

Date:	2nd February 2017
Classification:	General Release
Title:	Pharmaceutical Needs Assessment (PNA)
Report of:	Director of Public Health
Wards Involved:	All Wards
Policy Context:	Health and Wellbeing Boards are required to publish and maintain a Pharmaceutical Needs Assessment by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012
Financial Summary:	Costs required to produce the PNA will be identified from the 2017/18 Public Health budget. Any future financial implications that may be identified as a result of the PNA and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
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1. Executive Summary

- 1.1 This report outlines the responsibility of the Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA) for Westminster, describes the purpose and requirements for the PNA and outlines the local arrangements to produce the PNA.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board are recommended to review and note the current PNA and Department of Health guidance on PNAs

- 2.2 The Health and Wellbeing Board are invited to consider and approve the local arrangements to producing the PNA for Westminster
- 2.3 The Health and Wellbeing Board are invited to consider and discuss the role of community pharmacies to deliver local strategies and priorities, particularly the Joint Health and Wellbeing Strategy and STP
- 2.4 The Health and Wellbeing Board member organisations are requested to agree to provide any data necessary to complete the PNA, where they are the source organisation

3. Background

- 3.1 Pharmacies provide a range of services to their local community. As well as dispensing medicines and appliances, they promote healthy lifestyles and public health campaigns, signpost to local sources of care and support, and provide advice to support self-care of minor ailments and common conditions. Some pharmacies are also commissioned to provide services such as medication use reviews, support with new medicines for people with long term conditions, NHS Health Checks, stop smoking services, flu vaccinations, and needle & syringe exchange programmes.
- 3.2 Pharmaceutical Needs Assessments (PNAs) are a statement of the needs for pharmaceutical services of the population in a defined geographical area, and are an important tool in market entry decisions.
- 3.3 Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), anyone who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a pharmaceutical list, and prove that they are able to meet a pharmaceutical need as set out in the relevant local PNA. These applications can be keenly contested by applicants and existing contractors and so can be open to legal challenge. As such, it is important that the local PNA is robust.
- 3.4 The responsibility for producing and managing the content and update of PNAs transferred from NHS Primary Care Trusts (PCTs) to Health and Wellbeing Boards on 1st April 2013.
- 3.5 The [current PNA](#), and the first to be published by the Health and Wellbeing Board, was published in March 2015 in accordance with the “2013 Regulations”. A new PNA must be developed by the Health and Wellbeing Boards every 3 years, and so a new PNA is due to be published by the end of March 2018.
- 3.6 In 2013 the Department of Health produced an [Information Pack on PNAs](#) for Health and Wellbeing Boards.

3.7 It is recommended that the Board review and familiarise themselves with the current PNA and the Information Pack

4. Purpose and requirements of the PNA

4.1 The objectives of the PNA are:

- to provide a clear picture of the current services provided by community pharmacies and identify gaps in service provision in relation to NHS pharmaceutical services;
- to be able to plan for future services to be delivered by community pharmacies and ensure any important gaps in services are addressed;
- to provide robust and relevant information on which to base decisions about applications for market entry in accordance with The National Health Service (Pharmaceutical Services) Regulations 2012

4.2 The detailed requirements for the PNA are set out in Regulations 3-9 and [Schedule 1](#) of the “2013 Regulations”

4.3 The PNA project deliverable are:

- A PNA report for Westminster, in accordance with the “2013 Regulations”
- A map of local pharmacy service provision for Westminster

4.4 Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once for a minimum of 60 days during the process of developing the PNA. These bodies include the Local Pharmaceutical Committee; Local Medical Committee; any persons on pharmaceutical lists and any dispensing doctors; any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest; NHS England; and neighbouring Health and Wellbeing Boards.

5. Local arrangements of delivering the PNA

5.1 While overall responsibility and accountability for the PNA rests with individual Health and Wellbeing Boards, on 27 Feb 2014 the Westminster Health and Wellbeing Board agreed that the PNA would be incorporated into the JSNA work programme. Individual PNAs for each of Westminster, Hammersmith and Fulham, and Kensington and Chelsea are produced using a jointly-agreed and combined approach.

