

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	PHARMACEUTICAL NEEDS ASSESSMENT REFRESH		
DATE OF DECISION:	29 MARCH 2017		
REPORT OF:	DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
The Health and Wellbeing Board has a statutory responsibility to publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). This briefing defines what is needed to do this and the steps we are taking to ensure this is in place.			
RECOMMENDATIONS:			
	(i)	To note the report.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To receive a briefing on the pharmaceutical needs assessment which will be undertaken in 2017-18.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None		
DETAIL			
3.	Access to a pharmacy has an impact on health. Pharmacies are essential for the supply of medications to the population, but also may offer a wide range of other services in the community that promote health, from medication reviews to smoking cessation services. Pharmacies are independent businesses, commissioned by NHS England.		
What is a PNA and what should they contain?			
4.	PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal		

	challenge if not handled properly.
5.	<p>The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:</p> <ul style="list-style-type: none"> • A statement of the pharmaceutical services provided that are necessary to meet needs in the area; • A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision); • A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area; • A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area; • A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services; • An explanation of how the assessment has been carried out (including how the consultation was carried out); and • A map of providers of pharmaceutical services. <p>An equality impact report will also be produced.</p>
6.	In addition there is a new obligation that HWBB must assess whether pharmacy consolidations (where one pharmacy is bought out by another, and one site closes or reduces its service) create gaps in the provision of pharmaceutical services. How this is operationalised by the HWBB is yet to be decided.
What is the process for preparing a PNA?	
7.	Developing a draft PNA will be delegated to a steering group, probably led by a consultant in public health, which includes representatives from the CCG, NHS England, the Local Pharmaceutical Committee and analyst support. This group will need to map current pharmacy supply against the JSNA and Joint Health and Wellbeing Strategy.
8.	There is also a regulatory duty (NHS (Pharmaceutical & LPS) Regulations 2013 No 349: PART 2: Reg 8) to have a 60 day consultation during the process, ideally on a draft document. This consultation must include pharmacies, dispensing practices, Healthwatch, NHS trusts, NHSE, Neighbouring HWBBs, the Local Pharmaceutical Committee and the Local Medical Committee.
9.	Previous experience suggests between 9-12 months is needed for the entire process. We will be sharing resources with Portsmouth to complete the process, and possibly with Hampshire and IOW.

Will this be straightforward?	
10.	<p>We are hoping the refresh process for the PNA will be relatively straightforward. However there are a number of developments in the world of pharmacies that may have an impact on future pharmacy provision. These include:</p> <ul style="list-style-type: none"> • Changes in provision of pharmacy services associated with the internet, resulting in internet run dispensing pharmacies that operate nationally and may destabilise the local economy • Changes in the funding for pharmacies nationally which are likely to put pressure on community pharmacies and may mean some pharmacies are at risk of closing
Proposed timetable	
11.	<ul style="list-style-type: none"> • 29th March - present proposals to formal H&WB Board for approval. • April to September – steering group develop PNA (IF needed progress reports can go to H&WB Board on 29th Jun, 26th Jul or 30th Aug) • 27th September – Take draft PNA to Informal H&WB Board for information / comment • Make changes based on H&WBB feedback • 18th October – Formal H&WB Board approve draft PNA for consultation • 23rd October - Formal 60 day consultation starts • 22nd December – Formal 60 day consultation ends • Write report on consultation and make changes to draft PNA • 17th January 2018 - Report on consultation presented to formal H&WB Board • Makes any changes based on feedback from consultation and H&WB Board • 7th February 2018 – Present final draft PNA to informal H&WB Board • Make final changes based on H&WB Board feedback • 14th March 2018 – Final PNA signed off by formal H&WB Board • 30th March 2018 – Final PNA published on website
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
12.	None
<u>Property/Other</u>	
13.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
14.	There is a legal duty to undertake this work as part of NHS (Pharmaceutical & LPS) Regulations 2013, which result from the amended Health Act 2009.

<u>Other Legal Implications:</u>		
15.	Report not cleared by Legal prior to publication.	
POLICY FRAMEWORK IMPLICATIONS		
16.	None	
KEY DECISION?		No
WARDS/COMMUNITIES AFFECTED:		All
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	None	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents		
Equality Impact Assessment and Other Background documents available for inspection at:		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	