

	Health and Well-Being Board 4 June 2015
Title	Pharmaceutical Needs Assessment
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Enclosures	Appendix A – Steering Group Terms of Reference Appendix B – Community pharmacy questionnaire Appendix C – Non-NHS Services Appendix D – Pharmaceutical needs across the lifecourse Appendix E – Graphical overview of hours Appendix F – Summary of services by pharmacy Appendix G – Consultation response form Appendix H – Consultation feedback and outcome Appendix I – PNA maintenance process Appendix J – Full Barnet Pharmaceutical Needs Assessment
Officer Contact Details	Carole Furlong, Consultant in Public Health Carole.furlong@harrow.gov.uk 020 8420 9508

Summary

This report is a Pharmaceutical Needs Assessment (PNA) for Barnet (full PNA attached at Appendix J). It is a requirement of the Health and Well-Being Board under the Health and Social Care Act 2012 to approve the PNA for publication on the Council's website.

The report considers the current need for pharmaceutical services and the future need over the coming three years. It identifies that there may be a need for up to two further pharmacies in the Hendon Locality due to population expansion. This recommendation will inform NHS England in their market entry decisions about pharmaceutical services in the borough.

In addition to the mandatory consideration of need for future pharmacies, the report also highlights where access to services could be improved by longer opening hours, particularly before 9am and weekends. These are not mandatory recommendations and will need to be balanced with available resources and be economically viable for pharmacists.

Recommendations

- 1. That the Health and Well-Being Board notes the report and the appendices and approves the Pharmaceutical Needs Assessment for publication on the Council's website as required by the Health and Social Care Act 2012.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Pharmaceutical Needs Assessment (PNA) is the document that the NHS uses when deciding if new pharmacies are needed. It can also be used to make decisions on which NHS funded services need to be provided by local community pharmacies.
- 1.2 The Health and Social Care Act 2012 changed the responsibilities for commissioning of pharmaceutical services to meet the new provider landscape. From April 2013, local Health and Well Being Boards (HWBBs) have the responsibility to undertake a Pharmaceutical Needs Assessment (PNA).
- 1.3 The Department of Health will continue to have the power to make regulations. 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.
- 1.4 As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have potential to be used to provide services out of a hospital or practice environment and to reduce health inequalities. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.
- 1.5 The report considers the access to pharmaceutical services across the borough and around the borders in neighbouring boroughs. It looks at where pharmacies are situated, their opening hours and the services they deliver. Each service is mapped to show the coverage across the borough.
- 1.6 The recommendations for conducting a PNA suggest looking at a sub-borough but supra-ward level structure. For the purpose of the Barnet PNA, the borough was divided into three areas which are coterminous with the Council's Area Committees (Hendon, Finchley and Golders Green, and

Chipping Barnet – see main report page 7 for details) and access to pharmaceutical services has been considered at this level rather than at a ward level. Although where data was available at a ward basis this has sometimes been used. Throughout the PNA access issues are not considered at a ward level but for all residents.

- 1.7 The report considers the local population structure and changes in the local population expected in the next 3 years and recognises the housing strategy for Barnet exceeds the limits of the PNA.
- 1.8 The report makes a few suggestions for improvements within the current services which can be met by the current provision. This includes early opening to match the GP extended opening hours.
- 1.9 The report identifies that there may be a need for up to two further pharmacies providing essential services (e.g. dispensing) in the Hendon locality (covering Hale, Edgware, Burnt Oak, Colindale, Mill Hill, Hendon and West Hendon) due to increases in local population size within the next 3 years.
- 1.10 The report also identifies that the opening times of pharmacies may need to be reviewed if GP opening hours are extended to seven days per week.
- 1.11 The report also considers the future aspirations for services within pharmacies recognising their important role in the community. The report recognises that
 - Access could be improved for the working population through extended opening hours and weekend opening;
 - Pharmacies should work towards meeting the requirements of the Equalities Act with particular regards to people with a disability;
 - By broadening the commissioning of services within available resources, access to advanced, enhanced, and locally commissioned services could be improved for the whole population.
- 1.12 The future aspirations are not mandatory will need to be balanced with available resources and be economically viable for pharmacists.
- 1.13 The report has been through the mandatory 60 day consultation. Responses to the consultation include those from NHS England and the Local Pharmaceutical Committee. All responses were considered by the steering group and the consultation draft amended as necessary.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Board is asked to approve the PNA for publication. The draft report has been subject to a mandatory 60 day consultation and amendments made as a result.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable

4. POST DECISION IMPLEMENTATION

- 4.1 The report will be posted to the Council's website together with all appendices.
- 4.2 Appendix I gives details of how the PNA will be maintained over the next three years. Quarterly reviews of any changes notified by NHS England or other commissioners of pharmaceutical services will take place. If there are no changes, no further action will be needed. If there are changes, a judgement will be made as to whether these constitute a significant change in need across or within the borough. This may necessitate a new PNA be undertaken. However, it is most likely that any changes will be minor in nature and will not have a significant effect on pharmaceutical needs. In this case a supplementary statement detailing the changes will be produced. If necessary, the map of services will be updated. Supplementary statements will be issued up to four times per year if necessary.
- 4.3 The findings of the pharmaceutical needs assessment will inform the decisions about market entry by NHS England in its role as the commissioner of pharmaceutical services.
- 4.4 Other recommendations and aspirations are mentioned but are not mandatory and will be considered by partner organisations within current budget constraints. It should be noted that they will also have to be economically viable for pharmacists.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The PNA aligns 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.
- 5.1.2 The report recognises the important role of pharmacy in the delivery of health and wellbeing services. Although it identifies potential roles, these are only suggestions and are not recommendations.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The funding to undertake the PNA was identified as part of the public health ring-fenced grant. Expenditure associated with the PNA is not incurred annually but required to be updated on a 3 yearly basis. The next PNA will be due in April 2018 and the funding will need to be identified within the public health grant envelope.
- 5.2.2 The PNA is undertaken to allow NHS England to make decisions about market entry. It has no direct cost implications to the council or CCG.
- 5.2.3 To maintain the PNA it will be necessary to review any changes on a regular basis, this will cost in the region of £5,000 to £10,000 per year, which will be funded from the Public Health Grant. If changes are minor a supplementary

statement will be issued if however, the change in pharmaceutical need is substantial the next PNA may need to be brought forward from the 2018 date. We do not currently expect this to happen.

5.3 Legal and Constitutional References

5.3.1 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.

5.3.2 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.

5.3.3 The Council's Constitution (Responsibility for Functions) sets out the Terms of Reference of the Health and Well Being Board which includes:

- 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.
- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- Specific responsibilities for:
 - Overseeing public health
 - Developing further health and social care integration

5.4 Risk Management

5.4.1 The delay in publishing the PNA was considered a risk in the last financial year. The delay was caused by the large number of inaccuracies in the data received from NHS England and their response to this issue. With the publication of the PNA, this risk is now resolved.

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 relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.5.3 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.

5.5.4 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.

5.5.5 The PNA has considered access to services and equalities categories where data is available.

5.6 **Consultation and Engagement**

5.6.1 The consultation on the PNA began on 23rd January and ended on 26th March. This period was in accordance with the minimum 60 day consultation required by the Regulations.

5.6.2 In all, 20 responses were obtained. All feedback was consolidated into a document for review by the PNA Steering Group on the 21st April 2015.

5.6.3 A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H. Where applicable, the draft PNA was updated to reflect the decisions of the PNA Steering Group.

6. **BACKGROUND PAPERS**

6.1 None