Pharmaceutical Needs Assessment

NHS Haringey is looking at pharmaceutical services through the development of a Pharmaceutical Needs Assessment (PNA).

What is a Pharmaceutical Needs Assessment ?

To provide a good service we need to review regularly what services we have, what our local people need and how things might change in the future. Through the development of a PNA we will then be able to look at how best to commission or buy the services the public in Haringey want from their pharmacies. It will also help us to establish if there are any gaps in services, to explore future provision and potential new services.

The PCT has a statutory duty to publish its first pharmaceutical needs assessment (PNA) by 1 February 2011.

The PNA will provide a mechanism for better management of the commissioning of community pharmacy services and provide more control over the entry of new pharmacies as part of the local development of neighbourhood health centres. The PCT will need to consider 'designating' areas around potential hubs to control 'ad hoc' movements of pharmacies and uncontrolled opening of new pharmacies under the 100 hour exemption rule.

PCTs will be required to undertake a consultation on their first PNA for a minimum of sixty days, and the regulations list those persons and organisations that must be consulted eg the Local Pharmaceutical Committee, Local Medical Committee, LINKs and other patient and public groups.

Pharmacy has much to offer in helping to meet rising expectations, not only in promoting better health and preventing illness, improving compliance with prescribed medication, but also in contributing to the effective delivery of care closer to home and in the community.

Background

The White Paper *Pharmacy in England: Building on strengths – delivering the future¹* was published by the Department of Health in April 2008. It highlighted the variation in the structure and data requirements of PCT PNAs and confirmed that they required further review and strengthening to ensure they are an effective and robust commissioning tool which supports PCT decisions.

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidanc e/DH_083815

regulations² were consulted on in late 2009/early 2010 and were laid in Parliament on 26 March 2010 and come into force on 24 May 2010.

Next steps

Once we have mapped our current pharmacy services and explored possible future provision, the next step will be to draw together the data into meaningful conclusions about what services NHS Haringey might want to commission and how. We aim to produce a set of commissioning intentions which can be used to communicate the direction to all stakeholders and link to NHS Haringey's strategic Plan

www.haringey.nhs.uk/world_class_commissioning/documents/strategies_and _plans/strategic_plan.pdf

It is important at this stage to be aware of links between the PNA and the Joint Strategic Needs Assessment. There may be areas of need identified in the JSNA which could be met by services provided by community pharmacy. Alternately, there may be a range of other providers who could offer services currently provided by community pharmacy. NHS Haringey's Commissioning Toolkit will ensure that robust systems are used to determine the most suitable provider of any given services in a particular area.

Market entry

In addition to being a tool to commission pharmaceutical services, PNAs will in future be used to determine applications from pharmacy and appliance contractors to open new premises in the PCT's area, or to move to new premises. This will replace the current system whereby the PCT decides if it is necessary or expedient to approve an application in order to secure access to pharmaceutical services in a particular area (also known as the control of entry system) and will help the PCT to commission pharmaceutical services to meet the health needs of its population. It is therefore important that the PNA is a robust document that it links to the PCT's Joint Strategic Needs Assessment.

Risks to the PCT

As the PCT is under a statutory duty to develop and publish its first PNA by 1 February 2011, and to then use it to determine applications from pharmacy and appliance contractors, there are some risks to the PCT. These can be summarised as follows:

Issue	Implication
Failure to identify adequate resources to develop the first PNA and therefore failure to meet the statutory duty	SHA interest and potential Judicial Review

² http://www.opsi.gov.uk/si/si2010/uksi_20100914_en_1

Failure to develop the first PNA	SHA interest and potential Judicial Review
Failure to follow due process in producing the first PNA	Potential Judicial Review
Failure to publish the first PNA by 1	SHA interest and potential Judicial
February 2011	Review
Inadequate first PNA that does not allow	Potential Judicial Review and/or appeals
the PCT to determine applications from	to the NHS Litigation Authority's Family
pharmacy and appliance contractors	Health Services Appeal Unit
Commissioning of pharmaceutical	Inefficient use of financial resources.
services that are not based on the health	
needs of the population	

If you have any views on community pharmacy services that you would like to share as part of our initial engagement with stakeholders please email <u>dawn.nelson@haringey.nhs.uk</u>.

There will be formal consultation events between September and November 2010.

Key milestones

June 2010	Map current provision of pharmaceutical services and identify patient's needs
July 2010	Identify gaps in service provision
July-September 2010	Communication, engagement and feedback from stakeholders
September - November 2010	60 day formal consultation with public and stakeholders including consultation events
January 2011	NHS Haringey Board approve PNA
February 2011	PNA published on NHS Haringey website

Pauline Taylor, Head of Medicines Management & Commissioning (Central)

July 2010