



**Haringey Council**

Report for:	Health and Wellbeing Board	Item Number:	
Title:	Pharmaceutical Needs Assessment		
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Ward(s) affected: All	Report for Information		

## **1. Describe the issue under consideration**

1.1 From 1st April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up to date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA is the document that NHS England 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.

1.2 The NHS Commissioning Board – now 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.

1.1 Haringey has a PNA in place which was published in March 2011 with a three year review date (i.e. March 2014), while the current regulations i.e. the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require every HWB to publish its first PNA by 1<sup>st</sup> April 2015.

1.2 The detailed process for revising a PNA as laid down by these regulations makes the process challenging and it is estimated to take between 6 and 12 months depending on the delivery mechanism chosen.



1.3 If there are significant changes to the availability of pharmaceutical services since the publication of its PNA within this time, the HWB is required to publish a revised assessment as soon as is reasonably practical unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. The HWB can, if necessary, publish supplementary statements to the PNA.

## **2. Cabinet Member introduction**

2.1 It is reassuring to note that the HWB inherited a PNA produced by NHS Haringey in 2011. In March 2013 the North Central London Primary Care Trust (PCT) Cluster commissioned an independent review of the PNA which concluded that the Haringey PNA document is comprehensive and addresses all of the regulatory requirements, most are addressed adequately. For future PNAs, the report of the consultation would benefit from a more explicit report of what took place.

## **3. Recommendations**

3.1 Note that from 1 April 2013 the Board assumed responsibility for the Pharmaceutical Needs Assessments (PNA) published by NHS Haringey and that it has to publish its first PNA by April 2015.

3.2 Note that the inherited PNA was assessed externally as fit for purpose.

## **4. Alternative options considered**

None

## **5. Background information**

5.1 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.
- The NHS Commissioning Board – now NHS England – has the responsibility to commission pharmaceutical services taking into account the local need for services.
- Local HWB have the responsibility to undertake PNAs.

5.2 A PNA is a report that includes a count of local pharmacies and the services they already provide including dispensing, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users. A PNA often includes other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area. A PNA also describes the demographics of its local population, across



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the area and in different localities, and their needs. It should look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs. The PNA should contain relevant maps relating to the area and its pharmacies.

- 5.3 The preparation and consultation on the PNA should take account of the Joint Strategic Needs Assessment (JSNA) and other relevant strategies. However, the PNA cannot be subsumed as part of these other documents (but can be annexed to them).
- 5.4 Upon receiving a pharmacy application the Local Area Team of NHS England notifies interested parties of the application and since April 2013 HWBs are included as an interested party. The Local Area Team invites interested parties to make written representation on the applications within 45 days, should they wish. It then considers all representations and arranges an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.
- 5.5 The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 came into force on the 1st April 2013. These Regulations are made under s.128A of the National Health Service Act 2006 (see Appendix 1). Health and Wellbeing Boards (HWBs) will be required to produce the first Pharmaceutical Needs Assessment by the 1st April 2015 with revised assessments within three years thereafter. If there are significant changes to the availability of pharmaceutical services since the publication of its PNA within this time, the HWBs are required to publish a revised assessment as soon as is reasonably practical unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. The HWBs can, if necessary, publish supplementary statements to the Pharmaceutical Needs Assessment as necessary.
- 5.6 The current Pharmaceutical Needs Assessment was undertaken and published by NHS Haringey in March 2011. It can be found at [www.haringey.gov.uk/haringey\\_pharmaceutical\\_needs\\_assessment\\_jan\\_2011\\_1-.pdf](http://www.haringey.gov.uk/haringey_pharmaceutical_needs_assessment_jan_2011_1-.pdf)
- 5.7 North Central London PCT Cluster commissioned independent consultants to review the quality of Haringey's PNA to ensure that it complied with the legal guidance. The review concluded that the local PNA is comprehensive and it addresses a number of the regulatory requirements fully and partially meets all other requirements in the regulations. It is suggested that future PNAs could be improved by ensuring that the report of the consultation conducted is a narrative account of what happened. Future PNAs will therefore place specific emphasis on the detail of who was consulted, how they were consulted, when and for how long.



## **6. Next steps**

- 6.1 The planning cycle for production of the PNA is very long and is likely to take 6-12 months; there is a statutory requirement for a minimum 60 day period of public consultation and the PNA requires board-level sign-off.
- 6.2 Failure to comply with the regulatory duties and to produce a robust PNA as detailed in the 2013 Regulations could lead to legal challenges because of the PNAs relevance to decisions about commissioning services and new pharmacy openings, for example where a party believes that that they have been disadvantaged following the refusal by NHS England of their application to open new premises.
- 6.3 It is therefore recommended to establish Haringey's PNA Steering Group by December 2013 to oversee production of a comprehensive project plan on behalf of the HWB. Project plan including timescales, membership of the group, governance structure and engagement plan will be presented to the Board by April 2014.

## **7. Policy Implication**

- 7.1 The Pharmaceutical Needs Assessment is the document that NHS England 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.
- 7.2 The Pharmaceutical Needs Assessment can be used as part of the Joint Strategic Needs Assessment (JSNA) to inform future commissioning strategies.
- 7.3 As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have the potential to be used to provide services out of a hospital or practice environment and to reduce health inequalities<sup>1</sup>. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and as a long term partner.

## **8. Legal**

- 8.1 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. These include specific requirements as to those organisations and groups that must be consulted in developing the Pharmaceutical Needs Assessment, including:

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<sup>1</sup> "*Healthy lives, healthy people*", the public health strategy for England (2010)



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- a. any Local Pharmaceutical Committee for its area;
- b. any Local Medical Committee for its area;
- c. any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d. any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e. any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- f. any NHS trust or NHS foundation trust in its area;
- g. the NHSCB; and
- h. any neighbouring HWB.

8.2 Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require the content of the Pharmaceutical Needs Assessment to include:

- i. Necessary services – current provision and gaps in provision
- ii. Other relevant services – current provision and gaps in provision
- iii. Other NHS services
- iv. How the assessment was carried out
- v. Map of provision

## **9. Use of Appendices**

Appendix 1: Section 128A of NHS Act (2006), as amended by Health Act (2009) and Health and Social Care Act (2012)

## **10. Local Government (Access to Information) Act 1985**



**Appendix 1: Section 128A of NHS Act (2006), as amended by Health Act (2009) and Health and Social Care Act (2012)**

128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations--
  - (a) assess needs for pharmaceutical services in its area, and
  - (b) publish a statement of its first assessment and of any revised assessment.
  
- (2) The regulations must make provision--
  - (a) as to information which must be contained in a statement;
  - (b) as to the extent to which an assessment must take account of likely future needs;
  - (c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
  - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.
  
- (3) The regulations may in particular make provision--
  - (a) as to the pharmaceutical services to which an assessment must relate;
  - (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
  - (c) as to the manner in which an assessment is to be made;
  - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.