



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Dr Tony Hill, Executive Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	10 September 2013
Subject:	Pharmaceutical Needs Assessment

Summary:

From the 1 April 2013 the Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessments from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWB).

Historically the PCT in Lincolnshire established a PNA Core Group to manage the process of developing, consulting upon and publishing the PNA.

Since the first PNA was produced the Core Group has continued to meet in order to ensure that the PNA is up to date and that any supplementary statements to the main PNA are produced and published in a timely manner.

Successful delivery of the PNA in future is incumbent on a number of organisations (represented on the HWB) to ensure that the legal requirements for PNAs are met.

This reports sets out the background and context for PNAs and proposes that the PNA Core Group continues to meet and operate in order to undertake the work necessary for the Board to publish its first PNA by 1 April 2015

Actions Required:

Lincolnshire Health and Wellbeing Board is asked to:

1. Agree the continuation of the Pharmaceutical Needs Assessment (PNA) Core Group to develop the needs assessment on its behalf in line with statutory regulations.
2. Provide necessary representation at the PNA Core Group in order to provide expertise required to fulfil the legal requirements placed on the Board in relation to the PNA.

1. Background

National Context

In order to provide pharmaceutical services providers (most commonly community pharmacists but also dispensing appliance contractors and GPs in rural areas) are required to apply to be included on a pharmaceutical list.

In order for their inclusion to be approved they are required to demonstrate that the services they wish to provide meet an identified need as set out in the PNA for the area. There are some exceptions to this, such as if the provider is offering distance selling (internet or mail order) services or to meet needs not foreseen in the PNA.

The first PNAs were published by NHS primary care trusts (PCTs) and were required to be published by 1 February 2011.

From the 1 April 2013 the Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from PCTs to HWBs. At the same time the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

Local Context

Historically the PCT in Lincolnshire established a PNA Core Group to manage the process of developing, consulting upon and publishing the PNA.

The PCT Board was responsible for signing off the PNA and Lincolnshire's PNA was first published in 2011.

Since the first PNA was produced the Core Group has continued to meet in order to ensure that the PNA is up to date and that any supplementary statements to the main PNA are produced and published in a timely manner.

The Core Group has previously had a critical membership of key staff to provide expert advice in relation to:

- Need (Public Health intelligence/Health informatics)
- Supply (Contract management)
- Demand (Prescribing)

Previously these roles all sat within the PCT however since the 1 April 2013 they now sit in different parts of the health care system as follows:

- Public health intelligence (Lincolnshire County Council Public Health)
- Health informatics (Greater East Midlands Commissioning Support Unit)
- Contract management (NHS England, Leicestershire and Lincolnshire Area Team)
- Prescribing (Greater East Midlands Commissioning Support Unit, Prescribing and Medicines Optimisation Service)

Successful delivery of the PNA in future is, therefore, incumbent on a number of organisations (represented on the HWB) to ensure that the legal requirements as set out in the Regulations are met.

Requirements

The production of the PNA is covered in law by the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”).

Previously it has been the responsibility of the PNA Core Group to provide assurance to the PCT Board that regulatory responsibilities have been fully met by the PCT.

The regulations set out the minimum information requirements for PNAs. These are detailed in Chapter 3 of the Information Pack included as **Appendix A** to this report.

As well as the information requirements it is also the responsibility of the HWB to produce, publish and maintain maps which detail premises at which pharmaceutical services are provided in their area.

Publication

The Regulations state that HWBs are required to publish their **first PNA by 1 April 2015**.

Subsequently to this the HWB is required to publish a **revised assessment within three years** of the first assessment.

If the HWB identifies a significant change to the availability of pharmaceutical services since the publication of its PNA then it will be required to publish a revised assessment as soon as is reasonably practical.

However, if the HWB is satisfied that making a revised assessment would be a disproportionate response to those changes then it can, instead, issue a Supplementary Statement to its PNA detailing the changes which have occurred and specifying their decision that this change did not warrant a full revision of the PNA.

Supplementary statements are a statement of fact which cover information about availability of services (not needs). Once issued a Supplementary Statement becomes a part of the PNA.

Consultation

The Regulations (Regulation 8) stipulate who must be consulted with by the HWB as part of producing the PNA.

Additionally to this the Regulations set out that those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version and that there is a minimum period of 60 days for consultation responses.

Relationship to JSNA

The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people's plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

However, the development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform specific commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups. As a separate statutory requirement, the PNA cannot, therefore, be subsumed as part of these other documents but can be annexed to them.

2. Conclusion

A number of member organisations are required to work together in order to support the delivery of the HWBs legal requirements in relation to the PNA.

The PNA Core Group has previously included members from these organisations able to provide the necessary expertise required in order to fulfil the legal obligations.

It is, therefore, proposed that the Lincolnshire HWB agrees that this group continues to meet and operate on its behalf in order to undertake the work necessary for the Board to publish its first PNA by 1 April 2015.

In order to achieve this, it is additionally proposed that the relevant expertise required by the HWB to fulfil its legal requirements as set out in the Regulations is provided by its member organisations by way of membership on the PNA Core Group.

3. Consultation

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Pharmaceutical Needs Assessment – Information Pack for local authority Health and Wellbeing Boards

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by David Stacey, who can be contacted on (01522 554017) or (david.stacey@lincolnshire.gov.uk)