

TRAFFORD MBC

Report to: Trafford Health and Well Being Board
Date: 5th April 2016

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Report Title

Trafford Pharmaceutical Needs Assessment (PNA) Refresh

Purpose

The purpose of this report is to update the Trafford Health and Well Being Board (HWBB) on the refresh of the Trafford Pharmaceutical Needs Assessment (PNA).

Trafford Health and Wellbeing Board's first pharmaceutical needs assessment was published for 1st April 2014. The HWBB is required to publish a revised assessment within three years and this must be completed by 1st April 2017.

The PNA must include a statement outlining the services identified in the assessment which affect pharmaceutical needs. There may be services provided or arranged by Trafford Council, the Health and Wellbeing Board, NHS England, a CCG, or NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors. Only those NHS services which affect the need for pharmaceutical services or potential pharmaceutical services need to be included.

There is a minimum period of 60 days for consultation. Hard copies of the PNA must be available on request.

The Trafford Health and Well being Board is asked to note the update on the refresh of the Trafford PNA and timelines for completion.

Contact Person for access to background papers and further information:

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1. Executive Summary

- 1.1 The purpose of this report is to provide update Trafford Health and Wellbeing Board of their statutory obligations in relation to the preparation of pharmaceutical needs assessments.
- 1.2 The paper also sets out what must be included in, and the process that must be followed when preparing and updating the pharmaceutical needs assessment.
- 1.3 The paper then sets out issues in relation to preparing the pharmaceutical needs assessment and the possible risk of legal challenge if a pharmaceutical needs assessment is not up to date or fit for purpose.
- 1.4 Finally the report sets out the financial implications of the Health and Wellbeing Board's statutory obligations and asks the organisations which must statutorily be represented on the Board to agree to meeting those financial implications.

2. Key Matters for the Health and Wellbeing Board's Consideration

- 2.1 The Health and Wellbeing Board are asked to:
 - Note their legal responsibilities in relation to pharmaceutical needs assessment.
 - Note that the Board's first pharmaceutical needs assessment was published on 1st April 2014 and the updated version needs to be published by 1st April 2017.
 - Note Greater Manchester Shared Services will be managing the process and be responsible for producing the published version for Trafford Council to upload to their internet site.
 - Agree that the financial implications of preparing, reviewing and updating pharmaceutical needs assessments need to be met.

3. Background

Overview

- 3.1 If a person (a pharmacist, a dispenser of appliances, or in some cases a GP) want to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England this is commonly known as the NHS "market entry system".
- 3.2 From 1st April 2013, Health and Wellbeing Boards were responsible for developing and updating Pharmaceutical Needs Assessments (PNAs). The primary purpose of a PNA is to guide the commissioning of community pharmacy services.
- 3.3 A person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are

able to meet pharmaceutical needs as set out in the Pharmaceutical Needs Assessments.

Pharmaceutical Services

3.4 The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England. These are:

- a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list. There are three types of pharmaceutical services:
 - “essential services” which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service. These services include the dispensing of medicines, promotion of healthy lifestyles and support for self-care;
 - “advanced services” – services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.
 - “locally commissioned services” (known as enhanced services) commissioned by NHS England.

Directed services are those services set out in Secretary of State Directions to NHS England, for example services to care homes and language access.

- b) the provision of local pharmaceutical services under an LPS scheme. This allows NHS England to commission community pharmaceutical services tailored to specific local requirements
- c) the dispensing of drugs and appliances by a person on a dispensing doctors list. Only those services set out in their pharmaceutical services terms of reference is included within the definition of pharmaceutical services. GP enhanced services such as childhood immunisation programmes are not “pharmaceutical services”.

Information to be contained in Pharmaceutical Needs Assessments

Necessary services: current provision

3.5 In order to assess the adequacy of provision, all providers of such services need to be mapped. This mapping will need to include providers and premises within the HWB area and also those that may lie outside but who provide services to the population within the HWB area.

Necessary services: gaps in provision

3.6 Having assessed local needs and the current provision of services, the PNA needs to identify any gaps that need to be filled. The PNA may also identify a gap in provision that will need to be provided in future circumstance, for example a new housing development is being planned.

- 3.7 Gaps in provision are not just gaps in pharmaceutical health needs but also gaps by service type. For example, a locality may have adequate provision of essential services but may have need for more specialist services, such as NHS supply of emergency contraception.
- 3.8 Examples of need, or gaps in service, that Health and Wellbeing Boards may identify include:
- Inadequate provision of essential services at certain times of the day or week
 - Opening hours that do not reflect the needs of the local population
 - Areas with little or no access to pharmaceutical services, etc.

Other relevant services: current provision

- 3.9 The Health and Wellbeing Board will have identified those services that are necessary for the provision of adequate pharmaceutical services. There may however, be pharmaceutical services that provide improvements to the provision or better access for the public. The PNA must include a statement about these services.

