JSNA will strengthen links between the two documents and there may be opportunities, for combined working on both documents.

The responsibility for making decisions on pharmacy applications based on the PNA passes from PCTs to NHS England. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, require each Health & Wellbeing Board to:

- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent and
- Publish its first PNA by 1 April 2015.

Health & Wellbeing Boards need to consider the time that will be needed to produce the PNA which includes a statutory 60 day consultation period, and to satisfy themselves that the current PNA remains fit for purpose in the meantime.

3.4 Duties of the HWBB

Now the Health & Wellbeing Board is responsible for the PCT's PNA it will be required by the regulations to publish a revised assessment where it identifies changes to the need for pharmaceutical services "which are of a significant extent". The only exception is where the Board is satisfied that making a revised assessment would be a disproportionate response. Health & Wellbeing Boards 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.

Health & Wellbeing Boards and NHS England will work together to manage the flow of information about the provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors. Health & Wellbeing Boards will also need to ensure they are aware of any changes to the commissioning of public health services in the local authority and the commissioning of services by clinical commissioning groups as these may affect the need for pharmaceutical services.

In addition to the regulations placing a further statutory duty on each Health & Wellbeing Board to develop and publish their first PNA by 1 April 2015, they also set out the minimum requirements for the information to be contained in the PNA, including a list the people and organisations which must be consulted.

3.5 Commissioning arrangements

NHS England are mandated under the same regulations to use the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises, and

Public health teams and clinical commissioning groups will also use the PNA to inform their commissioning decisions, when commissioning enhanced services from community pharmacies. Robust, up-to-date evidence is important to ensure that community pharmacy services are provided in the right place and meet the needs of the communities they serve.

3.6 Proposed arrangements for producing Halton's PNA

Work undertaken in Cheshire prior to the closure of PCTs means

Health & Wellbeing Boards across Cheshire agreed a common framework for producing their PNAs. This will ensure that although each PNA will be developed locally and differ according to the local area and population, it will be in the same format and order which will make it easier to use and review.

This work has recently been shared with the Merseyside public health intelligence leads. Some of the information will be standard for all the PNAs, some will be taken from the JSNA but the majority will require either updating information in the current PNAs or gathering new information.

A Merseyside group with public health representation from each local authority and the NHS England team have started to meet and progress this work to develop a strategic plan for developing PNAs for each area, maximising the economies of scale, where possible, by working together in the planning, consultation and design stages, which will support work at a local level to produce individual PNAs. Similar to Cheshire, it is hoped to have a standard framework for PNAs, populated with local information and reflecting local need and commissioning arrangements.

Each Health & Wellbeing Board should nominate a board-level sponsor with responsibility for the PNA, but the management of the PNA could be passed to a steering group led by public health. The group would oversee the operational development and consultation for the PNA, reporting report back to the Health & Wellbeing Board for approval at strategic stages of the process.

It is important to ensure that all information within the PNA is accurate and up to date, and this can be achieved by ensuring that all relevant stakeholders are represented on the steering group. This should include:

- Public health teams,
- NHS England area team,
- Clinical Commissioning Group,
- Local pharmaceutical committee (LPC),
- representation from the local community,
- Healthwatch,
- a communications or consultation lead from the local authority and
- an elected representative from the Health & Wellbeing Boards.

3.7 Resources

This is a large piece of work which will extend over a considerable period of time. As well as information gathering from the organisations commissioning services from pharmacies as to current and future needs, there needs to be extensive work done by public

health teams mapping the health and social needs of the local population compared to provision of pharmaceutical services. Work also needs to be done looking at future changes that could impact upon pharmaceutical need such as a new housing estate, closure of a local industry, firm plans for health arising from JSNA. The local population will also need to be consulted as to their views on current provision of pharmaceutical services and aspirations for future pharmaceutical services.

3.8 Proposed next steps

- Nominate board level sponsor for PNA
- Nominate chairperson of steering group from public health team
- Recruit steering group who should then:
- Start to populate the PNA with information already available such as JSNA
- Start to gather information to update current PNA
- Ask the local community for feedback on current pharmacy services and aspirations for future pharmacy services
- Speak to local authority planners and healthcare commissioners to determine future planning of housing, industry and healthcare.

4.0 POLICY IMPLICATIONS

- 4.1 The health needs identified in the JSNA should be used to develop the PNA.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such it should continue to be used in the development of other policies, strategies and commissioning plans and reviews such as those of Halton Clinical Commissioning Group.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 Any legal challenges to decisions based on information in the PNA may open the Health & Wellbeing Board up to Judicial Review. This can have significant financial implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health of Children and Young People is a key priority in Halton and this should be reflected in the PNA, detailing service provision that is appropriate to this age group.

6.2 Employment, Learning & Skills in Halton

Not applicable

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Not applicable

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. Pharmacies provide a vital primary health care service to residents across the borough, are located within the heart of communities and offer open access to trained health professionals for advice on a wide range of issues.

7.0 RISK ANALYSIS

7.1 Failure to comply with the regulatory duties fully may lead to a legal challenge, for example, where a party believes that they have been disadvantaged following the refusal by NHS England over their application to open new premises based on information contained in the PNA.

7.2 The risk of challenge to the Health & Wellbeing Board who produced that PNA is significant and Boards should add the PNA to the risk register.

7.3 A sound process, using national guidance and with support from local expertise, should be established to ensure this risk does not materialise. HBC Solicitors will be consulted at key stages in the PNA development to further ensure any potential risks are identified and mitigated.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The PNA seeks to provide intelligence on which to base decisions about service provision that are based on levels of need across the borough. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None within the meaning of the Act.