

	Health and Well-Being Board 13th November
Title	Pharmaceutical Needs Assessment update
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	Appendix 1- PNA letter Barnet HWB Appendix 2- Approach to address discrepancies in opening hours that arise through PNA Appendix 3- Report template approved by PNASG
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Summary

This report sets out the current state of play of the Pharmaceutical Needs Assessment (PNA). It highlights a problem that has arisen in the data supplied by NHS England and proposes a pragmatic solution that, should the data issues be resolved before the end of October, will enable the full 60 day consultation period to take place and the report be published before the deadline date of 1 April 2015 and prior to the election purdah period.

However, whilst we are actively working with NHS England to resolve this issue for Barnet, there is a significant risk that the process will be delayed to the extent that it is not possible to publish a final PNA by the 1 April 2015.

Recommendations

- 1. That authority to sign of the consultation draft of the PNA be delegated to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board**
- 2. That Health and Wellbeing Board (HWB) seeks assurance from NHSE that they accept responsibility for resolving the issues outlined in this paper by 17 November so that the PNA Consultation can begin on 16 December in order for Barnet to be compliant with the regulations by 1 April 2015.**

1. WHY THIS REPORT IS NEEDED

- 1.1. A significant issue has arisen which has temporarily halted the development of the PNA for Barnet and this has implications for the overall PNA timeline.
- 1.2. The issue has arisen as part of the data validation process and has highlighted that there are several significant discrepancies between the opening hours reported by Barnet Pharmacies in the Community Pharmacy Questionnaire and the opening hours recorded on the NHS Pharmaceutical list which is held and managed by NHS England.
- 1.3. Under the Regulations, a pharmacy must open for a minimum of 40 “core” contractual hours unless it was granted a contract under the “100 hour exemption” or NHS England has granted a new application on the basis of more than 40 core hours under the market entry system. Additional hours, over and above core hours, are termed “supplementary” hours. A pharmacy may not amend its core hours without permission from NHS England; but it is entitled to provide NHS England with 90 days’ notice if it wishes to change its supplementary hours. Taking this into account, NHS England has advised that Health and Wellbeing Boards must have regard for the pharmaceutical lists and not rely on hours reported in community pharmacy questionnaires.
- 1.4. However, in Barnet we have identified discrepancies for 68 pharmacies, out of a total of 78 pharmacies (noting that one pharmacy has indicated that it does not intend to return its questionnaire and it is not possible to validate opening hours).
- 1.5. We have asked the NHS England LAT to urgently review the pharmaceutical list for Barnet given the number of inaccuracies as we do not believe that this can be relied on at all for the PNA. We are waiting for NHS England to advise us when they will review and resolve the issues we have identified.
- 1.6. They are trying to track back to the transition information which came through from Barnet PCT (or from NCL shared service) to see if this information can

resolve the inaccuracies. They are hoping to get this sorted by week ending 31 October and we will then be able to make an assessment of how many pharmacies have changed their core hours.

- 1.7. If it transpires that the inaccuracies arose at transition, NHS England will need to take a view on how to proceed. It may be that they will revert to using pharmacy reported opening hours and as we have now had a response from all but one pharmacy on the questionnaire, this may be a viable option for them. This is the best outcome we can hope for as it would allow us to proceed with the analysis.
- 1.8. In the interim period, the decision was taken to halt the PNA development process so as to minimise the risk of having to undertake considerable re-work which would potentially pose a cost pressure to the Health and Wellbeing Board. At this point in time, it is not clear when we will be able to restart the PNA development process for Barnet.
- 1.9. We have indicated to NHS England that there is a very high risk that the PNA will be published late if we do not resolve this promptly (the intention is to keep them focused on this being a priority to sort out)
- 1.10. With respect to implications for the overall PNA timeline, it is now not possible for a draft PNA for consultation to be presented to the Barnet HWB meeting on the 13 November 2014, for sign off as planned. Furthermore, it is not an option to defer the signing off of the draft PNA until the HWB on the 29 January 2015 because this does not leave sufficient time to undertake the 60 day consultation, consider the feedback and prepare a final PNA for publication by the 1 April 2015 (the date which is specified within the Regulations). It is also likely that the consultation would not finish prior to the general election purdah period and so it would have to be delayed until mid May.
- 1.11. However, whilst we are actively working with NHS England to resolve this issue for Barnet, there is a significant risk that the process will be delayed to the extent that it is not possible to publish a final PNA by the 1 April 2015.