Improvements and better access: gaps in provision

- 3.10 It is important that the PNA identifies services that are not currently being provided and which will be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing development, service redesign or re-provision. Provision may also change where significant economic downturn is expected.
- 3.11 HWBs can also identify those services, which are currently not being commissioned by NHS England, local authorities or CCGs but may be service that could be commissioned in the future.
- 3.12 NHS England does not have to meet the needs identified by the Health and Wellbeing Board.

Other services

- 3.13 The PNA must include a statement outlining the services identified in the assessment which affect pharmaceutical needs. There may be services provided or arranged by Trafford Council, the Health and Wellbeing Board, NHS England, a CCG, or NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors. For example, a large health centre providing a stop smoking service. Only those NHS services which affect the need for pharmaceutical services or potential pharmaceutical services need to be included.

How the assessment is carried out

- 3.14 The PNA must include a statement setting out:

- how the Health and Wellbeing Board has determined the localities in the area,
- the different needs of different localities in its area including the needs of those people in the area sharing a protected characteristic, for example, a large travellers' site; and
- a report on the consultation undertaken on the PNA.

Maps

3.15 All Health and Wellbeing Boards are also required to include a map in their PNA which identifies the premises at which pharmaceutical services are provided. This must be kept up to date.

Publication and Updating PNAs

3.16 Trafford Health and Wellbeing Board's first pharmaceutical needs assessment was published for 1st April 2014. The HWB is required to publish a revised assessment within three years and this must be completed by 1st April 2017.

3.17 Health and Wellbeing Boards are also required to publish a revised assessments as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. Supplementary statements have been provided to the Trafford Health and Well Being Board on changes to the Trafford PNA.

Consultation

3.18 The Health and Wellbeing Board must consult a specified list of bodies at least once during the process of developing the PNA. These bodies are:

- The Local Pharmaceutical Committee;
- The Local Medical Committee;
- Any persons on pharmaceutical lists and any dispensing doctors;
- Any Local Pharmaceutical Services chemist in the area with whom the NHS Commissioning Board has made arrangements for the provision of any local pharmaceutical services;
- Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
- Any NHS trust or Foundation Trust;
- The NHS Commissioning Board; and
- Any neighbouring Health and Wellbeing Boards.

3.19 There is a minimum period of 60 days for consultation. Hard copies of the PNA must be available on request.

Matters for consideration when making assessments

3.20 Health and Wellbeing Boards must take the following matters under consideration when developing their PNAs:

- The demography of the area;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;
- Any different needs of different localities in its area;
- The pharmaceutical services provided in the area of any neighbouring HWB which affect the need for pharmaceutical services in its area
- Any other NHS services provided in or outside the area which affect the need for pharmaceutical services.
- Likely future needs.

Issues for consideration

Preparing, updating and reviewing the PNA

3.21 While overall responsibility and accountability for pharmaceutical needs assessment rests with the Health and Wellbeing Board, the data and skills required to undertake the assessment sit across a number of organisations including the local authority, CCGs and Greater Manchester Shared Services.

3.22 Trafford Council's Director of Public Health has considered how the process could best be managed and by whom to provide assurance to the Health and Well Being Board that a fit for purpose PNA is put in place. The Director of Public Health believes that the Medicines Optimisation team at Greater Manchester Shared Services (GMSS) is a sensible organisation to undertake the work as they have previous experience in producing PNAs including the current Trafford PNA document.

Risk

3.24 It has been suggested that failure to produce and maintain a robust pharmaceutical needs assessment could potentially lead to legal challenge, for example if a pharmacies application for a new pharmacy in an area is refused on the basis of need set out in an out of date or not fit for purpose PNA.

4. Financial Implications and timelines for completion

4.1 The Department of Health's impact assessment, relating to the 2010 pharmaceutical needs assessment regulations, estimated that the costs of developing a PNA are £61,000. Most of this will represent staff resource as this is a time intensive piece of work.

4.2 Neither the public health funding baseline, nor the Clinical Commissioning Groups funding baselines reflect this resource. The Health and Wellbeing Board has no financial resources of its own to draw upon.

4.3 The Health and Wellbeing Board are asked to commit to ensure that necessary staff resource across each organisation is made available to resource the support of this work. The majority of work will be carried out by Greater Manchester Shared Services (GMSS) staff, however, they will need to have timely access to a wide range of data and a commitment to review draft versions of the PNA as they are produced.

4.4 Commissioning the GMSS will require a commitment to ensure sufficient funding is provided to deliver this piece of work. This cost has been considered within the Public Health grant allocation 2016/17 and work commenced on updating the Trafford PNA from April 2016, further update to the HWBB in July 2016 and final production to the January 2017 HWBB meeting.

5. Legal Implications

5.1 The Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessments from Primary Care Trusts to Health and Wellbeing Boards. Section 128A of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update Pharmaceutical Needs Assessments. It also gives the Department of Health powers to make regulations.

5.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.¹

5.3 Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England (formerly, the NHS Commissioning Board) to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

5.4 Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1st April 2013.

6. Recommendation

6.1 The Trafford Health and Well Being Board is asked to note the update on the refresh of the Trafford PNA and timelines for completion.

¹ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>.