

Haringey Pharmaceutical Needs Assessment Steering Group

Terms of Reference

1. Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry³.

From 1st April 2013, Health and Wellbeing Boards (HWBs) assumed responsibility for publishing and keeping up to date a statement of the needs for pharmaceutical services of the population in their area, referred to as a Pharmaceutical Needs Assessment (PNA).

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services that are currently provided, together with when and where these are available to a given population.

Under the same Regulations, the PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or when commissioning services.

Formerly published by primary care trusts (PCTs), the PNA is a key tool, for commissioners in other organisations, for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The last PNA was published in 2011 and can be downloaded using the following link <http://haringey.gov.uk/jsna>.

2. The importance to HWBs

- HWBs now have a legal duty to check the suitability of existing PNAs, compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes.
- HWBs will need to ensure that NHS England and its Area Teams have access to their PNAs.
- Each HWB will need to publish its own revised PNA by **1st April 2015**. This will require board-level sign-off and a minimum period (of 60 days) for public consultation beforehand².
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.
- PNAs must be aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.
- The PNA should identify gaps in service, current need and identify any anticipated future needs with specific attention to the Tottenham regeneration area.
- 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 inequalities⁴.
- 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.

3. What should a good PNA cover?

- The PNAs should meet the market entry regulations³.
- PNAs should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- It should look at 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.
- It should examine the demographics of its local population, across the area and in different localities, and their needs and also 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 also contain relevant maps relating to the area and its pharmacies.
- Finally, PNAs must be aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.
- The PNA should distinguish between services commissioned by NHS England and other areas of public health need that are locally commissioned that are available outside of the scope of the NHS England contract.
- The PNA should identify gaps in service, current need and identify any anticipated future needs with specific attention to the Tottenham regeneration area.

4. Steering group duties/responsibilities

The Haringey Steering Group (PNA SG) has been established to:

- Oversee the production of the Haringey PNA in accordance with DH regulations and deadlines.
- Ensure that the PNA captures the specific needs of the local population, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant.
- Establish arrangements to ensure the appropriate maintenance of the PNA, following publication, as required by the Regulations

The PNA SG will ensure that the findings of the PNA are presented to the HWB once published, and disseminated to those who need to know and will work towards implementation of the recommendations with relevant partners.

5. Key Objectives

- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public
- Approve the project plan and timeline
- Drive the project ensuring that key milestones are met
- Ensure that the requirements for the development and content of PNAs are followed and that the appropriate assessments are undertaken, in line with the Regulations
- Determine the localities which will be used for the basis of the assessment
- Undertake an assessment of the pharmaceutical needs of the population and make recommendations based on this assessment

- Determine the criteria for necessary and relevant services and apply these to pharmaceutical services, taking into account stakeholder feedback including views from patients and the public
- Determine the maps which will be included in the PNA
- Approve the framework for the PNA
- Develop a draft PNA for formal consultation with stakeholders for approval by Senior Officers of the HWB prior to consultation
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA
- Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication
- Consider and document the processes by which the HWB will discharge its responsibilities in relation to maintaining the PNA; and formally responding to consultations initiated by neighbouring HWBs. This includes making a recommendation on the long term structures required to underpin these responsibilities.