2. REASONS FOR RECOMMENDATIONS

- 2.1. If the NHS England data issues are resolved, it may be still be possible to meet the April 2015 deadline for the publication of the PNA. To achieve this, a pragmatic solution is needed to minimise the time take before the consultation draft can be published.
- 2.2. The Board are asked to delegate sign off of the consultation draft of the PNA to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board; the HWB minutes will need to explicitly show that this responsibility has been formally delegated to the DPH. Under this option, all members of the HWB will be invited to consider and submit comments on the

draft PNA as part of the formal consultation. The format of the report has been approved by the PNA steering group and is attached for information.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1. Option 2: Schedule an 'extraordinary meeting' of the HWB for the purposes of signing off the draft PNA
- 3.2. For both above, the HWB will be required to sign off the final PNA, hopefully at the HWB meeting on the 12 March 2015.

4. POST DECISION IMPLEMENTATION

- 4.1. The HWB will be informed when the consultation draft is approved and a confirmation of the date on which the report will be submitted to the HWB for final sign off will be agreed.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

- 5.1.1 The PNA will align with the strategies and commissioning intentions of partner organisations in particular the 2012-15 Health and Wellbeing Strategy's twin overarching aims (Keeping Well; and Keeping Independent); the Barnet Council Corporate Plan, the Barnet Core Strategy; Barnet Housing strategy 2015-25; the Growth and Regeneration Programme and Barnet CCG's strategic plans.

5.2. Resources

- 5.2.1 If the data issues can be resolved and the HWB agrees that the DPH and Chair can sign off the consultation draft, there should be no financial implications.
- 5.2.2 However, if the data issues are not resolved, the approach to the PNA will need to be agreed. A continuation of the analysis using the current NHSE data may result in the need to undertake a further PNA in the following year. This will have a financial cost in the region of £30k - £50k.

5.3 Legal and Constitutional References

- 5.3.1 The Health and Wellbeing Board has a duty to deliver a Pharmaceutical Needs Assessment before April 2015 under Section 128A of NHS Act 2006, as amended by the Health and Social Care Act 2012.
- 5.3.2 The Council's Constitution (Annexe B) sets out the authority delegated to Officers. The Scheme of Authority Delegated to the Director of Public Health are set out here. Terms of reference of Health and Well Being Board - No. 3 - 'To work together to ensure the best fit between available resources to meet

the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.'

5.4 Risk Management

- 5.4.1 If the data cannot be agreed with NHS England by early November, the analysis will be delayed and the report will not be published by the expected date of 1 April 2015. This will put the HWB in breach of the Health and Social care act 2012.
- 5.4.2 To mitigate this risk, analysis based on NHSE held data is possible and could be started immediately. However, the scale of the changes that are likely to occur within 2015 as a result of the applications from existing pharmacies to change their core and/or supplementary hours would almost certainly mean that a new PNA would be needed in early 2016. No budget has been allocated for this until 2017.

5.5 Equalities and Diversity

- 5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
 - advance equality of opportunity between people from different groups
 - foster good relations between people from different groups
- 5.5.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services
- 5.5.3 The purpose of any needs assessment, including the PNA, is to look at current and predicted future need for a particular service or group of patients. The purpose of the PNA is to report on the need for access to pharmaceutical services so that NHS England can approve or reject applications for additions to the pharmaceutical list. By its nature, the PNA will consider equalities in access to pharmaceutical services.

5.6 Consultation and Engagement

5.6.1 A 60 day consultation is planned. It is not possible to say at this stage what the dates of the consultation will be as this will be dependent on the resolution of the data issues.

6 BACKGROUND PAPERS

None