- 5.2 To provide assurance to the three Health and Wellbeing Boards:
- As part of the JSNA work programme, the Public Health Knowledge Manager and JSNA Manager are responsible for the day to day management of the production of the PNA
 - The JSNA Steering Group retains overall accountability to the three Health and Wellbeing Boards for the production of the PNAs and should provide assurance to the Boards on progress and quality.
 - A smaller PNA Task and Finish Group will be established to steer the work. This group will be responsible for ensuring that all the legislative and regulatory requirements are fully met by the revised PNAs

5.3 Key milestones for producing the PNA are outlined below:

Milestone	Date completed
Establish PNA Task and Finish Group	Mar 2017
Complete analysis of health needs and priorities	May 2017
Complete analysis of current pharmaceutical services provision	August 2017
Prepare draft PNA for consultation and sign-off at HWB	Sept 2017
Consultation	Dec 2017
Prepare final report for HWB sign-off	Jan 2018
Final sign-off by HWB and publication	Mar 2018

5.4 The PNA Task and Finish Group is currently drafting the project plan and scoping an options appraisal on whether the PNA will be delivered in-house or through contracting PNA specialist support.

6. Issues for consideration by the Health and Wellbeing Board

Pharmacies supporting local strategy and priorities

6.1 The Health and Wellbeing Board will wish to consider the role of community pharmacies in delivering on local priorities and strategies, such as the Joint Health and Wellbeing Strategy (JHWS) and Sustainability and Transformation Plan (STP). Although the PNA is largely a technical document and its primary use is for market entry decision making, the PNA also provides an opportunity to add to the local evidence base to inform strategic and commissioning decision-making.

6.2 Community pharmacies offer accessibility for those who cannot or do not wish to access conventional services, long opening hours and convenience, a health resource on the high street and in supermarkets, anonymity, a flexible and informal environment, a local business well connected to their local community,

and staff who tend to reflect the social and ethnic backgrounds of the population they serve.

6.3 Delivering services through pharmacies has the potential to relieve pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, provide better value and better patient outcomes, and contribute to delivering 7 day health and care services.

6.4 A 2013 review by PHE found the following evidence on the pharmacy contribution to public health:

PHE Evidence ¹ on the pharmacy contribution to public health	
Service	Evidence of success
Stop Smoking Services	Very positive 55% quit rate (49% UK average and 42% GP av.)
Emergency hormonal contraception (EHC)	Positive Evidence to suggest highly rated services
Healthy eating	Promise, but positive Insufficient evidence
Drug and alcohol misuse	Promise, but positive Insufficient evidence
Infection control and prevention	Promise, but positive Insufficient evidence
Chronic disease management & prevention	Very positive Good empirical evidence to suggest improved prevention in patients.

¹ Public Health England (2013) Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum

6.5 The **Health and Wellbeing Board** are invited to consider the role of **community pharmacies to deliver local strategies and priorities, particularly the Joint Health and Wellbeing Strategy and STP**

Funding for community pharmacies

6.6 This PNA will be undertaken at a time when community pharmacies are facing financial challenges. The majority of NHS income for community pharmacies comes from NHS England through the NHS pharmaceutical services contract. As part of wider efficiency savings across the NHS, the Government announced in October 2016 that funding for NHS contractors providing services under the contract would be reduced in 2016/17 and 2017/18 (equivalent to a 4% reduction in 2016/17 and a further 3.4% reduction in 2017/18). These changes came into effect from 1 December 2016

- 6.7 There has been criticism and opposition to these funding cuts with industry groups asserting that the cuts will lead to the closure of community pharmacies. At the current time the impact of these funding cuts locally is uncertain.

Access to data

- 6.8 Another challenge for the PNA is ensuring timely access to data. The data required to produce the PNA is held by a number of organisations, including Public Health, other local authority departments, Clinical Commissioning Groups, NHS England, and local pharmacies.

- 6.9 **The Health and Wellbeing Board member organisations are asked to agree to provide any data where they are the source organisation.**

7. Legal Implications

- 7.1 Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.

- 7.2 All Health and Wellbeing Boards were required to publish a PNA by 1 April 2015. After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a PNA.

- 7.3 PNAs must be developed in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

- 7.4 Verified by Kevin Beale, Senior Corporate Lawyer, Shared Legal Services

8. Financial Implications

- 8.1 Costs required to produce the PNA will be identified from the 2017/18 Public Health budget.

- 8.2 Verified by Richard Simpson, Public Health Finance Manager

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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BACKGROUND PAPERS:

1. [Westminster Pharmaceutical Needs Assessment 2015](#)
2. Department of Health (2013) [Pharmaceutical needs assessments: information pack for local authority Health and Wellbeing Boards](#)