6. Policy Implications

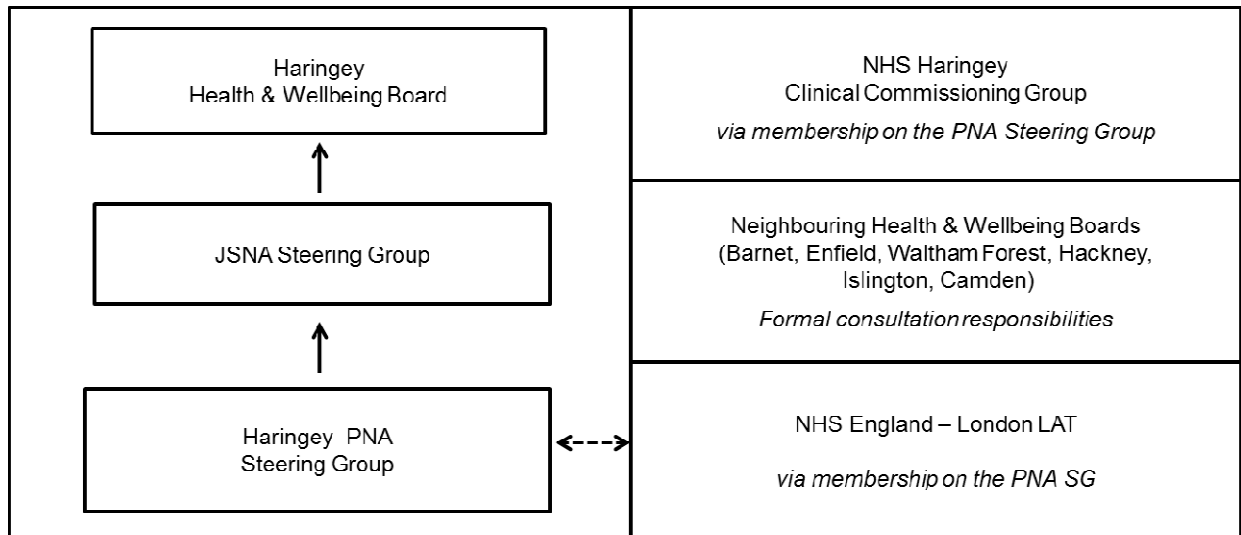
- The Pharmaceutical Needs Assessment is the document that NHS England uses when deciding if new pharmacies are needed and to make decisions on which NHS funded services need to be provided by local community pharmacies.
- The Pharmaceutical Needs Assessment can be used as part of the Joint Strategic Needs Assessment (JSNA) to inform future commissioning strategies.
- 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 inequalities⁴.
- 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.

7. Governance

The following Governance arrangements have been established:

- The HWB has delegated responsibility to the Director of Public Health who will act as the designated officer to maintain the PNA going forward. Her Assistant Director will discharge this responsibility via the PNA steering group.
- The work of the Steering Group will be governed by the HWB for Haringey. The consultation documentation will be approved by Senior Officers of the HWB and the final PNA will be formally signed-off by the HWB.
- Progress on the PNA will be reported to the Health and Wellbeing Boards (HWB) through the JSNA Steering Group.

- NHS England and NHS Haringey CCG will be informed of progress via membership on the PNA SG
- The diagram below illustrates the accountability and reporting lines between the Haringey PNA SG and the various committees and organisations with which it needs to interact with respect to discharging its responsibilities:



8. Conflicts of interest

Some pharmacy data are commercially confidential and cannot be released into the public domain. As the PNAs are publicly available documents, if and where required, these data will be suppressed in accordance to information governance arrangements surrounding their use.

Transparent arrangements to manage actual and potential conflicts of interest have been established as follows:

- A register of interests will be maintained. This will be updated at each PNA Steering Group meeting and signed by members.
- The register will be kept under review.
- Declaration of interests will be a standing item on each PNA Steering Group agenda; any interests which are declared will be recorded.
- Where a member has a conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.
- Agenda items marked 'confidential' should not be disclosed outside the Steering Group without consent.

9. Meeting Frequency

The PNA Steering Group will meet, either on a face-to-face basis or virtually (conference call or email discussion), approximately every 4 - 6 weeks, in accordance with the needs of the project plan.

Following publication of the final PNA, the PNA Steering Group will be convened on an 'as required' basis to fulfil its role in timely maintenance of the PNA.

10. Membership

Membership needs to reflect that pharmacy commissioning involves: NHS England, Public Health & CCGs. Other members will be co-opted at different times to advise on different areas of work as needed.

The following will be members of the steering group:

- Assistant Director of Public Health for Haringey (Chair)
- Clinical Commissioning Groups (CCG) – Head of Medicines Management
- Local Pharmaceutical Committee (LPC) Lead
- Head of Primary Care – (CCG)
- NHS England – representative
- Health Watch representative for Haringey
- Senior Public Health Information Analyst
- Local pharmacy representation
- Webstar Lane (project management)

Co-opted members (to attend when required):

- Communications Lead for CCG and LBH
- Consultation Manager LBH
- Patient / Public involvement (PPI) Group Lead/s (patient association)

The PNA SG may co-opt additional support and subject matter expertise as necessary. In carrying out its remit, the PNA SG may interface with a wider range of stakeholders.

11. Quorum

- Chair (or nominated deputy)
- Community Pharmacist (LPC or local contractor)
- One other member (CCG, LBH, Healthwatch or NHS England)

12. References

1. The most recent PNA published by Haringey PCT in 2011 is available to steering group members upon request. They will be available in a PDF format at the 1st steering group meeting.
2. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at:
<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>
3. <http://psnc.org.uk/contract-it/market-entry-regulations/>
4. “Healthy lives, healthy people”, the public health strategy for England (2010)

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